

**\*\*Outpatient Oncology Clinic Note / Treatment Summary\*\***

**\*\*Patient:\*\*** George Williams (ID SYN193) | **\*\*DOB:\*\*** 1949-05-28 **\*\*Visit Date:\*\*** 2023-02-15 | **\*\*Attending:\*\*** Dr. Peterson, Medical Oncology

**SUBJECTIVE:**

Mr. Williams presents for follow-up approximately 4 months after completing second-line chemotherapy. He feels generally well (ECOG 1). Reports significant improvement in fatigue since stopping chemo. Mild residual tingling/numbness in fingertips/toes (Grade 1 CIPN) persists but is stable and not bothersome. No new cough, pain, weight loss, or other concerning symptoms. He remains active. Compliant with medications for comorbidities (COPD, BPH, HTN).

**ONCOLOGIC HISTORY OVERVIEW:**

Diagnosed 22<sup>nd</sup> Nov 2019 with Stage IV NSCLC Adenocarcinoma (RUL primary, mets to lung, liver, bone).

- **Histopathology (RUL Bx, 2019-11-28):** Invasive Adenocarcinoma, acinar/micropapillary patterns, focal mucin. IHC: TTF-1+, Napsin A+, p40-. Moderately differentiated.
- **Molecular:** Wild-type for common drivers. PD-L1 TPS = 65% (Dako 22C3).
- **Treatment:**
  - 1L: Pembrolizumab monotherapy (Dec 2019 - May 2021) with excellent PR. Palliative RT to spine concurrent.
  - Hepatic progression in June 2021
  - 2L: Carboplatin/Pemetrexed x 6 cycles (June 2021 - Oct 2021). Achieved Stable Disease.

**OBJECTIVE:**

**Vitals:** Stable. Wt stable.

**Exam:** Well-appearing. Lungs with mild expiratory wheezes (chronic). No LAD. Abdomen benign. Neuro: Mild decreased sensation to light touch fingertips/toes, strength/reflexes intact.

**Labs Today:** CBC WNL, CMP WNL (Cr 1.0), CEA 25 ng/mL (stable vs 22 post-chemo).

**Recent Imaging (Oct 2021 - Post Chemo):** CT C/A/P showed stable disease (liver, lung, nodes) compared to May 2021 pre-chemo scans. Bone scan stable sclerotic lesions.

**ASSESSMENT & PLAN:**

Mr. Williams is a 74-year-old male with Stage IV NSCLC Adenocarcinoma, WT, PD-L1 high, status post durable response to 1L Pembrolizumab and subsequent stabilization with 6 cycles of 2L Carboplatin/Pemetrexed. Currently ~4 months off chemo with ongoing clinical and biochemical stability.

1. **NSCLC Management:** Plan for continued observation off active systemic therapy. Patient feels well and disease appears stable. Rationale is to provide treatment holiday while monitoring closely.
2. **Surveillance Strategy:** Schedule next surveillance CT Chest/Abdomen/Pelvis in 3 months (approx. May 2023). Continue monitoring CEA levels with clinic visits.
3. **Chemo Side Effects:** Grade 1 CIPN noted, stable and non-bothersome. Continue monitoring. Patient declines pharmacologic intervention currently. Fatigue resolved.
4. **Comorbidities:** Continue Symbicort for COPD, Tamsulosin for BPH, Lisinopril for HTN. Manage proactively.
5. **Contingency Planning:** Discussed signs/symptoms of progression. Reviewed potential 3rd line options (e.g., single-agent chemo, clinical trial) should they become necessary in the future.

**Follow-up:** Return to clinic in 3 months with labs (CBC, CMP, CEA). Call sooner for any concerning symptoms.

**Physician Signature:**

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Dr. Peterson, MD