

Interdisciplinary Discharge Note

Patient Identity:

- **Name:** Dr. Harriet Linnea Monroe (*08/04/1963)
- **Gender:** f
- **Patient ID:** SYN070

Diagnosis: Stage IV RET-rearranged NSCLC with synchronous liver and osseous metastases on 27.10.2022

Molecular Diagnostics:

- **RET Fusion Identified:** KIF5B-RET fusion via MSK-IMPACT (allele fraction: 19%)
- **PD-L1 Testing:** TPS 90%, CPS 95, IC 3+

Sites of Disease Involvement:

- Multiple hepatic lesions (segments IV and VIII)
- Bone lesions involving lumbar spine and pelvic girdle

First-Line Treatment Initiation:

- **Agent:** Selpercatinib (160 mg BID)
- **Started on:** 18/11/2022
- **Therapeutic Status:** Ongoing, tolerating well

Response to Therapy:

- Within the first 2 months, liver lesions decreased in size by >50%.
- Osseous pain improved with concurrent denosumab and bisphosphonates.
- CT abdomen/pelvis (Feb 2025) shows maintained PR.
- Bone scan: stable disease, no new foci of uptake.

Complications:

- Intermittent hypertension (Grade 1-2; managed with amlodipine 5 mg)
- Transient QTc prolongation (max 480 ms), no arrhythmia

Comorbidities:

- Post-menopausal osteoporosis
- Prior deep vein thrombosis (on rivaroxaban 10 mg)

Current Plan:

- Continue selpercatinib indefinitely pending tolerance
- Monitor ECG monthly
- MRI spine every 6 months due to prior symptomatic S1 lesion
- Consider clinical trial with RET-TKI + PD-1 inhibition in future

Signed by Dr. Humphrey on 25th February 2025