Oncology Clinic - Established Patient Visit

Active Problem: Stage IV Lung Adenocarcinoma, EGFR Exon 19 deletion positive, status post ~26 months of continuous Osimertinib therapy.

SUBJECTIVE:

Mr. Banksy presents for routine 3-month follow-up. He feels well overall, rating his current QOL as "excellent." He remains active, plays golf 2x/week, travels with his wife. No cough, dyspnea, chest pain, bone pain, or other symptoms suggestive of cancer activity. He continues Osimertinib 80mg daily with excellent adherence. Reports ongoing mild side effects: Grade 1 dry skin (managed with emollients), Grade 1 paronychia affecting two fingernails (intermittent, uses topical antibiotic ointment PRN), and occasional Grade 1 loose stools/mild diarrhea (1-2 episodes/week, controlled easily with 1 dose Loperamide PRN). Denies rash, stomatitis, significant fatigue, vision changes, or cardiac symptoms.

PERTINENT HISTORY:

- Diagnosed Stage IV Lung Adeno March 3, 2021. Presented with persistent cough.
- Staging: CT showed 3cm RML primary, mediastinal nodes, multiple small bilobar liver metastases. Brain MRI negative.
- Path/Molecular: Confirmed Adeno, TTF-1+. NGS identified **EGFR Exon 19 deletion** (p.E746_A750del). PD-L1 (22C3): TPS 50%, CPS 55, IC 2/+.
- 1L Rx: Osimertinib 80mg PO daily started March 25, 2021. Achieved rapid partial response within 2 months, near-complete response (nCR) by 6 months (liver lesions resolved, primary minimal residual). Maintained nCR since.

PAST MEDICAL HISTORY:

- Atrial Fibrillation (Paroxysmal, on Apixaban 5mg BID)
- Hypertension (on Metoprolol Succinate ER)
- Hyperlipidemia (on Pravastatin)
- GERD (on Pantoprazole)
- Former Smoker (15 pack-years, quit >30 yrs ago)

MEDICATIONS:

- Osimertinib 80 mg PO Daily
- Apixaban 5 mg PO BID
- Metoprolol Succinate ER 50 mg PO Daily
- Pravastatin 40 mg PO Daily
- Pantoprazole 40 mg PO Daily
- Loperamide 2 mg PO PRN diarrhea
- Topical Mupirocin ointment PRN paronychia
- Multivitamin

OBJECTIVE:

• Vitals: T 37.0, BP 128/76, HR 65 (SR on ECG today), SpO2 98%. Wt stable. ECOG PS 0.

- Exam: Healthy appearing male. Skin: Mild xerosis hands/forearms. Nails: Mild erythema/swelling proximal nail fold R index & middle finger. Lungs clear. Cor: RRR, no m/r/g. Abd: Soft, NT/ND. Ext: No edema.
- Labs (Today): CBC WNL. CMP: LFTs WNL, Cr 0.9, Mg 2.0. ECG: Sinus rhythm, rate 65, QTc 430ms (stable).
- Imaging (CT Chest/Abd/Pelvis w/ contrast, July 20, 2023): Stable near-complete response compared to multiple prior scans over past ~18 months. Minimal residual scar-like density RML primary site. Liver remains clear. Mediastinal nodes normal size. No new sites of disease.

ASSESSMENT:

- 1. **Stage IV EGFR Ex19del Lung Adenocarcinoma:** Patient continues to demonstrate a durable, ongoing near-complete response to first-line Osimertinib after 28 months of therapy. Disease remains very well controlled.
- 2. **Osimertinib Toxicity:** Experiencing only mild, chronic Grade 1 toxicities (dry skin, paronychia, intermittent diarrhea) that are well-managed and not impacting quality of life. No evidence of significant cardiac or pulmonary toxicity.

PLAN:

- 1. Continue Osimertinib 80 mg PO daily. Refills provided.
- 2. **Toxicity Management:** Continue current supportive measures (emollients, topical antibiotic PRN, Loperamide PRN). Advised to maintain good nail hygiene.
- 3. **Monitoring:** Continue labs (CBC, CMP, Mg) every 3 months. Continue ECG annually or PRN symptoms.
- 4. **Surveillance Imaging:** Continue CT C/A/P every 3-4 months (Next scan ~ Oct/Nov 2023). Continue Brain MRI surveillance every 6 months (last was June 2023 negative; next due Dec 2023).
- 5. **Patient Education:** Reinforced importance of reporting any new/worsening symptoms, especially cardiac (palpitations, dizziness, syncope), pulmonary (cough, SOB), severe diarrhea, or significant skin rash.
- 6. **Follow-up:** Return to clinic in 3 months with labs prior and after imaging results.

______ M.D., PhD.
Evelyn Reed, MD, PhD (Electronically Signed)
Thoracic Medical Oncology

Patient: Banksy, Johnathan Price MRN: SYN065 DOB: 15/11/1953 Date of Visit: August 1, 2023

Provider: Dr. Evelyn Reed, MD, PhD