Evergreen Oncology Associates – Patient Encounter Record

ENCOUNTER DATE: September 30, 2023
PROVIDER: Benjamin Carter, MD

PATIENT: Miranovic, Helen Victori (June 20, 1961) **ID:** SYN212

REASON FOR VISIT: Routine 3-month follow-up visit. Patient is currently receiving first-line Capmatinib for Stage IV MET Exon 14 Skipping Lung Adenocarcinoma.

HISTORY OF PRESENT ILLNESS:
Ms. Miranovic is a 62-year-old female diagnosed with Stage IV Lung Adenocarcinoma on January 20, 2023. She presented to her PCP with several weeks of persistent left flank pain and fatigue. Abdominal CT performed initially revealed a large (8 cm) complex left adrenal mass. Subsequent staging PET/CT confirmed intense FDG-avidity within the left adrenal mass (SUVmax 18.5), consistent with metastasis, and identified a suspicious 1.8 cm nodule in the left upper lobe as the likely primary site. No other sites of metastatic disease were identified. Brain MRI was negative.

CT-guided biopsy of the left adrenal mass (Jan 26, 2023) confirmed Metastatic Adenocarcinoma.

- **Histology:** The tumor exhibited a predominantly **solid growth pattern** with sheets and nests of medium-to-large sized polygonal cells with abundant eosinophilic cytoplasm, vesicular nuclei, and prominent nucleoli. Focal areas showed poor gland formation (<5%). There was marked nuclear pleomorphism and frequent mitotic figures. Minimal associated stroma.
- **Immunohistochemistry (IHC):** Tumor cells were positive for TTF-1 (diffuse, strong), Napsin-A (patchy), CK7 (diffuse, strong); Negative for P40, CK20, GATA3, Synaptophysin, Chromogranin. Consistent with lung adenocarcinoma primary.
- **Molecular Profiling (NGS via Tempus xT on adrenal tissue, report Feb 03, 2023):** Identified a **MET Exon 14 skipping mutation**. No other driver mutations identified.
- **PD-L1 IHC (22C3): TPS 0%, CPS <5, IC Score 0**.

Based on the identification of the actionable METex14 alteration, she was initiated on first-line targeted therapy with **Capmatinib (Tabrecta) 400 mg PO twice daily, starting February 10, 2023**.

INTERVAL HISTORY / REVIEW OF SYSTEMS:
Ms. Miranovic reports feeling quite well overall. Her presenting flank pain resolved completely within the first month of therapy, and her fatigue significantly improved. She continues to work part-time (artist) and enjoys social activities. She denies cough, dyspnea, chest pain, significant fatigue, nausea, vomiting, diarrhea, visual changes, or muscle pain.

Review of Capmatinib Tolerability: She reports persistent Grade 2 peripheral edema as her primary side effect.

- **Edema:** Describes bilateral pitting edema extending to the mid-calves, present consistently but fluctuates slightly day-to-day. Reports it is worse at the end of the day or with prolonged standing/sitting. Finds compression stockings (20-30 mmHg, knee-high) helpful and wears them most days. Uses Furosemide 20mg PO approximately 2-3 times per week, which provides temporary relief. States the edema is "annoying" but not painful or significantly limiting her activities currently.
- **Other:** Denies other common Capmatinib side effects. Specifically denies significant nausea, diarrhea, fatigue, muscle cramps, or shortness of breath (potential ILD).
- **Adherence:** Reports excellent adherence to Capmatinib 400mg BID.

PAST MEDICAL HISTORY: Osteoarthritis (hands), GERD (uses OTC Famotidine PRN). Never-smoker.

CURRENT MEDICATIONS:

- Capmatinib 400 mg PO BID
- Calcium 600mg / Vitamin D 800IU PO Daily
- Furosemide 20 mg PO PRN edema (uses ~2-3x/week)
- Famotidine 20 mg PO PRN heartburn
- Acetaminophen 500mg PO PRN arthritis pain

OBJECTIVE:

- *Vitals:* T 37.1 C, BP 128/76 mmHg, HR 70 bpm, RR 16 /min, SpO2 98% on Room Air.
- *Weight:* 71.0 kg (Stable, slight increase ~3kg since starting therapy, likely fluid). BMI 25.5 kg/m ^{2}.
- *ECOG Performance Status:* 0
- *General Appearance:* Well-appearing female in NAD.
- *Extremities:* +2 pitting edema noted bilaterally to mid-calves, resolves above this level. No erythema or tenderness. Pulses intact.
- *Remainder of Exam:* Lungs clear. Cor RRR. Abd soft, NT/ND. Skin clear. Neuro non-focal.

LABORATORY DATA (Today):

- CBC: WBC 5.9, Hgb 12.9, Hct 38.8, Plt 265 (All WNL)
- CMP: Na 138, K 4.1, Cl 102 , CO2 25, BUN 16, Cr 0.8 mg/dL, Glucose 95, Ca 9.4. AST 21 U/L, ALT 23 U/L, Alk Phos 78 U/L, Total Bili 0.5 mg/dL (LFTs WNL). **Albumin 3.2 g/dL** (Baseline 3.9; Nadir 3.0 three months ago; slightly improved).
- Creatine Kinase (CPK): 95 U/L (WNL)

IMAGING REVIEW (CT Chest/Abdomen/Pelvis w/ contrast, Sept 29, 2023):

- *Comparison:* Baseline CT Jan 2023 and prior CT June 2023.
- *Findings:* Continued excellent partial response. Left adrenal metastasis now measures 2.1 x 1.8 cm (vs 2.5 x 2.0 cm in June, baseline ~8 cm). The lesion shows decreased enhancement and central cystic/necrotic changes consistent with treatment effect. The

primary LUL nodule remains stable and small (< 1 cm). No evidence of new or progressive metastatic disease.

- *RECIST 1.1 Assessment:* Stable Partial Response (overall response ongoing).

ASSESSMENT:

1. **Stage IV MET Exon 14 Skipping Lung Adenocarcinoma:** Patient continues to demonstrate an excellent, ongoing partial response to first-line Capmatinib. Disease well controlled
2. **Capmatinib-Related Peripheral Edema (Grade 2) & Hypoalbuminemia (Grade 1):** Persistent side effects, common with MET TKIs. Edema reported as manageable with current conservative measures (compression, elevation, PRN diuretic). Hypoalbuminemia stable/slightly improved. No indication for dose modification at this time based on patient report and stability.

PLAN:

1. **Continue Capmatinib 400 mg PO BID.** Reinforce adherence.
2. **Edema/Hypoalbuminemia Management:**
    - Continue consistent use of compression stockings (ensure proper fit/strength).
    - Continue elevation of legs when sitting.
    - Continue Furosemide 20mg PO PRN up to once daily for symptomatic worsening. Instruct patient to monitor for dizziness/dehydration if using diuretic more frequently.
    - Continue monitoring weight, renal function, electrolytes, and albumin closely with labs.
    - Discussed potential for dose reduction (e.g., to 300mg BID) IF edema becomes functionally limiting or significantly impacts QOL, but patient wishes to continue current dose for now.
3. **Monitoring Schedule:**
    - *Labs:* Continue labs (CBC, CMP incl LFTs/Albumin/Creatinine, CPK) every 2-3 months while stable. Next set due prior to next visit.
    - *Imaging:* Continue surveillance CT Chest/Abdomen/Pelvis approximately every 3 months. Next scan due ~Dec 2023. Continue Brain MRI surveillance every 6 months (baseline negative; next due ~Jan 2024).
4. **Supportive Care:** Continue Calcium/Vit D. Continue PRN Famotidine/Acetaminophen.
5. **Follow-up:** Schedule return clinic visit in 3 months with labs prior and post-imaging results. Instructed to call sooner for significant worsening of edema, shortness of breath, severe muscle pain, or other concerning symptoms.

_____ M.D.
Benjamin Carter, MD (Electronically Signed)