

CITY GENERAL HOSPITAL

DISCHARGE SUMMARY

PATIENT INFORMATION:

- NAME:** Lisa Rodriguez
- ID:** SYN076
- DOB:** 12/01/1973

- ADMISSION DATE:** 04/05/2024
- DISCHARGE DATE:** 04/08/2024
- ATTENDING PHYSICIAN:** Dr. Mark Stevens

PRIMARY DIAGNOSIS: Stage IV non-small cell lung cancer (wild-type), metastatic to adrenal glands and bone

SECONDARY DIAGNOSES:

- Chemotherapy-induced neutropenia (resolved)
- Dehydration (resolved)
- Asthma
- Hypothyroidism
- Gastroesophageal reflux disease

HISTORY OF PRESENT ILLNESS: Ms. Rodriguez is a 51-year-old female with stage IV NSCLC diagnosed in August 2023, currently receiving first-line carboplatin/pemetrexed/pembrolizumab with good response. She presented with fever (38.8°C), fatigue, and decreased oral intake 7 days after her most recent chemotherapy cycle. Laboratory studies revealed neutropenia (ANC $0.4 \times 10^9/L$).

ONCOLOGIC HISTORY:

- Diagnosis Date:** August 22, 2023
- Pathology:** Adenocarcinoma, moderately differentiated
- Molecular Testing:**
 - All tested drivers negative (EGFR, ALK, ROS1, BRAF, RET, MET, NTRK, KRAS)
 - PDL1 TPS 30%, CPS 35%, IC 10%
- Initial Staging:** T3N2M1b (Stage IVA) with metastases to left adrenal gland and thoracic spine (T6, T8)

- **Treatment:**

- Carboplatin/pemetrexed/pembrolizumab initiated 09/13/2023
 - Currently on cycle 7 (completed 6 cycles of triplet therapy, now on pemetrexed/pembrolizumab maintenance)
 - Last treatment: 03/29/2024
 - Response: Partial response with 65% reduction in primary tumor and stable bone/adrenal metastases
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HOSPITAL COURSE: Patient was admitted with febrile neutropenia and treated with empiric cefepime. Blood cultures remained negative. G-CSF (filgrastim) was administered for 3 days with recovery of neutrophil count to $2.1 \times 10^9/L$ by discharge. Intravenous hydration was provided for dehydration, with improvement in renal function. The patient defervesced within 24 hours of antibiotic initiation and remained afebrile throughout the remainder of hospitalization.

DIAGNOSTIC STUDIES:

- **CBC at admission:** WBC $1.2 \times 10^9/L$, ANC $0.4 \times 10^9/L$, Hgb 10.2 g/dL, Platelets $118 \times 10^9/L$
 - **CBC at discharge:** WBC $5.4 \times 10^9/L$, ANC $2.1 \times 10^9/L$, Hgb 10.0 g/dL, Platelets $136 \times 10^9/L$
 - **Blood cultures:** No growth after 5 days
 - **Chest X-ray:** Right upper lobe opacity consistent with known primary tumor, decreased from prior studies. No infiltrates.
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DISCHARGE MEDICATIONS:

1. Montelukast 10mg PO daily
 2. Fluticasone/salmeterol 250/50mcg inhaled BID
 3. Levothyroxine 75mcg PO daily
 4. Omeprazole 20mg PO daily
 5. Loratadine 10mg PO daily
 6. Acetaminophen 650mg PO q6h PRN pain/fever
 7. Zoledronic acid 4mg IV every 3 months (next dose 05/15/2024)
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FOLLOW-UP PLAN:

1. Oncology appointment with Dr. Stevens on 04/15/2024
 2. CBC on 04/15/2024 prior to oncology appointment
 3. Consider cycle 8 chemotherapy for 04/19/2024 if counts recovered
 4. Chest/abdomen/pelvis CT scheduled for 05/15/2024
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ONCOLOGIC ASSESSMENT: Ms. Rodriguez has demonstrated good response to first-line carboplatin/pemetrexed/pembrolizumab with partial response of primary tumor and stable metastatic disease. Current episode of febrile neutropenia has resolved without complications. Dose reduction of pemetrexed by 25% will be considered for future cycles. She continues to have excellent functional status (ECOG 1) and overall good quality of life. Prognosis remains favorable given continued response to first-line therapy without evidence of progression.

Electronically signed by:
Mark Stevens, MD
Medical Oncology
04/08/2024 15:30