

University Cancer Center – Thoracic Oncology
Follow-up Visit Note

REASON FOR VISIT: Routine 3-month follow-up for Stage IV MET Exon 14 Skipping Lung Adenocarcinoma, on Capmatinib therapy.

INTERVAL HISTORY: Ms. Carter continues on first-line Capmatinib 400 mg PO BID, initiated January 27, 2023 (~7 months ago). She reports feeling generally well and stable. No recurrence of the fatigue or vague abdominal discomfort that led to her diagnosis. Energy levels are good, allows her to work full-time (teacher). Main ongoing side effect is **peripheral edema**, primarily bilateral lower extremities, rated Grade 2. States it's "manageable" with daily compression stockings (knee-high, 20-30 mmHg) and elevation when possible. Uses Furosemide 20mg PO only occasionally (maybe 1-2 times/week) when swelling feels worse, usually provides some relief. Denies nausea, vomiting, diarrhea, significant fatigue, shortness of breath, cough, visual changes, or muscle aches. Adherence to Capmatinib is excellent.

PERTINENT ONCOLOGIC HISTORY:

- Dx: Jan 4, 2023. Incidental finding of large (7 cm) right adrenal mass on CT KUB for flank pain (kidney stone). Staging PET/CT confirmed hypermetabolic R adrenal mass, likely met; identified subtle 1 cm LUL nodule as possible primary. Brain MRI neg. Adrenal biopsy confirmed Metastatic Adenocarcinoma, TTF-1+.
- Molecular/PD-L1: NGS identified **MET Exon 14 skipping mutation**. PD-L1 (22C3) **TPS 0%, CPS <5, IC 0**.
- 1L Rx: Capmatinib 400 mg PO BID started Jan 27, 2023. Initial scans at 2 months showed partial response (significant shrinkage of adrenal mass).

PAST MEDICAL HISTORY: Hypertension (well-controlled on Olmesartan), Osteopenia (on Calcium/Vit D), Hysterectomy (fibroids). Never-smoker.

MEDICATIONS:

- Capmatinib 400 mg PO BID
- Olmesartan 20 mg PO Daily
- Calcium Citrate + D3 PO BID
- Furosemide 20 mg PO PRN edema

OBJECTIVE:

- Vitals: T 37.1, BP 124/72, HR 68, SpO2 99%. Wt: Increased 5 lbs since last visit (stable over last 4 mos). ECOG PS 0.
- Exam: Gen: WD WN female, appears well. Lungs: Clear. Cor: RRR. Abd: Soft, NT/ND. Ext: +1-2 pitting edema bilateral lower legs to mid-shin, improves slightly above stockings line. No tenderness. Skin: Normal.
- Labs (Today): CBC WNL. CMP: Na 136, K 4.0, Cr 0.8, **Albumin 3.3** (down slightly from 3.5 last visit, baseline 3.8), AST 22, ALT 25, T Bili 0.5. LFTs remain normal. Creatinine Kinase (CPK) normal.

- Imaging (CT Chest/Abd/Pelvis w/ contrast, Aug 18, 2023):
 - *Comparison:* May 15, 2023.
 - *Findings:* Stable partial response. Right adrenal metastasis measures 3.1 x 2.5 cm (previously 3.5 x 2.8 cm, baseline ~7cm). LUL nodule stable (<5mm). No new sites of disease.
 - *Impression:* Continued stable partial response to Capmatinib.

ASSESSMENT:

1. **Stage IV MET Exon 14 Skipping Lung Adenocarcinoma:** Patient demonstrates ongoing stable partial response after ~7 months of first-line Capmatinib therapy. Disease remains well controlled.
2. **Capmatinib Toxicity:**
 - **Peripheral Edema (Grade 2):** Persistent but reported as manageable with current measures (stockings, elevation, occasional Lasix). Correlates with mild hypoalbuminemia, a known class effect of MET TKIs.
 - **Hypoalbuminemia (Grade 1):** Mild, likely contributing to edema. Monitor.
3. **Hypertension/Osteopenia:** Stable.

PLAN:

1. **Continue Capmatinib 400 mg PO BID.** Discussed importance of adherence.
2. **Edema Management:** Continue compression stockings consistently. Continue elevation. Continue Furosemide 20mg PRN up to once daily if needed. If edema worsens significantly or becomes functionally limiting despite these measures, may need to consider dose reduction of Capmatinib (to 300mg BID), but deferring for now given patient reports manageability. Monitor weight, renal function, electrolytes, albumin closely.
3. **Monitoring:** Labs (CBC, CMP incl LFTs/Albumin/Creatinine, CPK) monthly x 2, then q2 months if stable.
4. **Surveillance Imaging:** Next CT C/A/P in 3 months (~Nov 2023). Continue Brain MRI q6 months (next due ~Jan 2024).
5. **Follow-up:** Return to clinic in 3 months with labs prior and post-imaging. Call sooner for worsening edema, shortness of breath, severe GI upset, muscle pain, or other concerns.

____ M.D.
 Vivian Wells, MD (Electronically Signed)
 Medical Oncology

PATIENT: Carter, Deborah Lynn
MRN: SYN058 **DOB:** June 07, 1962
DATE OF VISIT: August 28, 2023