

University Cancer Center

Thoracic Oncology Program | 1 Innovation Drive, Metropolis, CA 90210

October 25, 2023

Angela Martin, MD
Metropolis Family Practice
12 Main Street
Metropolis, CA 90208

RE: Bing, Stephen

DOB: November 9, 1955

MRN: SYN133

DIAGNOSIS: Stage IV ALK-Positive Lung Adenocarcinoma (Ongoing Remission on Alectinib)

Dear Dr. Martin,

I had the pleasure of seeing our mutual patient, Mr. Stephen Bing, in my Thoracic Oncology clinic yesterday for his annual comprehensive review. I am writing to provide you with an update on his excellent ongoing status.

As you know, Mr. Bing was diagnosed with Stage IV ALK-positive Lung Adenocarcinoma in March 2020 after presenting with focal seizures and subsequent discovery of multiple brain metastases, extensive bone metastases (spine, pelvis), and a LUL primary lesion. His PD-L1 expression was low (TPS 5%). Following Stereotactic Radiosurgery (SRS) to his brain lesions in late March 2020, he commenced first-line systemic therapy with the highly effective ALK inhibitor **Alectinib (Alecensa) 600 mg twice daily on March 27, 2020.**

Current Status & Progress (Now >3.5 Years on Alectinib):

I am delighted to report that Mr. Bing continues to experience an exceptional and durable response to Alectinib.

- **Clinical Status:** He remains completely asymptomatic from his cancer. He reports an excellent quality of life, maintaining his full professional activities (writing, public appearances) and personal pursuits without limitation. His ECOG Performance Status is consistently 0.
- **Radiographic Status:** His most recent surveillance imaging (CT Chest/Abdomen/Pelvis and Brain MRI w/wo contrast, performed October 12, 2023) confirms:
 - **Systemic Disease:** Continued **Complete Response (CR)**. There is no evidence of active disease in the lungs or bones; previously noted bone lesions remain sclerotic and inactive. The primary lung lesion is resolved to scar tissue.
 - **Intracranial Disease:** Stable post-SRS changes in the brain with **no evidence of recurrent or new intracranial metastases**. Complete intracranial response maintained.
- **Tolerability of Alectinib:** After over 43 months of continuous therapy, Alectinib remains remarkably well-tolerated. He reports only the following mild, stable, chronic Grade 1 issues:
 - *Constipation:* Effectively managed with daily Miralax and dietary measures. No dose adjustments needed.

- *Myalgia*: Occasional, very mild calf or thigh aches, usually related to prolonged sitting or specific activity, non-limiting, requires no analgesics. CPK levels consistently normal.
 - *Other*: He experiences no significant fatigue, edema, LFT abnormalities (monitored regularly), visual disturbances, photosensitivity, or bradycardia.
- **Adherence**: Mr. Bing is meticulous about his adherence to Alectinib 600mg BID with food.

Ongoing Management Plan:

1. **Continue Alectinib 600 mg PO BID** indefinitely, given the ongoing complete response and excellent tolerability.
2. **Continue Bone Health Support**: He receives Zoledronic Acid 4 mg IV infusion every 6 months for management of bone metastases (even though currently inactive) to maintain bone health. His last infusion was August 2023. He continues daily Calcium/Vitamin D. Routine dental checks are performed.
3. **Monitoring Schedule**: Given his long-term stability and complete response:
 - *Labs*: CBC, CMP (incl LFTs), CPK, Magnesium, Calcium now checked every 6 months. Last checked yesterday, all normal.
 - *Imaging*: Surveillance CT Chest/Abdomen/Pelvis and Brain MRI w/wo contrast will continue every 6 months. Next scans due approximately April 2024.
4. **Clinic Follow-up**: Scheduled for routine follow-up in 6 months, coinciding with imaging. Telehealth visits are an option if preferred between imaging intervals.

Overall Assessment:

Mr. Bing represents a remarkable success story for targeted therapy in ALK-positive lung cancer. He has achieved and maintained a complete systemic and intracranial response for well over three years on Alectinib, with minimal impact on his quality of life from treatment side effects. While metastatic lung cancer is typically considered incurable, his current prognosis is excellent, with a high likelihood of continued long-term disease control on Alectinib. We will continue close monitoring for any signs of disease recurrence or late toxicity.

Thank you for your continued excellent primary care management of Mr. Bing's other health needs. Please do not hesitate to contact me if you have any questions or concerns regarding his oncologic care.

Sincerely,

Evelyn Reed, MD, PhD
Professor, Thoracic Medical Oncology
University Cancer Center