City Oncology Associates – Clinic Progress Note

PATIENT: Hoffman, Richard Alan
MRN: SYN041 **DOB:** 12/04/1957 (M)
DATE OF VISIT: January 25, 2023
PROVIDER: Dr. Ben Carter, MD

REASON FOR VISIT: Discuss recent imaging showing disease progression while on Tepotinib; plan next line of therapy.

HISTORY OF PRESENT ILLNESS:
Mr. Hoffman carries a diagnosis of Stage IV Lung Adenocarcinoma, identified in December 2021 after investigation for persistent cough and dyspnea. Initial staging revealed extensive right pleural thickening, nodularity, and a large malignant pleural effusion. No distant metastases identified initially. Thoracentesis confirmed adenocarcinoma. Comprehensive genomic profiling (FoundationOne CDx on pleural fluid) identified a **MET Exon 14 skipping mutation**. PD-L1 IHC (22C3) was **TPS 5%, CPS 10, IC Score 1/+**.

He was started on first-line targeted therapy with **Tepotinib 450 mg (2 tablets) PO Daily on January 11, 2022**. He experienced a rapid and significant clinical response, with resolution of dyspnea and decreased cough within weeks. Radiographically, he achieved a partial response with marked decrease in pleural thickening and resolution of the effusion. He tolerated Tepotinib relatively well for the first 6-8 months, main side effect being Grade 2 peripheral edema, managed with compression stockings and occasional Furosemide 20mg PO PRN. He also developed mild hypoalbuminemia (nadir 3.1 g/dL), monitored closely.

Over the past 2-3 months (since approx. Nov 2022), he noted a gradual return of mild exertional dyspnea and increased frequency of non-productive cough. He denies chest pain, fever, or other new symptoms. Restaging scans were performed last week.

PAST MEDICAL HISTORY:

- COPD (Moderate – on Tiotropium/Olodaterol inhaler)
- Hypertension (on Amlodipine)
- Hyperlipidemia (on Rosuvastatin)
- Former Smoker (40 pack-years, quit 2010)

CURRENT MEDICATIONS (Prior to today):

- Tepotinib 450 mg PO Daily
- Tiotropium/Olodaterol (Stiolto Respimat) 2 puffs daily
- Amlodipine 10 mg PO Daily
- Rosuvastatin 10 mg PO Daily
- Furosemide 20 mg PO PRN edema
- Multivitamin

OBJECTIVE:

- Vitals: T 37.2, BP 135/82, HR 78, SpO2 95% RA (down from 97-98%). ECOG PS 1.
- Exam: Mild expiratory wheeze R base. +1 pitting edema bilateral ankles. Otherwise unremarkable.
- **IMAGING REVIEW (CT Chest w/ contrast, Jan 18, 2023):**
    - *Comparison:* Scans from Oct 5, 2022.
    - *Findings:* Definite interval increase in nodular pleural thickening along the right mediastinal and diaphragmatic pleura. Several pleural nodules demonstrate measurable growth (e.g., one near diaphragm now 2.1 cm, previously 1.4 cm). Development of a small new right pleural effusion. No evidence of new parenchymal lesions or distant metastases.
    - *Impression:* Disease progression confined to the known site of pleural metastasis after approximately 12 months of Tepotinib therapy.

ASSESSMENT:

1. **Stage IV Lung Adenocarcinoma (MET Exon 14 Skipping Mutation):** Confirmed disease progression on first-line Tepotinib. Progression currently limited to the pleura. Patient remains in good performance status (ECOG 1) but is becoming symptomatic again. Requires transition to second-line therapy.
2. **Peripheral Edema / Hypoalbuminemia:** Likely related to Tepotinib, expected to improve upon discontinuation.
3. **COPD / HTN / HLD:** Stable.

PLAN:

1. **Discontinue Tepotinib:** Effective today. Discussed rationale with patient.
2. **Second-Line Therapy Discussion:** Options reviewed:
    - Standard care post-MET TKI often involves platinum-based chemotherapy.
    - Given lack of prior chemotherapy exposure and good PS, **Carboplatin (AUC 5) + Pemetrexed (500 mg/m2) IV q3 weeks** is the recommended regimen.
    - Role of adding Pembrolizumab: Discussed pros/cons. PD-L1 is low (5%), benefit of adding IO in 2L post-TKI with low PD-L1 is less certain and adds potential toxicity. Decided to proceed with chemotherapy doublet alone initially. Can reconsider IO if further progression occurs.
    - Patient agrees with plan for Carbo/Pem.
3. **Initiate Chemo:** Plan to start C1D1 next week (approx. Feb 1, 2023), pending insurance authorization.
    - Patient to start Folic Acid 1mg daily now. B12 injection with C1D1.
    - Provide standard chemo pre-meds (Dexamethasone, anti-emetics).
    - Discuss side effects (myelosuppression, fatigue, nausea, neuropathy, renal monitoring). Educate on neutropenic fever precautions.
4. **Symptom Management:** Continue inhaler for COPD. Monitor edema (expect improvement). Consider short course of low-dose opioid (e.g.,

hydrocodone/acetaminophen PRN) or Tessalon perles for cough if persistent. Thoracentesis may be needed again if effusion increases and becomes symptomatic.

5. **Monitoring:** Labs (CBC, CMP) prior to each cycle. Restaging CT after 2-3 cycles.
6. **Follow-up:** Return next week for C1D1 chemo. Clinic contact info provided.

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