DISCHARGE SUMMARY

NAME: Suzanne Bondy

ID: SYN151

DOB: 1963-07-07

Admitted: 2025-04-03 **Discharged:** 2025-04-14 **Oncology Service, Attending:** Dr. Zhang **Gastroenterology Consult:** Dr. Alvarez **Neurology Consult:** Dr. Kwon

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DIAGNOSIS AT DISCHARGE

1. Selpercatinib-induced hepatotoxicity (Grade 3) in patient with RET fusion-positive NSCLC
2. Secondary headache disorder due to vasodilatory effects of selpercatinib

ONCOLOGIC HISTORY

- **Diagnosis Date:** January 24, 2023
- **Pathology:** Non-small cell lung cancer, adenocarcinoma
- **Molecular Status:** KIF5B-RET fusion positive
- **PD-L1 Status:** TPS 30%, CPS 35, IC 10%
- **Initial Staging:** T2aN1M1b (IVA) with liver metastases
- **Treatment:** Selpercatinib 160mg PO BID, initiated February 15, 2023
- **Response:** Excellent partial response with >70% reduction in size of primary tumor and liver metastases

HOSPITAL COURSE

Patient presented with fatigue, anorexia, and persistent frontal headache. Laboratory studies revealed grade 3 transaminitis (ALT 486 U/L, AST 392 U/L) without hyperbilirubinemia. Comprehensive workup excluded viral hepatitis, autoimmune liver disease, and biliary obstruction. Liver biopsy demonstrated drug-induced hepatocellular injury pattern with minimal inflammation and no fibrosis.

Selpercatinib was suspended on admission. Hepatology consultation attributed liver injury to RET inhibitor therapy, given temporal relationship, exclusion of other causes, and known association. Liver enzymes began to improve after drug discontinuation, with 50% reduction after 10 days of monitoring.

Concurrently, patient reported resolution of chronic headache following selpercatinib discontinuation. Neurological evaluation attributed headaches to vasodilatory effects of RET inhibition on cerebral vasculature.

Multidisciplinary tumor board recommended dose-reduced selpercatinib (80mg BID) upon discharge due to excellent disease response and recovery trend in liver function. Baseline liver imaging prior to discharge showed stable oncologic disease despite brief therapy interruption.

DISCHARGE MEDICATIONS

1. Selpercatinib 80mg PO BID (reduced from 160mg BID)
2. Ursodiol 300mg PO BID
3. Acetaminophen 500mg PO q6h PRN headache (not to exceed 2g/day)
4. Ondansetron 4mg PO q8h PRN nausea
5. Pantoprazole 40mg PO daily

CONDITION AT DISCHARGE

Improved. Liver enzymes downtrending. Headache resolved. No evidence of disease progression. ECOG Performance Status 1.

FOLLOW-UP PLAN

1. **Oncology:** Dr. Zhang in 1 week (04/21/2025)
2. **Hepatology:** Dr. Alvarez in 2 weeks (04/28/2025)
3. **Laboratory:** Liver function tests twice weekly for 2 weeks, then weekly for 4 weeks
4. **Imaging:** CT chest/abdomen/pelvis in 8 weeks (06/09/2025)

LABORATORY VALUES

Test	Baseline	Admission (04/03)	Peak	Discharge (04/14)	Reference
ALT	32 U/L	486 U/L	512 U/L	242 U/L	7-56
AST	28 U/L	392 U/L	425 U/L	186 U/L	8-48
ALP	86 U/L	156 U/L	182 U/L	124 U/L	45-115
T. Bili	0.7 mg/dL	1.1 mg/dL	1.3 mg/dL	0.9 mg/dL	0.2-1.2
Albumin	4.0 g/dL	3.8 g/dL	3.7 g/dL	3.8 g/dL	3.5-5.0
INR	1.0	1.2	1.2	1.1	0.8-1.1

LIVER BIOPSY (04/05/2025)

Liver parenchyma with scattered hepatocellular injury and minimal inflammation. No fibrosis, cholestasis, steatosis, or granulomas. No evidence of malignancy. Pattern consistent with drug-induced liver injury.

IMAGING

CT Abdomen with contrast (04/12/2025): Multiple hypodense liver lesions showing significant decrease in size compared to pre-treatment imaging. Target lesion in segment VIII now measures 1.2cm (previously 4.1cm). No new lesions. No biliary dilation.

CT Chest (04/12/2025): Primary right lower lobe mass decreased to 1.8cm (previously 3.4cm). No new pulmonary nodules. No lymphadenopathy.

Electronically signed: Dr. Zhang Date: 04/14/2025