

ONCOLOGY CLINIC PROGRESS NOTE

INTERVAL HISTORY:

Ms. Harris presents for routine follow-up during maintenance phase of first-line chemo-immunotherapy for Stage IV NSCLC. She completed 4 cycles of Carboplatin/Pemetrexed/Pembrolizumab induction therapy ending July 2023 and is currently receiving Pemetrexed/Pembrolizumab maintenance every 3 weeks (currently Cycle 13 of maintenance). She reports feeling generally well, though notes persistent mild fatigue (Grade 1), slightly improved from induction phase. No new neurological symptoms (headaches, seizures, focal deficits). Appetite good, weight stable. No recent fevers, cough, dyspnea, chest pain, rash, diarrhea, or symptoms suggestive of colitis, pneumonitis, or endocrinopathy. Tolerating maintenance infusions well. Adherent with folic acid/B12 supplementation.

ONCOLOGIC HISTORY SUMMARY:

Diagnosed March 2023 with Stage IV NSCLC after presenting with new-onset seizures. MRI Brain revealed three cerebral metastases (right parietal 1.8cm, left frontal 1.0cm, cerebellar 0.8cm). Staging PET/CT showed a 3.5cm LUL primary lesion, mediastinal lymphadenopathy, but no other distant mets. Bronchoscopy with biopsy performed.

- **Histopathology (LUL Biopsy, 2023-03-08):** Invasive Adenocarcinoma, moderately differentiated, acinar predominant pattern. IHC: TTF-1+, Napsin A+.
- **Molecular Testing:** NGS panel Wild-Type (Negative for EGFR, ALK, ROS1, BRAF, KRAS, MET Exon 14, RET, NTRK).
- **PD-L1 IHC (22C3):** TPS = 25%.

Initial Treatment:

- Stereotactic Radiosurgery (SRS) to all three brain metastases completed late March 2023.
- Initiated Carboplatin (AUC 5) / Pemetrexed (500 mg/m²) / Pembrolizumab (200 mg) Q3 weeks on 2023-03-24. Completed 4 cycles.
- Transitioned to Pemetrexed/Pembrolizumab maintenance Q3 weeks starting July 2023.

OBJECTIVE:

Vitals: T 36.9, BP 122/76, HR 70, RR 16, SpO2 97% RA. Wt 68 kg (stable).

Exam: Well-appearing female, ECOG 1 (due to fatigue). No oral mucositis. Lungs clear. Heart RRR. Abdomen soft, NT, ND. Skin clear. Neuro exam: CN II-XII intact, Strength 5/5 globally, sensation intact, coordination normal, gait steady. No focal deficits.

Labs (Today, prior to infusion):

- CBC: WBC 5.9, Hgb 12.1, Plt 215 (Stable)
- CMP: Na 139, K 4.0, BUN 14, Cr 0.7, Gluc 88, AST 22, ALT 25, Alk Phos 75, Tot Bili 0.6, Alb 4.1 (All WNL)
- TSH: 2.1 mIU/L (Stable, checked Q9 weeks)

Recent Imaging:

- CT Chest/Abdomen/Pelvis (2024-03-05): Continued partial response. LUL primary stable scar-like density (approx. 1.5 cm). Mediastinal nodes resolved/sub-cm. No new sites of disease.

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- MRI Brain (2024-03-07): Stable post-treatment changes at sites of prior SRS. No evidence of new or recurrent intracranial metastases.

ASSESSMENT & PLAN:

Ms. Harris is a 53-year-old female with Stage IV NSCLC Adenocarcinoma (WT, PD-L1 25%), status post initial treatment of brain metastases with SRS, who is demonstrating an ongoing partial response systemically and sustained complete response intracranially on Pemetrexed/Pembrolizumab maintenance therapy (total therapy duration ~13 months).

1. **NSCLC Management:** Continue Pemetrexed (500 mg/m²) / Pembrolizumab (200 mg) maintenance therapy every 3 weeks. Patient deriving ongoing benefit and tolerating reasonably well. Plan to continue for total of ~2 years of immunotherapy, pending tolerance and efficacy.
2. **Toxicity Monitoring:** Continue monitoring for chemotherapy side effects (fatigue, cytopenias) and immune-related adverse events (irAEs - colitis, pneumonitis, hepatitis, endocrinopathies, rash, nephritis, etc.). Fatigue is Grade 1, stable. Labs (CBC, CMP, TSH) reviewed and acceptable for treatment today. Patient educated to report symptoms promptly. Continue Folic Acid 1mg daily and ensure B12 injections Q9 weeks.
3. **CNS Surveillance:** Continue surveillance Brain MRI every 4-6 months given history of brain metastases. Next MRI due approx. July 2024.
4. **Systemic Surveillance:** Continue surveillance CT Chest/Abdomen/Pelvis every 3-4 months. Next scan due approx. June 2024.
5. **Supportive Care:** Address fatigue - reinforce energy conservation strategies. Patient manages well currently.

Treatment Today: Patient received Pemetrexed and Pembrolizumab infusion without acute reaction.

Follow-up: Return to clinic in 3 weeks for Cycle 14 of maintenance therapy. Labs prior.

Physician Signature:

Dr. E. Harding, MD

Patient: Linda Harris **DOB:** 1970-11-06

MRN: SYN204 **Date:** 2024-04-24

Provider: E. Harding, MD, Medical Oncology