

// METROPOLITAN HEALTH SYSTEM // // DIGITAL MEDICAL RECORD // // DISCHARGE DOCUMENTATION //

+-----+ | NAME: ELISA HOI (ID SYN237) | DOB: 05/22/1975 | SERVICE: NEURO-ONCOLOGY | | ADMIT: 04/01/2025 | DISCHARGE: 04/14/2025 | | ROOM: 7W-412 | +-----+

:: PRIMARY DIAGNOSIS :: Status post gamma knife radiosurgery for oligoprogressive brain metastasis in KRAS G12D-positive NSCLC

:: SECONDARY DIAGNOSES ::

- Post-radiation cerebral edema, managed and resolving
- Steroid-induced hyperglycemia
- Headache syndrome, improved
- Chemotherapy-induced peripheral neuropathy, stable

:: HPI SNAPSHOT :: 49F with KRAS G12D+ NSCLC diagnosed 06/2023 with brain and bone metastases, initially managed with carbo/pem/pembro with good response. Recent MRI from 03/28/2025 showed isolated progression of left parietal lesion with surrounding edema and mass effect while all other lesions stable. Admitted for stereotactic radiosurgery and management of associated symptoms.

ONCOLOGIC HISTORY & BACKGROUND <<

- Initial presentation: Headache, dizziness
- Diagnosis: NSCLC adenocarcinoma (06/30/2023)
- Molecular: KRAS G12D+, PD-L1 TPS 35%
- Initial sites: Primary RUL (3.2cm), brain mets (4), bone mets (T4, T10, L2, right iliac)
- Treatment: Carbo/pem/pembro since 07/21/2023
 - Initial WBRT (30Gy/10fx) at diagnosis
 - Good systemic and intracranial response
 - Maintained on pembro/pem after 4 cycles
- Recent status: Isolated progression of left parietal lesion (2.6cm from 1.2cm)

HOSPITAL INTERVENTION & MANAGEMENT <<

- Neurosurgical consult → Not suitable for surgical resection
- Stereotactic radiosurgery (04/03/2025)
 - Gamma knife to left parietal lesion (20Gy/single fraction)
- Dexamethasone 4mg IV q6h → tapered to 2mg PO BID
- Levetiracetam 500mg PO BID (seizure prophylaxis)
- Insulin sliding scale for steroid-induced hyperglycemia
- Regular neuro checks q4h → stable throughout
- Continued maintenance pembro/pem during admission (cycle #13)

IMAGING RESULTS <<

- MRI Brain with/without contrast (04/10/2025):
 - Left parietal lesion: Post-treatment changes with decreased edema
 - Other brain metastases: Stable small enhancing lesions (all <1cm)
 - No new intracranial lesions
 - No hemorrhage, midline shift, or hydrocephalus
- CT Chest/Abdomen/Pelvis (04/05/2025):
 - Primary RUL mass: Decreased to 1.1cm (from 3.2cm)
 - Sclerotic changes in previously noted bone metastases
 - No new metastatic sites
 - No lymphadenopathy

LABS ON DISCHARGE << | Test | Result | Reference | |-----|-----|-----| |
 WBC | 7.8 | 4.0-11.0 | | Hemoglobin | 11.6 | 12.0-16.0 | | Platelets | 235 | 150-450 | |
 Sodium | 138 | 135-145 | | Potassium | 4.2 | 3.5-5.0 | | Creatinine | 0.8 | 0.5-1.1 | |
 AST/ALT | 28/32 | <40 | | Glucose | 142 | 70-100 | | CRP | 2.4 | <5.0 |

DISCHARGE PLAN <<

MEDICATIONS: ❶ Dexamethasone 2mg PO BID × 3 days → Then 2mg PO daily × 3 days → Then 1mg PO daily × 3 days, then discontinue ❷ Levetiracetam 500mg PO BID ❸ Pantoprazole 40mg PO daily ❹ Pembrolizumab 200mg IV q3weeks (next: 05/03/2025) ❺ Pemetrexed 500mg/m² IV q3weeks (next: 05/03/2025) ❻ Home meds continued without change

FOLLOW-UP: ❶ Neuro-oncology: 04/21/2025 (Dr. Rodriguez) ❷ Medical oncology: 05/03/2025 (Dr. Garcia, with treatment) ❸ MRI brain: 05/10/2025 ❹ Labs: CBC, CMP one week before next treatment

PRECAUTIONS: ❶ Seizure precautions ❷ Report: severe headache, vision changes, nausea/vomiting ❸ Monitor home glucose while on steroids ❹ No driving until cleared by neuro-oncology ❺ Fall precautions (peripheral neuropathy)

:: CONDITION AT DISCHARGE :: Alert, oriented. Headache improved (2/10 from 7/10 at admission). No seizures during hospitalization. Mild residual left lower extremity weakness (4+/5). ECOG PS 1. Ambulating independently. Tolerating regular diet.

:: DICTATED BY :: Dr. Elena Rodriguez, MD Neuro-Oncology 04/14/2025 | 16:42