

MEMORANDUM

TO: Patient Chart

FROM: Eleanor Vance, MD, PhD (Neuro-Oncology / Thoracic Oncology)

DATE: December 5, 2023

SUBJECT: Routine Follow-up - Michael Davis, MRN: SYN233 (DOB: 04/26/1958)

Mr. Davis, a now 65-year-old gentleman with metastatic EML4-ALK (Variant 1) positive Non-Small Cell Lung Cancer (adenocarcinoma), returns for follow-up. He has been on first-line Alectinib 600 mg BID since June 4, 2021 – marking 30 months of continuous therapy.

Background: Diagnosis in May 2021 was dramatic, prompted by acute onset headaches and left arm weakness. Initial MRI Brain revealed numerous bi-hemispheric enhancing lesions, the largest 2.5 cm in the right parietal lobe causing significant vasogenic edema and mass effect. Subsequent staging confirmed extensive bone metastases (spine, ribs, pelvis) and a small presumed primary RLL lung nodule (1.5 cm). PD-L1 was low (5%). Given the ALK fusion and significant CNS burden, Alectinib was initiated urgently.

Current Status & Interval History: Mr. Davis reports feeling "better than ever." He has had complete resolution of his initial neurological symptoms for over two years. He remains fully active, works part-time, travels, and plays golf regularly without limitation (ECOG 0). His quality of life is excellent.

Alectinib continues to be well tolerated. He notes persistent, stable Grade 1 myalgias (calves, sometimes thighs) managed with Acetaminophen PRN and stretching. He also has Grade 1 constipation requiring daily Miralax for regularity. He specifically denies edema, significant rash, visual disturbances, or symptoms of ILD/pneumonitis. He has not missed any doses.

Examination: Vital signs stable, HR 64 (no bradycardia). Weight stable. Neurological exam remains non-focal with normal strength, sensation, coordination, and gait. Lungs clear. No edema.

Objective Data:

- **Labs (12/01/23):** CBC, CMP WNL. LFTs stable and normal. CPK stable at 180 U/L (mild elevation is his baseline on Alectinib, asymptomatic). CEA undetectable (<1.0 ng/mL).
- **MRI Brain (11/28/23):** Compared to 05/20/23. Demonstrates sustained near-complete response of prior multiple brain metastases. Residual punctate enhancement/gliosis at prior sites is stable. No new or progressive intracranial disease. Resolution of edema.
- **CT C/A/P (11/28/23):** Compared to 05/20/23. Systemic disease also shows durable response. RLL primary nodule stable scar (0.4 cm). Widespread sclerotic changes in bone mets consistent with healing, stable. No new sites of disease.

Assessment: Mr. Davis continues to exhibit an exceptional, durable intracranial and extracranial response to Alectinib after 2.5 years for widely metastatic ALK-positive NSCLC. He maintains an excellent performance status (ECOG 0) with only minor, manageable long-

term toxicities. This case highlights the profound efficacy and CNS activity of Alectinib in this setting.

Plan:

1. **Continue Alectinib 600 mg PO BID.** Reiterate importance of adherence and taking with food.
2. **Continue supportive care:** Acetaminophen PRN myalgia, Miralax daily for constipation.
3. **Continue comorbidity meds:** Lisinopril/HCTZ, Tamsulosin.
4. **Monitoring:** Routine follow-up in 3 months. Labs (CBC, CMP, CPK) prior to visit. Repeat surveillance imaging (MRI Brain, CT C/A/P) in approximately 6 months, sooner if any clinical concerns arise.
5. **Discussion:** Reinforced the excellent ongoing response. Briefly touched upon the concept of potential future resistance mechanisms, but emphasized the current stability and favorable outlook. Patient is highly motivated and engaged in his care.

Electronically Filed By:

Eleanor Vance, MD, PhD

Date/Time: 12/05/2023 10:30