

## Regional Cancer Center – New Patient Chemotherapy Education & C1D1 Summary

**Patient:** May, Elizabeth **MRN:** SYN090 **DOB:** 02/02/1972

**Date of Service:** November 10, 2023

**Provider Team:** Dr. K. Tanaka (Oncologist), J. Smith RN OCN (Chemo Educator/Infusion RN)

**Reason for Visit:** Chemotherapy education session followed by administration of Cycle 1, Day 1 of Carboplatin/Pemetrexed/Pembrolizumab for newly diagnosed Stage IV Lung Adenocarcinoma.

**Diagnosis Summary:** Diagnosed Oct 19, 2023 after presenting with persistent cough. CT C/A/P showed 3cm RML primary, mediastinal nodes, extensive bilateral pulmonary nodules (largest 1.5cm). Brain MRI negative. Biopsy RML confirmed Adenocarcinoma. Molecular: NGS results wildtype. PD-L1 (22C3): **TPS 0%, CPS <5, IC 0**. ECOG PS 1.

**Treatment Plan:** Based on non-squamous histology and PD-L1 negative status, standard first-line therapy is Carboplatin/Pemetrexed/Pembrolizumab q3 weeks x 4-6 cycles, followed by Pemetrexed/Pembrolizumab maintenance.

### Chemotherapy Education Session (J. Smith RN):

- Comprehensive review of regimen: Carboplatin, Pemetrexed, Pembrolizumab. Schedule (q3 weeks). Planned duration (4-6 cycles induction, then maintenance).
- Detailed review of potential side effects and management strategies:
  - Myelosuppression (low blood counts): Risk of infection (neutropenia), anemia (fatigue), thrombocytopenia (bleeding/bruising). Neutropenic fever precautions thoroughly discussed (temp >100.4F, when/how to call).
  - Fatigue: Expected, energy conservation strategies discussed.
  - Nausea/Vomiting: Anti-emetic prescriptions provided (Ondansetron scheduled x 3 days then PRN; Prochlorperazine PRN breakthrough). Importance of hydration emphasized.
  - Pemetrexed specifics: Need for Folic Acid daily (started 1 week prior) and B12 injection (given today, q9 weeks). Potential for rash (steroid pre-med helps), mucositis. Renal monitoring importance.
  - Carboplatin specifics: Potential for neuropathy (less common than cisplatin), hypersensitivity reaction risk (monitored during infusion).
  - Pembrolizumab specifics (Immune-Related Adverse Events - irAEs): Explained concept. Reviewed common sites (skin rash, colitis/diarrhea, hepatitis, pneumonitis, endocrinopathies - esp thyroid). Emphasized importance of reporting *any* new or unusual symptoms promptly, even if seemingly minor. Thyroid function monitoring planned.
- Infusion day logistics reviewed (labs prior, pre-meds, infusion times).
- Provided written materials, contact numbers (clinic nurse, triage line, after hours).
- Patient verbalized good understanding, asked appropriate questions. Husband present and engaged.

### Cycle 1 Day 1 Administration:

- Pre-infusion assessment: Pt feeling well, anxious but ready. Vitals stable. Labs reviewed (CBC/CMP baseline WNL, adequate for treatment). ECOG 1.
- Received Vitamin B12 1000 mcg IM.
- Pre-medications administered: Dexamethasone 12mg IV, Aprepitant 130mg PO, Ondansetron 16mg IV. IV hydration initiated (NS 500ml).
- Chemotherapy Infusion:
  - Pembrolizumab 200mg IV over 30 min. No reaction.
  - Pemetrexed 500mg/m<sup>2</sup> IV over 10 min. No reaction.
  - Carboplatin AUC 5 IV over 60 min. No reaction.
- Post-infusion: Vitals stable. Patient feeling well, no immediate complaints. Discharged home with husband.

**Plan / Follow-up:**

- Continue Folic Acid 1mg daily. Take Ondansetron TID x 3 days, then PRN. Prochlorperazine PRN.
- Return in 3 weeks (Dec 1, 2023) for Cycle 2 Day 1 assessment and treatment. Labs prior.
- Call clinic immediately for fever >100.4F or other urgent concerns as discussed.
- Awaiting NGS results – will contact patient if any targetable mutation identified requiring change in plan (unlikely to change initial induction phase).

**Signatures:** J. Smith, RN, OCN / K. Tanaka, MD