Outpatient Oncology Clinic Note

Patient Record: William Johnson / 1955-06-13 / MRN: SYN203
Service Date: 2024-04-10
Provider: Isabella Rossi, MD (Medical Oncology)

Reason for Visit: Routine follow-up visit for ALK-positive metastatic NSCLC on Alectinib therapy.

Active Problems:

1. Stage IV Non-Small Cell Lung Cancer (Adenocarcinoma), EML4-ALK Fusion Positive. Status post ongoing first-line Alectinib therapy (approx. 15 months) with excellent response. Sites of disease at diagnosis: Right Pleura, Bone (Ribs, T-spine). PD-L1 TPS 5%.
2. Mild Peripheral Edema, Grade 1 (Alectinib-related).
3. Mild Creatine Phosphokinase (CPK) Elevation, Grade 1 (Alectinib-related).
4. Hypertension (well-controlled).
5. Hyperlipidemia (well-controlled).

Subjective:
Mr. Johnson reports feeling very well overall. He maintains an active lifestyle (ECOG 0). He notes persistent mild bilateral ankle edema, stable, non-bothersome, manages with occasional leg elevation. Denies significant myalgias, fatigue, visual changes, constipation, diarrhea, rash, or shortness of breath. No chest pain or bone pain. He is fully adherent with Alectinib 600mg PO BID. Tolerating medications for HTN (Amlodipine) and HLD (Atorvastatin).

Oncologic History Review:
Diagnosed Dec 2022 after presenting with right-sided pleuritic chest pain and dyspnea. Imaging revealed extensive right pleural thickening/nodularity, multiple rib lesions, and a T7 vertebral lesion. Thoracentesis and pleural biopsy performed.

- **Histopathology (Pleural Biopsy, 2022-12-20):** Invasive Adenocarcinoma infiltrating fibrous pleural tissue. Acinar and solid patterns noted. IHC: Positive for TTF-1, CK7. ALK (D5F3 clone) IHC showed strong cytoplasmic staining (3+).

- **Molecular:** FISH confirmed ALK gene rearrangement. NGS identified EML4(exon 13)-ALK(exon 20) fusion transcript (Variant 1). No other targetable mutations. PD-L1 TPS = 5% (22C3).
  Initiated first-line Alectinib 600mg PO BID on 2023-01-05. Experienced rapid clinical improvement.

Objective:
Vitals: BP 128/78, HR 68, RR 16, SpO2 98% RA. Wt stable.
Exam: Well-nourished male, NAD. Lungs clear. CV RRR. Abdomen soft. Extremities: Trace to 1+ bilateral ankle edema, non-pitting. No calf tenderness. Neuro exam grossly normal. No focal bone tenderness.
Labs (Today, 2024-04-10):

- CBC: WBC 6.1, Hgb 14.2, Plt 285 (All WNL)
- CMP: Na 140, K 4.1, BUN 15, Cr 0.9, Gluc 92, Ca 9.6, AST 30, ALT 35, Alk Phos 85, Tot Bili 0.7, Alb 4.3 (All WNL)
- CPK: 295 U/L (Baseline ~60; previous values 250-320; stable Grade 1 elevation)

- CEA: <1.0 ng/mL (Undetectable; baseline was 45 ng/mL)
  Recent Imaging (CT Chest/Abdomen/Pelvis - 2024-03-10):
- Continued excellent partial response. Marked decrease in right pleural thickening, now minimal residual tissue.
- Sclerosis and interval healing of previously noted rib and T7 vertebral lesions, consistent with ongoing treatment response. No FDG avidity on PET scan 6 months prior.
- No evidence of new metastatic disease systemically.
- Brain MRI (Surveillance - 2024-03-12): Negative for intracranial metastases.

Assessment & Plan:
Mr. Johnson is a 68-year-old male with EML4-ALK fusion positive Stage IV NSCLC Adenocarcinoma demonstrating sustained, excellent response to first-line Alectinib after 15 months of therapy. Tolerating treatment well with only Grade 1 peripheral edema and Grade 1 CPK elevation, both stable and monitored.

1. **ALK+ NSCLC:** Continue Alectinib 600mg PO BID. Patient deriving significant benefit.
2. **Toxicity Monitoring:** Continue monitoring for edema, myalgias, CPK elevation, LFTs, constipation, visual changes. Edema and CPK elevation are stable at Grade 1, no intervention required beyond monitoring. Advised patient to report worsening symptoms.
3. **Disease Surveillance:** Plan for next surveillance CT Chest/Abdomen/Pelvis in 3 months (July 2024). Repeat surveillance Brain MRI in ~6 months (approx. Sept 2024). Continue routine lab monitoring (CBC, CMP, CPK) every 3 months.
4. **Comorbidities:** Hypertension and hyperlipidemia well-controlled on current medications. Continue Amlodipine 10mg daily and Atorvastatin 20mg daily.
5. **Patient Education:** Reinforced importance of adherence and reporting any new or worsening symptoms promptly. Briefly discussed long-term outlook and potential future therapies if needed.

Follow-up: Return to clinic in 3 months with repeat labs prior.

Physician Signature:

Dr. Isabella Rossi, MD