ATTENDING PHYSICIAN: Dr. E. Harding, Medical Oncology

DATE OF NOTE: 2023-09-25

ENCOUNTER TYPE: Routine Outpatient Clinic Visit / Interval Summary

ONCOLOGIC HISTORY:

Mr. Chen is a 72-year-old male diagnosed with Stage IV NSCLC in August 2020. Initial presentation was flank pain leading to discovery of a large right adrenal metastasis and a small RLL primary nodule. Biopsy of the adrenal mass confirmed metastatic adenocarcinoma with significant signet ring features.

- **Histopathology (Adrenal Bx, 2020-09-05):** Invasive Adenocarcinoma with >50% signet ring cells. Solid/cribriform patterns. IHC: CK7+, TTF-1 (patchy)+, Napsin A-, ALK (D5F3) 3+ cytoplasmic staining.
- Molecular Findings: ALK rearrangement confirmed by FISH. NGS identified EML4(exon 20)-ALK(exon 20) fusion (Variant 3). PD-L1 TPS = 0% (22C3).
 He was started on first-line Alectinib 600mg PO BID *on* September 14th, 2020.

INTERVAL HISTORY / CURRENT STATUS:

Mr. Chen presents for routine follow-up, now 36 months into Alectinib therapy. He continues to feel very well (ECOG 0) with a sustained, deep partial response. His only ongoing medication-related side effect is mild, intermittent myalgias (Grade 1), managed conservatively. Chronic constipation is stable on his bowel regimen. Anxiety is well-controlled on Escitalopram. He denies any new symptoms concerning for progression, including neurological symptoms.

REVIEW OF SYSTEMS: Positive only for mild intermittent myalgias and chronic constipation as above. Negative for fever, chills, weight loss, cough, dyspnea, chest pain, edema, visual changes, significant fatigue.

OBJECTIVE FINDINGS:

- Vitals: WNL.
- **Exam:** NAD, ECOG 0. No significant findings.
- Labs (Today): CBC, CMP WNL. CPK 180 U/L (stable mild elevation).
- Imaging (CT C/A/P Aug 2023): Stable deep partial response. Adrenal met 2.2 cm (vs 8 cm baseline), largely cystic/necrotic. RLL nodule minimal scar. No new disease. Brain MRI (Mar 2023) negative.

ASSESSMENT:

Stage IV ALK-rearranged NSCLC (Adenocarcinoma with signet ring features) with exceptional and durable response to first-line Alectinib, ongoing at 36 months. Tolerating therapy well with only Grade 1 myalgias and managed constipation.

PLAN:

1. Continue Alectinib 600mg PO BID.

- 2. Continue monitoring for tolerance (myalgias, LFTs, CPK, edema, etc.). Maintain current conservative management for side effects.
- 3. Continue surveillance imaging: CT Chest/Abdomen/Pelvis every 3 months. Surveillance Brain MRI every 6 months.
- 4. Continue lab monitoring (CBC, CMP, CPK) every 3 months.
- 5. Continue management of constipation (Docusate/Senna) and anxiety (Escitalopram).
- 6. Reinforce adherence and importance of reporting new symptoms promptly.

Follow-up: Return to clinic in 3 months with labs.

Physician Signature:

Dr. E. Harding, MD

PATIENT: Robert Chen (*ID* SYN195) **DOB:** 1951-07-20