

## Oncology Clinic Progress Note

**NAME:** Ramis, Harold George born September 11, 1955 **MRN:** SYN105

**Date of Visit:** January 26, 2023

**Provider:** Kenji Tanaka, MD

**Reason for Visit:** Discuss recent imaging confirming disease progression after first-line chemo-immunotherapy; initiate second-line treatment.

**History:** Mr. Ramis was diagnosed with Stage IV Lung Adenocarcinoma in Sept 2021 after presenting with fatigue and incidental finding of bilateral adrenal masses (R 4cm, L 3cm) on CT. PET confirmed adrenal mets as only site of disease. Brain MRI neg. Adrenal Bx: Adeno, NGS WT, PD-L1 (22C3) **TPS 15%, CPS 20, IC 1/+**.

He started 1L **Carbo/Pem/Pembro** Oct 6, 2021. Completed 4 cycles induction, then Pem/Pembro maintenance. Achieved good PR (adrenals shrank significantly). Tolerated well (Gr 1 fatigue). Remained stable until surveillance CT Dec 30, 2022 showed **clear progression**: enlargement of both adrenal mets (R now 3.5cm, L 2.8cm) and several new sub-cm pulmonary nodules. Last dose Pem/Pembro Dec 15, 2022.

**Subjective:** Reports feeling well overall. Denies new/worsening symptoms. No pain, cough, SOB. ECOG 0-1. Ready to discuss next steps.

**Objective:** Vitals stable. Exam unremarkable. Labs (CBC/CMP) WNL.

**Assessment:** Stage IV Lung Adeno (WT, PDL1 low) progressed after 1L chemo/IO. Progression in known adrenal sites + new lung mets. Excellent PS.

### Plan:

1. **Confirm Discontinuation:** Pem/Pembro stopped.
2. **Second-Line Therapy:** Standard is Docetaxel-based chemo. Discussed options:
  - *Docetaxel Monotherapy:* Efficacy established, but toxicity concerns (neutropenia, neuropathy, fatigue, alopecia).
  - *Docetaxel + Ramucirumab:* REVEL trial showed OS benefit vs Docetaxel alone. Adds VEGF inhibitor risks (HTN, bleeding, proteinuria).
  - Patient preference leaned towards potentially higher efficacy despite added risks, given good PS. Opted for combination.
3. **Initiate Docetaxel (75 mg/m<sup>2</sup>) + Ramucirumab (10 mg/kg) IV q3 weeks.**
  - Target start date next week, pending insurance.
  - Supportive Care: Dexamethasone pre-med x 3 days. Pegfilgrastim post-chemo planned. Monitor BP/UA. Antiemetics Rx provided. Chemo education given.
4. **Monitoring:** Labs prior each cycle. Restaging CT C/A/P after 2-3 cycles. Brain MRI surveillance q6 mos.
5. **Follow-up:** Schedule C1D1 infusion. Return prior C2.