

## Regional Cancer Center – Immunotherapy Infusion Note

**Date:** Aug 30, 2023

**Patient:** Harmon, Belinda **MRN:** SYN068 **DOB:** 05/17/1970

**Treatment:** Pembrolizumab Cycle 18, Day 1 (200mg IV q3wks)

**Provider:** R. Miller, RN / K. Tanaka, MD (Supervising)

**Diagnosis:** Stage IV Lung Adenocarcinoma (WT), PD-L1 High (TPS 85%, CPS 90, IC 3/+). Initial mets to Bone only (ribs, T-spine). Diagnosed Aug 26, 2022.

**Therapy Course:** Started 1L Pembrolizumab monotherapy Sept 16, 2022. Now approx. 11.5 months into therapy.

**Interval Hx / Subjective:** Patient presents for scheduled infusion. Reports feeling very well. No disease-related symptoms (bone pain fully resolved months ago). No specific complaints today. Denies cough, SOB, chest pain, rash, diarrhea, colitis sx, endocrine sx (fatigue minimal, stable). Recently had annual physical with PCP, routine labs WNL. Enjoying active summer, traveling.

### Objective:

- Vitals: Stable. ECOG 0.
- Exam: NAD. Skin clear. Thyroid non-tender/normal size. Lungs clear.
- Labs (Pre-Infusion): CBC, CMP, TSH all WNL.

**Recent Imaging (CT C/A/P, Aug 1, 2023):** Stable partial response, with near resolution of primary lesion and continued sclerosis of bone lesions. No new sites of disease. Unchanged from prior (May 2023). Brain MRI (surveillance, Aug 1, 2023) remained negative.

**Assessment:** Continued excellent clinical & radiographic response to Pembrolizumab monotherapy after nearly 1 year. No evidence of irAEs. Fit for C18.

### Plan:

1. Administer Pembrolizumab 200mg IV over 30 min. Tolerated well without reaction.
2. Continue q3 week schedule.
3. Monitoring: Continue routine labs (CBC, CMP, TSH) prior to infusions. Monitor for late-onset irAEs.
4. Next Restaging Scans (CT C/A/P + Brain MRI) in ~3 months (prior to C22, ~Nov 2023).
5. Discussed potential duration of therapy – typically continue for up to 2 years if response ongoing & tolerated, but decision individualized.
6. Discharged home stable. Patient has clinic contact info.

**Signatures:** R. Miller, RN / K. Tanaka, MD