Date of Note: 14 April 2025

SOAP Note: Patient Zlatan Brimovic (MRN SYN229)
Patient ID: SYN229
DOB: 20 January 1960

Diagnosis: Stage IV Non-Small Cell Lung Cancer (EGFR Exon 19 deletion) with brain metastases **Date of Diagnosis**: 21 October 2021 **Current Therapy**: Osimertinib 80 mg PO daily (Initiated 12 November 2021) **PD-L1 TPS**: 85% (22C3 assay)

S – Subjective

The patient, a 65-year-old male, reports stable health with no new neurological symptoms. He describes a "clear head," good energy, and is back to moderate hiking and gardening. No recurrence of aphasia or focal deficits. Occasional grade 1 diarrhea persists (2–3 loose stools weekly), which he self-manages with dietary fiber and loperamide. No chest pain, hemoptysis, or dyspnea on exertion. Mild fatigue (2/10) at end of day.

He adheres well to osimertinib with no missed doses. No seizures since starting treatment. Denies headaches, visual changes, or confusion. Maintains regular contact with family and recently resumed part-time design consulting work.

O – Objective

Vitals:

- BP: 128/76 mmHg
- HR: 72 bpm
- Temp: 36.7°C
- SpO_2: 98% on RA
- Weight: Stable at 74.2 kg

Physical Exam:

- Neuro: CN II-XII intact, no pronator drift, normal gait, no ataxia
- HEENT: No papilledema
- Chest: Clear to auscultation bilaterally
- CV: Regular rate and rhythm
- Abdomen: Soft, non-tender, no hepatosplenomegaly
- Skin: No rash or cyanosis

Laboratory Monitoring (April 2025):

- CBC: WNL
- CMP:
    - Creatinine: 0.96 mg/dL
    - ALT: 21 U/L, AST: 24 U/L
    - ALP: 67 U/L

    - Albumin: 4.2 g/dL
- Magnesium, potassium, calcium: WNL
- TSH: Normal
- ECG: QTc 462 ms (stable from prior)

Imaging:

- MRI Brain (March 2025):
    - Previously noted right frontal lesion now <5 mm, stable
    - Occipital lesion no longer visualized
    - No new enhancing lesions
- Chest CT (March 2025):
    - RUL primary mass reduced to 1.4 cm
    - No pleural effusion or new nodules
    - No mediastinal or hilar lymphadenopathy

Pathology (2021):

- Lung biopsy: TTF-1+, CK7+, Napsin A+ adenocarcinoma
- EGFR exon 19 deletion by NGS
- PD-L1 TPS: 85% (22C3 clone)
- Ki-67: 45%
- No ALK, ROS1, MET, BRAF or KRAS alterations detected

A – Assessment

Patient with EGFR exon 19–mutated stage IV NSCLC with brain metastases, currently on first-line osimertinib. Sustained CNS and systemic response for 41 months. No clinical or radiographic evidence of progression. Neurological and pulmonary symptoms have fully resolved. Mild adverse effects (diarrhea, QTc prolongation) are tolerable and manageable. No signs of resistance mutations or extracranial progression.

EGFR exon 20 resistance mutations not yet detected. Patient remains highly functional (ECOG 0), adherent, and motivated.

P – Plan

1. **Continue osimertinib 80 mg daily**
    - Monitor for diarrhea, ECG quarterly
    - Maintain magnesium and potassium levels
2. **Imaging Surveillance**
    - MRI brain Q6 months (next due September 2025)
    - Chest CT Q3–4 months
3. **Molecular Monitoring**
    - Liquid biopsy (Guardant360 or similar) planned for Q3 2025
    - Monitor for EGFR T790M, C797S, MET amplification
4. **Supportive Care**

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- Continue levetiracetam 500 mg BID as seizure prophylaxis
- Continue physical activity and pulmonary rehab check-ins
- Maintain DEXA monitoring due to chronic steroid history

5. **Multidisciplinary Follow-up**
   - Neuro-oncology: Q6 months
   - Cardiology: Annual ECG + echo if QTc >480
   - Oncology clinic: Continue follow-up every 3 months
6. **Future Planning**
   - If progression occurs: biopsy for resistance mutations, consider 2L options (EGFR bispecifics, combination with VEGFi or IO if mutation landscape supports)
   - Consider stereotactic radiosurgery if solitary CNS progression

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Reviewed By:
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