

SUNNYVALE MEDICAL CENTER

DEPARTMENT OF THORACIC ONCOLOGY

DISCHARGE SUMMARY

Patient ID: SYN178

Name: Jenny Hutchinson

DOB: 05/19/1973

Admission: 04/01/2025

Discharge: 04/14/2025

Attending: Harrison, MD

PRINCIPAL DIAGNOSIS

Osimertinib-induced interstitial lung disease (Grade 3)

ONCOLOGIC BACKGROUND

- Diagnosis: NSCLC adenocarcinoma, Stage IVA (06/23/2023)
- Driver: EGFR Exon 19 deletion
- PD-L1: 30% TPS
- Metastatic site: Right adrenal gland (3.2cm)
- Treatment: Osimertinib 80mg daily since 07/14/2023
- Response: Excellent (primary tumor 75% reduction, adrenal met 90% reduction)

CLINICAL PRESENTATION

Progressive dyspnea, dry cough, and low-grade fever for 2 weeks. O₂ sat 88% on room air. No prior pulmonary disease. Never smoker.

DIAGNOSTIC STUDIES

IMAGING

Chest CT (04/02/2025):

Bilateral ground-glass opacities with lower lobe predominance and peripheral distribution. No pulmonary embolism. Primary lung tumor (RUL) decreased to 1.2cm from 4.8cm at diagnosis.

Chest CT (04/12/2025):

Interval improvement in ground-glass opacities. Estimated 40% reduction in affected lung volume.

Abdominal CT (04/02/2025):

Right adrenal mass decreased to 0.5cm from 3.2cm at diagnosis. No new metastases.

PULMONARY FUNCTION

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04/03/2025:

- FEV₁: 1.2L (48% predicted)
- FVC: 1.5L (52% predicted)
- DLCO: 42% predicted

04/12/2025:

- FEV₁: 1.8L (72% predicted)
- FVC: 2.2L (76% predicted)
- DLCO: 68% predicted

BRONCHOSCOPY (04/04/2025)

BAL: Lymphocytic predominance (65%); Negative cultures and cytology

Transbronchial biopsy: Organizing pneumonia pattern with lymphocytic infiltration; No malignant cells

LABORATORY DATA

Test	04/01/2025	04/07/2025	04/14/2025	Reference
WBC	11.2	13.8	9.2	4.0-11.0
Neutrophils (%)	75	72	68	40-70
Lymphocytes (%)	18	22	26	20-50
Eosinophils (%)	2	1	1	0-5
Hemoglobin	12.8	12.5	12.3	12.0-16.0
Platelets	255	278	264	150-450
CRP	86	42	12	<5
LDH	324	280	212	125-220
Creatinine	0.76	0.84	0.80	0.5-1.1
eGFR	>90	>90	>90	>60
ALT	32	84	62	7-56
AST	28	68	46	8-48
Troponin	<0.01	-	<0.01	<0.04
NT-proBNP	108	-	86	<125
KL-6	1250	-	850	<500
SP-D	320	-	210	<110

Blood Gases (04/02/2025, room air):

- pH: 7.46
- pO₂: 58 mmHg
- pCO₂: 34 mmHg
- HCO₃: 24 mEq/L

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- O₂ saturation: 88%

Blood Gases (04/14/2025, room air):

- pH: 7.44
- pO₂: 82 mmHg
- pCO₂: 38 mmHg
- HCO₃: 25 mEq/L
- O₂ saturation: 96%

TREATMENT COURSE

1. Osimertinib discontinued on admission
2. Methylprednisolone 1g IV daily × 3 days, followed by prednisone 1mg/kg/day
3. Supplemental oxygen therapy (max 4L NC, weaned to room air by day 10)
4. Empiric antibiotics for 48 hours until cultures negative
5. Prophylactic TMP-SMX for PCP prevention during steroid therapy

HOSPITAL COURSE

Rapid improvement in respiratory status following high-dose steroids. Oxygen requirements decreased from 4L to room air over 10 days. Repeat chest imaging showed significant improvement in ground-glass opacities. PFTs normalized. Multidisciplinary tumor board recommended switching to afatinib rather than rechallenging with osimertinib due to severity of ILD.

DISCHARGE MEDICATIONS

1. Afatinib 40mg PO daily (to start 04/21/2025 after prednisone taper to <20mg)
2. Prednisone 60mg PO daily × 7 days, then taper by 10mg weekly
3. Trimethoprim-sulfamethoxazole DS 1 tablet PO three times weekly
4. Pantoprazole 40mg PO daily
5. Calcium/Vitamin D supplement

FOLLOW-UP PLAN

1. Pulmonology: 04/21/2025
2. Oncology: 04/28/2025
3. Chest CT: 05/12/2025
4. PFTs: 05/12/2025

CONDITION AT DISCHARGE

Stable. Breathing comfortably on room air. No cough. Able to ambulate independently.

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Electronically signed by:

Dr. Harrison

04/14/2025 16:28