

Oncology Clinic - Progress Note

Patient: Abernathy, Michael John **ID:** SYN150

DOB: 30-SEP-1956

Date: 15-JUN-2023

Provider: E. Reed, MD, PhD

SUBJECTIVE: Patient presents for urgent f/u after new L hip pain prompted early restaging scans, which show disease progression. Reports L hip/groin ache x 3 weeks, 5/10, worse w/ weight-bearing. Otherwise feels well. No cough/SOB/abd pain. Tolerated Osimertinib well overall.

ONCOLOGIC HX: Stage IV Lung Adeno (Dx 15-APR-2021). Mets: Bone (spine, pelvis), Liver (resolved on tx), R Adrenal (resolved on tx).
Molecular: **EGFR Exon 19 deletion**. PD-L1 (22C3): **TPS 60%**, CPS 65, IC 2/+. Started 1L **Osimertinib 80mg QD 07-MAY-2021**. Excellent response initially, stable >2 years.

OBJECTIVE: Vitals stable. ECOG 1. Tender L hip/greater trochanter. Labs WNL.

IMAGING (CT C/A/P + Bone Scan, 12-JUN-2023): Compared to Dec 2022. **Progression.** New avid lesion L proximal femur corresponding to pain. Subtle increase in size/avidity several known T-spine lesions. Liver/adrenals remain clear. Primary stable (minimal residual).

ASSESSMENT: Stage IV EGFR+ Lung Adeno s/p ~25 months on Osimertinib with **acquired resistance & disease progression**, primarily in bone.

PLAN:

1. **Discontinue Osimertinib.**
2. **Resistance Testing:** Sent plasma ctDNA today.
3. **Second-Line Tx:** Recommend **Carboplatin + Pemetrexed** chemo. Discussed rationale/risks/benefits. Patient agreeable. Plan start C1D1 within 1-2 weeks pending auth. Start Folic Acid today, schedule B12 injection. Provide anti-emetic Rx's.
4. **Bone Mets Mgmt:**
 - o **Palliative RT Consult** placed for L hip/femur pain control.
 - o **Start Denosumab** 120mg SC monthly (pending dental clearance - referral placed). Continue Ca/D.
 - o Add **Oxycodone 5mg** PO Q6H PRN pain to bridge until RT effect. Continue home NSAID cautiously.
5. **F/U:** Clinic nurse to coordinate chemo start / dental / Rad Onc. Return prior C2.

(Signed electronically) E. Reed, MD, PhD