

Discharge Summary after Drug-Induced Pyrexia

Patient: Jane Honda

MRN: SYN112

DOB: 06/27/1970 (Age 53)

Admission: 2023-08-15 | **Discharge:** 2023-08-28

Physicians: Dr. B. Carter (Medical Oncology), Dr. A. Sharma (Hospital Medicine), Dr. K. Lee (Infectious Disease Consult)

Discharge diagnosis: Drug-Induced Pyrexia secondary to Dabrafenib/Trametinib therapy.

1. Oncological Diagnosis

- **Primary:** NSCLC, Adenocarcinoma, Stage IV (cT1aN0M1b), diagnosed January 2023.
- **Histology:** Metastatic Adenocarcinoma (Adrenal Biopsy).
- **Molecular:** BRAF V600E mutation positive; EGFR/ALK/ROS1/KRAS etc wild-type.
- **PD-L1 (IHC 22C3):** TPS 5%, CPS <10, IC Score 1/+.
- **Imaging (Baseline Jan 2023):** Bilateral adrenal metastases (R 3cm, L 2.5cm) as only site of disease. Brain MRI negative.
- **Recent Imaging (Aug 1, 2023 - prior to admission):** Continued partial response with adrenal mets measuring R 1.1cm, L 0.9cm.

2. Treatment History

- **Targeted Therapy:** Dabrafenib 150 mg PO BID + Trametinib 2 mg PO Daily (Started 02/02/2023, Ongoing prior to admission, temporarily held).
- **Palliative RT:** None.
- **Bone-targeted:** Not applicable.

3. Current Admission (Drug-Induced Pyrexia)

- **Presentation:** Patient presented to ED with acute onset high fevers (Tmax 39.8°C), chills, malaise, myalgias, and headache starting ~12 hours prior. No localizing symptoms of infection (no cough, dyspnea, urinary sx, abdominal pain, skin changes beyond flushing). Started Dabrafenib/Trametinib ~6.5 months ago.
- **Workup:**
 - Initial Labs: WBC 14.5 (85% neutrophils), Hgb/Plt normal. CMP notable for mild AKI (Cr 1.3, baseline 0.7) likely pre-renal. LFTs normal. CK mildly elevated (350 U/L). Procalcitonin <0.1. Lactate normal. Urinalysis negative.
 - Infectious Workup: Blood cultures x2, Urine culture negative. Respiratory viral panel negative. Chest X-ray clear.
 - Infectious Disease Consult (Dr. Lee): Reviewed case. Given high fevers, negative infectious workup, known association of BRAF/MEK inhibitors with pyrexia syndrome, diagnosis of **drug-induced pyrexia** considered most likely. Recommended holding Dabrafenib/Trametinib and supportive care; low

suspicion for infection but empiric broad-spectrum antibiotics (Ceftriaxone) initiated briefly in ED pending cultures, discontinued after 24h.

- **Treatment:**
 - **Dabrafenib and Trametinib held** upon admission.
 - Supportive Care: Aggressive IV fluid hydration (AKI resolved, Cr 0.8 at discharge). Regular Acetaminophen scheduled for fever/myalgia control.
 - Monitoring: Fevers resolved within 36 hours of holding targeted therapy. WBC count normalized. Patient felt significantly better.
- **Outcome:** Patient afebrile for >48 hours off anti-pyretics. Symptoms resolved. Tolerating PO intake. Stable for discharge with plan to resume targeted therapy cautiously.

4. Comorbidities

- Hypothyroidism (on Levothyroxine)
- Seasonal Allergies

5. Discharge Medications

New:

- *Plan to restart Dabrafenib/Trametinib cautiously - see Oncology F/U below.*

Continued:

- Levothyroxine 100 mcg PO Daily
- Loratadine 10 mg PO PRN
- Acetaminophen 650 mg PO Q6H PRN fever/myalgia (use only if needed)

Held/Discontinued During Admission:

- Dabrafenib 150 mg PO BID (*Temporarily Held*)
- Trametinib 2 mg PO Daily (*Temporarily Held*)
- Ceftriaxone (Discontinued)

6. Follow-up

- **Oncology:** Dr. B. Carter in 3-5 days
 - Discuss safe resumption of Dabrafenib/Trametinib. Plan likely:
 - Restart **Trametinib only** at 2mg daily for 3 days.
 - If tolerated, add **Dabrafenib at reduced dose** (e.g., 100mg BID) while continuing Trametinib.
 - Monitor closely for recurrent pyrexia. If tolerated for 1 week, consider increasing Dabrafenib back to 150mg BID.
 - Provide patient with low-dose Prednisone prescription (e.g., 10mg daily x 5 days) to start immediately IF fever >38.5°C recurs after restarting therapy, and instruct to hold targeted therapy and call clinic immediately.
- **Laboratory Monitoring:** None specifically required before oncology visit unless symptoms recur.
- **Imaging:** Next routine surveillance scans per oncology plan (~Nov 2023).

7. Patient Education

- Strict instructions on holding Dabrafenib/Trametinib until discussing with Dr. Carter.
- Detailed plan for restarting therapy and monitoring for recurrent pyrexia.
- Clear instructions on when/how to use Prednisone IF fever recurs AND importance of calling clinic immediately.
- Signs/symptoms of dehydration, when to seek care.
- Maintain good hydration.

8. Lab Values (Baseline Jan 2023 → Pre-admission Aug 2023 → Peak Adm Aug 2023 → Discharge Aug 2023)

- WBC: ~7.0 → 8.5 → 14.5 → 7.8 k/uL
- Neutrophils: ~4.5 → 5.5 → 12.3 (85%) → 4.9 k/uL
- Creatinine: 0.7 → 0.7 → 1.3 → 0.8 mg/dL
- CK: ~80 → ~100 → 350 → 120 U/L
- Temperature: Afebrile → Afebrile → 39.8°C → Afebrile

Electronically Signed By:

Dr. B. Carter (Medical Oncology) - 2023-08-19 15:00

Dr. A. Sharma (Hospital Medicine) - 2023-08-19 11:45

Dr. K. Lee (Infectious Disease) - 2023-08-17 17:30