

**Patient Name:** Maria Garcia  
**Medical Record Number:** SYN224  
**Date of Birth:** 1967-10-28

**Date of Note:** 2023-11-15

**Encounter Type:** Scheduled Outpatient Follow-up, Thoracic Oncology Clinic

**Attending Physician:** Isabelle Moreau, PhD, MD (Thoracic Medical Oncology)

**Primary Oncologic Diagnosis:**

Metastatic Non-Small Cell Lung Cancer (NSCLC), Adenocarcinoma. Diagnosed 2022-05-20. Stage IVA (cT1bN0M1a - RUL primary, Malignant Pleural Effusion/Nodularity).

- Mol: Anaplastic Lymphoma Kinase (ALK) Gene Rearrangement Positive (EML4-ALK variant 3 identified via NGS on pleural fluid).
- PD-L1 Status: Negative (TPS 0% by IHC 22C3).
- Treatment: First-line Alectinib 600 mg PO BID, initiated 2022-06-10. Currently ongoing after 17 months.

**Pertinent Comorbidities:**

- Hypothyroidism (presumably Hashimoto's), stable on Levothyroxine.
- History of GERD, infrequent symptoms.
- Former Light Smoker (5 pack-years, quit >20 years prior).

**Interval History:**

Ms. Garcia presents for routine follow-up, continuing on Alectinib monotherapy. She feels exceptionally well and reports an excellent quality of life, essentially unchanged from her pre-diagnosis baseline now that her initial symptoms have resolved. She denies cough, dyspnea, chest pain, fever, chills, weight loss, neurological deficits, visual changes, or myalgias. She remains active, working full-time as a teacher. Her only reported medication-related side effect is mild constipation (Grade 1), which she manages effectively with increased dietary fiber, hydration, and occasional use of OTC Senna tablets 1-2 times per week. She has not experienced any significant edema, rash, photosensitivity, or laboratory abnormalities related to Alectinib. She confirms strict adherence to the 600 mg BID dosing with food.

**Review of Systems:** Otherwise negative, specifically negative for symptoms concerning for ILD or bradycardia.

**Physical Examination:**

- Vitals: BP 110/70, HR 68, Temp 98.0 F, RR 14, SpO2 98% RA. Weight 155 lbs (stable).
- General: NAD, appears stated age. ECOG Performance Status 0.
- HEENT: Normocephalic, atraumatic. PERRLA, EOML. Conjunctiva clear. Oral mucosa moist, clear.
- Neck: Supple, no thyromegaly or cervical/supraclavicular lymphadenopathy.

**Patient Name:** Maria Garcia  
**Medical Record Number:** SYN224  
**Date of Birth:** 1967-10-28

- Chest: Clear to auscultation bilaterally. No dullness to percussion. Symmetric expansion.
- Cardiovascular: Regular rate and rhythm, S1/S2 normal, no murmurs, rubs, or gallops.
- Abdomen: Soft, non-tender, non-distended, normoactive bowel sounds. No HSM.
- Extremities: No edema, cyanosis, or clubbing. Pulses 2+ symmetric.
- Skin: Warm, dry, no rashes or suspicious lesions.
- Neuro: Alert and oriented x4. Cranial nerves II-XII intact. Motor strength 5/5 throughout. Sensation intact. Coordination normal. Gait steady.

**Recent Laboratory Data (2023-11-13):**

- CBC: WBC 5.8 k/uL, Hgb 13.1 g/dL, Plt 205 k/uL (all stable).
- CMP: Na 139, K 4.1, Cl 103, CO2 27, BUN 15, Cr 0.8 mg/dL (stable), Glucose 88, Ca 9.6, Total Protein 7.2, Albumin 4.3, AST 33 U/L, ALT 30 U/L, Alk Phos 75 U/L, Total Bili 0.6 mg/dL (LFTs stable, monitored q3 months).
- CPK: 95 U/L (WNL, monitored q3 months).
- TSH: 3.1 mIU/L (stable on current Levothyroxine dose).
- CEA: 2.1 ng/mL (normalized, baseline 18.4).

**Recent Imaging:**

- **CT Chest with IV Contrast (2023-10-25):** Compared to 2023-06-15. Complete resolution of the prior large right pleural effusion. Marked interval decrease in pleural thickening and nodularity along the right hemidiaphragm and costal pleura; minimal residual pleural changes remain. The primary RUL spiculated nodule measures 0.8 cm, decreased from 1.1 cm on prior and 1.8 cm at baseline. No new pulmonary nodules or lymphadenopathy. *Impression:* Continued excellent partial response, approaching complete response.
- **MRI Brain with/without Gadolinium (Surveillance - 2023-10-25):** No evidence of intracranial metastatic disease. No acute intracranial findings.

**Assessment:**

Ms. Garcia is a 56-year-old female with ALK-rearranged metastatic NSCLC demonstrating a sustained, deep partial response (near-CR) to first-line Alectinib after 17 months of continuous therapy. She maintains an ECOG 0 performance status and experiences only minimal Grade 1 constipation. Her laboratory parameters, including LFTs and CPK relevant to Alectinib toxicity monitoring, remain stable and within normal limits. Surveillance brain imaging is negative.

**Plan:**

1. **Continue Alectinib 600 mg PO BID.** Emphasize taking with food. Counsel on importance of ongoing adherence. Review potential side effects including myalgia,

**Patient Name:** Maria Garcia  
**Medical Record Number:** SYN224  
**Date of Birth:** 1967-10-28

edema, bradycardia, visual changes, photosensitivity, ILD - patient to report any new/worsening symptoms promptly.

2. **Continue Levothyroxine 75 mcg PO daily.** Manage via PCP.
3. **Continue supportive measures for constipation:** High fiber diet, hydration, Senna 8.6 mg tab 1-2 tabs PRN.
4. **Monitoring Schedule:**
  - Clinical follow-up in Thoracic Oncology clinic in 3 months.
  - Labs (CBC, CMP, CPK) prior to next visit.
  - Repeat staging CT Chest/Abdomen/Pelvis in 4-5 months.
  - Repeat surveillance MRI Brain in approximately 6 months.
5. Reinforced patient education regarding the efficacy and potential longevity of response with Alectinib, while acknowledging the possibility of eventual resistance.

Ms. Garcia exemplifies the profound benefit of targeted therapy in ALK-positive lung cancer. Prognosis remains favorable.

**Electronically Signed By:**  
Isabelle Moreau, PhD, MD  
Thoracic Medical Oncology  
Date/Time: 2023-11-15 14:10