PATIENT: DAVIS, EMILY (MRN SYN174) **DOB:** 1974-12-26

ADMISSION DATE: N/A (Outpatient Clinic Visit Summary)
DISCHARGE DATE / VISIT DATE: 2024-04-22
ATTENDING: Dr. Isabella Rossi, Medical Oncology

ACTIVE PROBLEMS:

1. Stage IV Non-Small Cell Lung Cancer (Adenocarcinoma), ETV6-NTRK3 Fusion Positive. Status Post ongoing Larotrectinib therapy with excellent response. Sites of disease: Right Pleura, Bone (Ribs, Spine).
2. PD-L1 TPS 15%.
3. Mild Larotrectinib-related dizziness, improving.
4. Hypothyroidism (Chronic, stable on Levothyroxine).

SUBJECTIVE:
Patient presents for routine follow-up while on Larotrectinib 100mg PO BID. She feels very well overall. Reports continued good energy levels (ECOG 0-1). Occasional mild dizziness, particularly with rapid changes in position, which started ~2 months after initiating Larotrectinib, but feels this has been less frequent recently. No nausea, vomiting, significant fatigue, myalgias, or neurological symptoms. Appetite is good, weight stable. No cough, dyspnea, or chest pain. Denies bone pain. Adherent to medication.

OBJECTIVE:
Vitals: T 36.8C, BP 118/76, HR 72, RR 16, SpO2 98% RA. Wt 65 kg.
Exam: Well-appearing female in NAD. Lungs clear. No lower extremity edema. Neuro exam grossly intact, including gait assessment. No focal tenderness over spine or ribs.

RECENT DATA:

- **Labs (Today, 2024-04-22):**
  - CBC: WBC 5.8, Hgb 13.1, Plt 280 (All stable)
  - CMP: Na 141, K 4.2, Cl 105 , CO2 25, BUN 12, Cr 0.8, Gluc 90, Ca 9.5, AST 28, ALT 31, Alk Phos 95, Tot Bili 0.6, Alb 4.2 (All WNL and stable)
  - TSH: 2.5 mIU/L (Stable on current Levothyroxine dose)
  - CEA: 4.1 ng/mL (Near normal, down from >100 at diagnosis)
- **Imaging (CT Chest/Abdomen/Pelvis - 2024-03-15):**
  - Continued excellent partial response approaching complete response.
  - Significant decrease in nodular pleural thickening along the right hemidiaphragm and mediastinum, now minimal residual soft tissue.
  - Previously noted lytic/blastic lesions in T8 vertebral body and right 6th rib show significant sclerosis and interval healing, consistent with treatment response. No definite FDG avidity on prior PET performed 6 months ago.
  - No evidence of new metastatic disease.
- **Pathology/Genomics Review:**
  - Initial Thoracentesis (Cell block, 2022-11-15): Adenocarcinoma, TTF-1 positive.
  - Tissue NGS Panel (Dec 2022): ETV6(exon 5)-NTRK3(exon 15) fusion detected. No other targetable alterations identified (EGFR, ALK, ROS1, BRAF, KRAS, MET, RET negative).

- PD-L1 IHC (22C3): TPS = 15%.

ASSESSMENT & PLAN:
49-year-old female with NTRK-fusion positive Stage IV NSCLC demonstrating sustained, excellent response to first-line Larotrectinib, initiated 2022-12-22 (ongoing for ~16 months).

1. **NTRK+ NSCLC:** Continue Larotrectinib 100mg PO BID. Patient is tolerating well with marked radiographic and clinical benefit. Discussed the importance of continued adherence. Monitor for ongoing efficacy and potential emergence of resistance (though less common early with Larotrectinib). Monitor for TRK inhibitor side effects (dizziness, neuro changes, LFT abnormalities, myalgias, edema) – dizziness noted, mild and improving, continue monitoring.
2. **Surveillance:** Plan for next surveillance CT Chest/Abdomen/Pelvis in approx. 3 months (July 2024). Continue routine lab monitoring (CBC, CMP, TSH) every 3 months.
3. **Dizziness:** Likely Larotrectinib-related. Given mild/improving nature, no intervention needed currently. Advised caution with position changes. If worsens, will re-evaluate, consider dose reduction or supportive measures.
4. **Hypothyroidism:** Stable. Continue Levothyroxine 75mcg daily. Check TSH with routine labs.
5. **Future Planning:** Briefly discussed potential mechanisms of resistance to TRK inhibitors and options like Entrectinib or newer generation TRK inhibitors (e.g., Selitrectinib in clinical trials) should progression eventually occur.

Follow-up: Return to clinic in 3 months with repeat labs prior. Call with any new or worsening symptoms, particularly neurological changes or increased dizziness.

Signature:
Isabella Rossi, MD
Oncology