

DISCHARGE SUMMARY

|-----|-----| | Date of Death | April 14, 2025 | | Patient Tom
Gluck | | ID: SYN227 | | Medical Record Number | TC-39415-67 | | Date of Birth | August 1,
1956 |

Attending Physician Dr. M. Williams

== ADMISSION INFORMATION == Admitted via Emergency Department on March 24, 2025 with severe generalized bone pain, confusion, weakness, and dyspnea. Initial laboratory evaluation revealed hypercalcemia (corrected calcium 13.8 mg/dL), acute kidney injury (creatinine 2.8 mg/dL), and pancytopenia.

== DIAGNOSES ==

1. Treatment-refractory metastatic BRAF V600E-mutated NSCLC
2. Disseminated intravascular coagulation (terminal complication)
3. Malignant hypercalcemia
4. Acute kidney injury
5. Cancer cachexia

== BRIEF ONCOLOGIC HISTORY == 68-year-old male diagnosed with stage IV BRAF V600E-mutated NSCLC in August 2020. Initially treated with dabrafenib/trametinib since mid September 2020 with excellent response for 18 months. Subsequently received carboplatin/pemetrexed (second-line), docetaxel, nivolumab and novel BRAF/MEK inhibitor combination in clinical trial. Withdrawn from trial February 2025 due to disease progression.

== HOSPITAL COURSE == Initial management focused on correction of hypercalcemia with aggressive IV fluids, calcitonin, and zoledronic acid. Renal function improved with hydration but remained impaired. Pain management required high-dose opioids, ultimately requiring patient-controlled analgesia with hydromorphone.

During hospitalization, patient developed worsening thrombocytopenia, prolonged coagulation parameters, and decreased fibrinogen levels. Hematology consultation confirmed disseminated intravascular coagulation (DIC) as a paraneoplastic complication. Despite supportive care with blood products, coagulopathy remained difficult to control.

Multiple family meetings led to transition to comfort-focused care. Patient was DNR/DNI status. During final week, intensive symptom management provided with focus on pain control, management of secretions, and anxiety reduction. Patient's condition steadily declined with increasing somnolence and periods of terminal agitation.

Patient expired peacefully on 04/14/2025 at 05:43 surrounded by family.

== TEST RESULTS ==

- Bone Marrow Biopsy (03/28/2025):
 - Hypercellular marrow (90%) extensively replaced by metastatic adenocarcinoma

- Immunohistochemistry confirmed pulmonary origin (TTF-1+, Napsin A+)
- BRAF V600E immunohistochemistry positive
- Ki-67 proliferation index: 75% (significantly increased from original tumor)
- CT Chest/Abdomen/Pelvis (03/25/2025):
 - Right lower lobe mass increased to 6.8 cm (previously 5.2 cm)
 - New extensive liver metastases, largest measuring 3.2 cm
 - Progression of sclerotic bone lesions with new lytic component
 - Pathologic fracture of T8 vertebral body
- Laboratory Trends:

① Initial values (03/24/2025):

- Corrected calcium: 13.8 mg/dL
- Creatinine: 2.8 mg/dL
- Platelets: $95 \times 10^9/L$
- Hemoglobin: 8.2 g/dL
- LDH: 850 U/L

② Terminal values (04/13/2025):

- Corrected calcium: 11.5 mg/dL
- Creatinine: 2.3 mg/dL
- Platelets: $18 \times 10^9/L$
- Hemoglobin: 7.1 g/dL
- INR: 2.5
- Fibrinogen: 85 mg/dL

== PROCEDURES == ✧ Central venous catheter placement (03/25/2025) ✧ Bone marrow biopsy (03/28/2025) ✧ Paracentesis (04/06/2025) - 1.2 L removed with positive cytology

== CONSULTATIONS == ✧ Hematology (Dr. Goldman): DIC management ✧ Nephrology (Dr. Chen): AKI management ✧ Palliative Care (Dr. Johnson): End-of-life symptom management ✧ Pain Management (Dr. Peters): Complex pain control

== DEATH CERTIFICATE INFORMATION == Immediate cause of death: Disseminated intravascular coagulation Due to: Metastatic non-small cell lung cancer Contributing factors: Acute kidney injury, hypercalcemia Manner of death: Natural

== DISPOSITION OF REMAINS == Local funeral home has been contacted per family's request.

[Electronically signed] Marcus Williams, MD Department of Medical Oncology April 14, 2025 / 16:45