Oncology Progress Note

Patient: Brenda Jones (DOB: 12/09/1966, Age 56) MRN: SYN232
Date of Visit: 10/25/2023 Provider: Richard Fleming, MD

REASON FOR VISIT: Urgent follow-up to discuss recent surveillance scan results and rising tumor markers/LFTs.

ACTIVE ONCOLOGY PROBLEM:
Metastatic Non-Small Cell Lung Cancer (Adenocarcinoma), LLL primary (Stage IVB: T1cN0M1b - Liver mets). Diagnosed 07/28/2022.

- Molecular: KRAS G12V mutation positive. PD-L1 TPS: 80%.
- Current Status: Documented progression on first-line Pembrolizumab after 14 months.

INTERVAL HISTORY:
Ms. Jones initiated Pembrolizumab 200 mg IV q3 weeks on 08/19/2022 following her diagnosis. She achieved a very good partial response with near normalization of liver metastases size and normalization of LFTs. Treatment was well-tolerated aside from development of Grade 1 hypothyroidism (controlled on Levothyroxine) and persistent Grade 1 fatigue. She maintained an ECOG PS of 0-1 throughout this period.

Approximately 3-4 weeks ago, she began noticing mild recurrence of RUQ aching/fullness and an increase in her fatigue levels. Routine labs drawn 10/16/23 showed elevated LFTs (AST 95, ALT 110, Alk Phos 280 – all significantly up from prior baseline <40, <40, <100 respectively). CA 19-9 marker increased from 35 to 190 U/mL. Staging CT Chest/Abdomen/Pelvis was performed 10/23/23. She is here today to review these findings.

REVIEW OF SYSTEMS: Positive for RUQ ache (rated 3/10), increased fatigue. Negative for fevers, chills, weight loss, cough, SOB, chest pain, jaundice, neurological changes. Diabetes remains well controlled (recent A1c 7.2%).

PHYSICAL EXAM:
Vitals: BP 132/78, HR 80, T 98.0, RR 18, SpO2 97% RA. Wt 195 lbs (BMI 31).
General: Alert, oriented, appears slightly tired but in no acute distress.
HEENT: Normal. No scleral icterus.
Chest: Clear.
CV: RRR.
Abdomen: Soft. Mild tenderness to palpation RUQ, no rebound or guarding. Liver edge palpable 2 cm below costal margin, smooth. No ascites.
Extremities: No edema.
Performance Status: ECOG 1.

RECENT IMAGING (CT C/A/P 10/23/23):

- Compared to 07/15/23 study.

- Significant interval increase in size of multiple known bilobar hepatic metastases. Index lesion segment VII measures 3.5 cm (vs 1.7 cm). Several sub-cm lesions now >1 cm. No new lesions outside the liver. LLL primary nodule stable (0.9 cm).
- Impression: Progressive Disease (RECIST 1.1), confined to liver.

ASSESSMENT:
Ms. Jones, a 56 y/o female with KRAS G12V mutated, PD-L1 high (80%) metastatic NSCLC, presents with clear clinical, biochemical (LFTs, CA19-9), and radiographic evidence of disease progression in the liver after a 14-month response to first-line Pembrolizumab. This represents acquired resistance to immunotherapy. Her performance status remains good (ECOG 1).

PLAN:
The findings confirming disease progression were discussed at length with Ms. Jones. We reviewed the natural history of NSCLC progressing after immunotherapy and the goals of second-line therapy (disease control, symptom palliation, potentially prolonging survival).

Second-line treatment options considered:

1. Docetaxel + Ramucirumab: Standard of care, supported by REVEL trial data showing benefit over docetaxel alone post-platinum therapy (extrapolated rationale post-IO). Addresses angiogenesis. Reviewed toxicities: neutropenia, fatigue, neuropathy, mucositis, hypertension, proteinuria, bleeding risk. Requires premeds and likely G-CSF support.
2. Docetaxel Monotherapy: Less toxic alternative, potentially less effective.
3. Gemcitabine-based Chemotherapy: (e.g., Gem/Docetaxel). An option, but less standard in this sequence.
4. KRAS G12V Targeted Trials: Briefly discussed; currently limited availability outside of specialized centers. We will conduct a formal search but prioritize standard therapy now given symptomatic progression.

Ms. Jones understands the rationale for changing treatment. She wishes to proceed with the combination of Docetaxel and Ramucirumab, accepting the potential toxicities for the chance of better disease control.

Orders Placed Today:

1. Discontinue Pembrolizumab.
2. Initiate second-line Docetaxel (75 mg/m2 IV D1) + Ramucirumab (10 mg/kg IV D1) q21 days.
3. Pre-chemotherapy labs ordered for C1D1 (CBC w/diff, CMP, Urine protein:Cr ratio).
4. Prescriptions: Dexamethasone 8mg PO BID day before, day of, day after chemo; Aprepitant 125mg D1/80mg D2-3; Ondansetron 8mg PO BID PRN; Pegfilgrastim 6mg OnPro Injector apply D2.
5. Patient education provided re: side effects, fever precautions, contact info.
6. Schedule C1D1 infusion appointment for next week pending insurance approval and labs.
7. Continue current meds: Metformin, Sitagliptin, Omeprazole, Amlodipine, Levothyroxine. Counsel on hyperglycemia risk with dexamethasone.

8. Follow-up: C1D1 next week. Labs weekly x 2 cycles then prior to each cycle. Restaging CT after 3 cycles.

Prognosis: Guarded, but hopeful for response to second-line therapy.

Electronically Signed By:
Richard Fleming, MD
Medical Oncology
Date/Time: 10/25/2023 15:35