

## MEMORANDUM

**TO:** Patient Chart – King, Richard (DOB: 1955-12-30, MRN: SYN063)

**FROM:** Benjamin Carter, MD (Oncology)

**DATE:** August 29, 2023

**RE:** Long-term Follow-up - Stable on Alectinib > 3 Years

**Patient:** 67 y/o male with Stage IV ALK-positive Lung Adenocarcinoma (Dx June 2020).

**History:** Presented with seizures; initial Brain MRI showed multiple enhancing mets + edema. CT C/A/P showed LUL primary + extensive bilateral pulm nodules. EML4-ALK v1 identified. PD-L1 TPS 5%, CPS 10, IC 1/+.

**Treatment:** SRS to brain mets (July 2020). Started Alectinib 600mg BID July 17, 2020.

**Current Status (as of phone call Aug 28 + recent scans/labs):**

- **Therapy:** Alectinib.
- **Clinical:** Asymptomatic. ECOG 0. Excellent QOL. Working full-time (author).
- **Tolerability:** Reports only minor chronic toxicities: Grade 1 constipation (well-controlled w/ Miralax), Grade 1 myalgia (occasional calf ache, non-limiting). No edema, LFT issues, ILD, visual changes.
- **Imaging (CT C/A/P + Brain MRI, Aug 15, 2023):** Sustained Complete Response (CR) systemically (pulmonary lesions resolved, primary scar-like). Stable post-SRS changes intracranially, no recurrence. Unchanged for >2 years.
- **Labs (Aug 20, 2023):** CBC/CMP/LFTs/CPK all WNL.

**Assessment:** Outstanding, durable CR to Alectinib approaching 3+ years. Excellent long-term tolerability.

### Plan:

- Continue Alectinib 600mg BID.
- Continue surveillance imaging (CT C/A/P + Brain MRI) q6 months currently given long-term stability. Next scans ~Feb 2024.
- Continue lab monitoring q3-6 months.
- Routine clinic/telehealth f/u q6 months concurrent with imaging.

**BC/onc**