University Cancer Center - Thoracic Oncology Clinic Note

Chief Complaint: Routine follow-up, Stage IV ALK-positive Lung Adenocarcinoma, long-term Alectinib therapy.

Provider: Dr. Evelyn Reed, MD, PhD

Patient: Morrison, James Douglas (07/07/1952)
MRN: SYN045

Date of Visit: August 30, 2023

History of Present Illness:
Mr. Morrison is a 71-year-old gentleman diagnosed with Stage IV Lung Adenocarcinoma in August 2020. He initially presented with fatigue and incidental finding of bilateral adrenal masses on unrelated imaging. Staging PET/CT confirmed large, hypermetabolic bilateral adrenal metastases (R 6cm, L 5cm) and identified a subtle LUL primary nodule (1.2cm). Brain MRI negative. Adrenal biopsy confirmed metastatic Adenocarcinoma. NGS testing identified an **EML4-ALK fusion (variant 1)**. PD-L1 (22C3) was **TPS 0%, CPS <5, IC 0**.

He started first-line therapy with **Alectinib 600 mg PO BID on September 4, 2020**. He achieved a rapid partial response within 3 months, with significant shrinkage of the adrenal masses. He has maintained an excellent, durable response since that time.

Interval History:
Patient presents today for routine follow-up, approximately **35 months** into Alectinib therapy. He reports feeling generally well. Continues to work part-time as an accountant. Energy levels are good, maybe slightly reduced from his pre-cancer baseline but stable for years. No cough, dyspnea, chest pain, abdominal pain. Appetite normal, weight stable. Reports mild chronic constipation, managed effectively with daily Miralax. Denies significant myalgias, visual changes, photosensitivity, or edema. Adherence to Alectinib is excellent.

Past Medical History:

- Benign Prostatic Hyperplasia (BPH) – on Tamsulosin
- Mild Osteoarthritis (hands)
- Former smoker (20 pack-years, quit age 50)

Medications:

- Alectinib 600 mg PO BID
- Tamsulosin 0.4 mg PO Daily
- Polyethylene Glycol 3350 (Miralax) 1 capful PO Daily
- Calcium 600mg / Vitamin D 400IU PO Daily

Review of Systems: Positive only for mild constipation (controlled). All other systems reviewed negative.

Objective:

- Vitals: T 36.9, BP 126/74, HR 68, SpO2 98% RA. ECOG PS 1 (due to mild baseline fatigue/age).
- Exam: Well-appearing elderly male. Lungs clear. Cor RRR. Abd soft, NT/ND. Ext no edema. Skin clear.
- Labs (Today): CBC WNL (Hgb 13.8). CMP: AST 25, ALT 28, T.Bili 0.6, Alk Phos 80, Cr 0.9, CPK 150 (WNL). All stable.
- Imaging (CT Chest/Abd/Pelvis w/ Contrast, August 15, 2023):
    - *Comparison:* Feb 10, 2023 and multiple prior scans.
    - *Findings:* Continued stable partial response. The LUL primary nodule remains barely visible (<5mm). Bilateral adrenal metastases remain markedly decreased in size compared to baseline and are stable compared to prior scan (Right adrenal lesion 1.8cm, Left adrenal lesion 1.5cm). No evidence of new or progressive metastatic disease.
    - *Impression:* Stable partial response, ongoing durable benefit from Alectinib.

Assessment:

1. **Stage IV ALK Fusion-Positive Lung Adenocarcinoma:** Patient continues to demonstrate an outstanding and exceptionally durable response to first-line Alectinib, now approaching 3 years of therapy. Disease remains well controlled with stable partial response.
2. **Alectinib Tolerability:** Excellent long-term tolerance with only Grade 1 constipation, well managed. No evidence of significant cumulative toxicity.

Plan:

1. **Continue Alectinib 600 mg PO BID.** Reinforced adherence and importance of reporting any new/worsening symptoms (esp. myalgia, dyspnea, visual changes, severe GI upset).
2. **Monitoring:** Continue labs (CBC, CMP, CPK) every 3 months.
3. **Surveillance Imaging:** Continue CT Chest/Abdomen/Pelvis every 3-4 months (next scan ~ Nov/Dec 2023). Continue Brain MRI surveillance every 6 months (last was May 2023 - negative; next due ~ Nov 2023).
4. **Supportive Care:** Continue Miralax for constipation. Continue Ca/Vit D.
5. **Follow-up:** Return to clinic in 3 months with labs prior and post-imaging results.

PROGNOSIS: Discussed the excellent ongoing control but reinforced that metastatic lung cancer is typically managed chronically rather than cured. High likelihood of continued benefit from Alectinib for the foreseeable future.

_____ M.D., PhD.
Evelyn Reed, MD, PhD (Electronically Signed)
Thoracic Medical Oncology