

MRN: SYN122

Routine Oncology Follow-up Note

University Cancer Center – Thoracic Oncology Clinic

PATIENT: Kindmann, Nicole Mary (*04/25/1965)

DATE OF VISIT: September 18, 2023

PROVIDER: Evelyn Reed, MD, PhD

SUBJECTIVE: Ms. Kindmann presents for routine 3-month follow-up, approximately 17 months into therapy with Osimertinib for Stage IV EGFR Exon 19 deletion positive Lung Adenocarcinoma metastatic to bone. She reports feeling very well and leads a fully active life, including working full-time (architect) and enjoying regular hiking and yoga. She denies any bone pain (presenting symptom, resolved completely within 1 month of starting Osi), cough, dyspnea, chest pain, or other symptoms suggestive of cancer activity.

Review of Osimertinib Tolerability: Reports excellent long-term tolerance. Describes the following mild, stable side effects:

- **Skin:** Grade 1 xerosis (dryness), particularly on lower legs and forearms. Uses over-the-counter emollients (CeraVe, Eucerin) daily with good effect. No significant rash or acneiform eruption currently. Had mild Grade 1+ rash early in treatment, resolved.
- **Nails:** Grade 1 paronychia – experiences occasional mild redness/tenderness around 1-2 fingernail folds, usually R index finger. Manages effectively with keeping nails short, avoiding prolonged water exposure, and applying topical antibiotic ointment (Bacitracin or Mupirocin) for a few days when flared, which occurs perhaps every 2-3 months. No current active inflammation. Nails themselves slightly brittle but not problematic.
- **GI:** Grade 1 diarrhea – experiences maybe 1-2 episodes per *month* of slightly looser stools, typically self-limited or resolves with a single dose of Loperamide 2mg. No significant cramping or dehydration.
- **Other:** Denies stomatitis, significant fatigue, visual changes, cardiac symptoms, muscle aches.

Adherence: Reports near-perfect adherence to Osimertinib 80mg daily and Denosumab injections. Compliant with Calcium/Vitamin D.

PERTINENT ONCOLOGIC HISTORY:

- Dx: April 4, 2022. Presented with persistent mid-thoracic back pain.
- Staging: PET/CT showed 2.2cm LUL primary nodule and multiple FDG-avid osseous metastases (T-spine, ribs, sternum). Brain MRI negative. Bone biopsy confirmed Adenocarcinoma.
- Molecular/PD-L1: NGS identified **EGFR Exon 19 deletion (p.E746_A750del)**. PD-L1 (IHC 22C3): **TPS 10%, CPS 15, IC Score 1/+**.
- 1L Rx: Started Osimertinib 80mg PO daily April 26, 2022. Started Denosumab 120mg SC monthly May 2022 after dental clearance.

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PAST MEDICAL HISTORY: Mild Intermittent Asthma (uses Albuterol PRN <1x/month), Osteopenia (pre-dates cancer dx), GERD (on Pantoprazole). Never-smoker.

CURRENT MEDICATIONS:

- Osimertinib 80 mg PO Daily
- Denosumab 120 mg SC Monthly (Last dose Sept 5, 2023)
- Calcium Carbonate 600 mg / Vitamin D 800 IU PO BID
- Pantoprazole 40 mg PO Daily
- Albuterol HFA Inhaler 2 puffs PRN wheezing (rare use)
- Loperamide 2 mg PO PRN diarrhea
- Bacitracin Ointment PRN paronychia

REVIEW OF SYSTEMS (Comprehensive): Negative except for mild dry skin, occasional mild nail fold irritation, rare loose stools (all stable, well-managed as above). No new complaints.

OBJECTIVE:

- *Vitals:* T 36.9, BP 116/72, HR 66, SpO2 99% RA. Wt stable. ECOG PS 0.
- *Exam:* Appears well, vibrant. Skin: Mild dry patches lower legs, otherwise clear. Nails: Minimal erythema at R index proximal fold, not tender today. Lungs clear. Cor RRR. No spinal/rib tenderness. Neuro exam non-focal.
- *Labs (Today):* CBC: WNL (Hgb 13.1). CMP: LFTs WNL, Cr 0.8, Mg 2.1. Calcium 9.7.
- *Imaging (CT Chest/Abd/Pelvis w/ contrast, Sept 1, 2023):* Stable near-complete response compared to multiple prior scans over past year. LUL primary residual scar <0.5cm. Osseous metastases remain predominantly sclerotic with no new lytic changes or new lesions. Stable disease overall, consistent with excellent treatment effect.
- *Brain MRI w/wo contrast (Sept 1, 2023):* No evidence of intracranial metastases.

ASSESSMENT:

1. **Stage IV EGFR Ex19del Lung Adenocarcinoma:** Durable, ongoing near-complete response to first-line Osimertinib after 17 months of therapy. Disease excellently controlled both systemically and with continued negative CNS surveillance.
2. **Osimertinib Tolerability:** Excellent long-term tolerance with only persistent, mild (Grade 1) dermatologic and GI side effects which are well-managed and not impacting quality of life.
3. **Bone Health:** Receiving appropriate bone-modifying therapy with Denosumab, normocalcemic.

PLAN:

1. **Continue Osimertinib 80 mg PO daily.** Discussed continued importance of adherence. Provided refills.
2. **Continue Denosumab 120 mg SC monthly.** Next dose due early October. Reinforce Ca/D supplementation, oral hygiene, reporting jaw pain/dental issues promptly. Discussed potential for spacing Denosumab interval (e.g., to q3 months) in future

given long-term stability, but agreed to continue monthly for now with plan to revisit in 6 months.

3. **Toxicity Management:** Continue current supportive measures:
 - Skin: Continue emollients liberally.
 - Nails: Continue conservative measures (short nails, avoid irritants, topical antibiotic PRN flares). Consider referral to dermatology ONLY if worsening significantly or becoming frequently infected/painful.
 - Diarrhea: Continue Loperamide PRN for rare episodes. Call if frequency/severity increases significantly (>4-6 stools/day, dehydration sx).
4. **Monitoring:**
 - Labs (CBC, CMP, Mg) every 3 months currently.
 - Surveillance Imaging (CT C/A/P + Brain MRI): Continue every 3-4 months given ongoing therapy. Next scans ~Dec 2023 / Jan 2024.
5. **Patient Education:** Reviewed when to call clinic (worsening side effects, new symptoms - esp pulmonary, cardiac, neuro). Addressed patient questions regarding long-term outlook (excellent control expected but cure unlikely, monitoring for resistance essential).
6. **Follow-up:** Return to clinic in approx. 3-4 months with labs prior and post-imaging results.

____ M.D., PhD.
Evelyn Reed, MD, PhD (Electronically Signed)