Routine Oncology Follow-up - Stable Disease

Summit Oncology Group – Progress Note

Patient: Nelson, Robert **ID:** SYN 215 **DOB:** October 24, 1954
Date: August 7, 2023
Provider: Evelyn Reed, MD, PhD

Active Problem: Stage IV Lung Adenocarcinoma, EGFR Exon 19 deletion positive, PD-L1 High (TPS 50%), currently stable on first-line Osimertinib therapy

SUBJECTIVE: Mr. Nelson returns for routine 3-month follow-up. He reports feeling very well, essentially at his baseline health prior to diagnosis. He is retired but remains physically active (daily walks, golf 1-2x/week) and enjoys spending time with grandchildren. He denies any cough, dyspnea, chest pain, abdominal pain, bone pain, weight loss, or neurological symptoms.

Osimertinib Review (80mg PO daily since April 9, 2021):

- **Tolerance:** Reports excellent long-term tolerance. Only persistent side effect is Grade 1 dry skin, primarily on hands and lower legs, well-controlled with daily emollients (Aquaphor). Experiences very rare (<<1x/month) episodes of 1-2 loose stools, resolves spontaneously or with single Loperamide dose. Denies rash, significant diarrhea, paronychia, stomatitis, visual changes, cardiac symptoms.
- **Adherence:** Consistently >95%. Uses weekly pill organizer.

ONCOLOGIC HISTORY:

- **Diagnosis:** March 19, 2021 (Age 67). Presented with RUQ pain and elevated LFTs.
- **Staging:** CT C/A/P showed 2.0 cm RUL primary nodule, mediastinal nodes (borderline), and multiple bilobar hepatic metastases (largest 3.5 cm). Brain MRI negative.
- **Pathology (Liver Biopsy, 03/25/2021):** Metastatic Adenocarcinoma.
    - **Histology:** Moderately differentiated adenocarcinoma with a predominant **micropapillary pattern**, characterized by small clusters of tumor cells lacking fibrovascular cores floating within alveolar spaces (simulated here within liver sinusoids). Focal acinar structures also present. Cells showed moderate nuclear pleomorphism, inconspicuous nucleoli.
    - **IHC:** Positive for TTF-1, Napsin-A, CK7. Negative for HepPar1, P40. Consistent with lung primary.
- **Molecular/PD-L1:** NGS identified **EGFR Exon 19 deletion (p.E746_A750del)**. PD-L1 (22C3): **TPS 50%, CPS 55, IC Score 2/+**.

- **1L Rx:** Osimertinib 80mg PO daily started April 9, 2021. Achieved rapid partial response by 2 months, near-complete response (liver lesions resolved, primary <0.5cm) by 6 months. Maintained nCR since.

PAST MEDICAL HISTORY: Hypertension (on Telmisartan), BPH (on Finasteride), Hyperlipidemia (on Pravastatin). Former Smoker (15 pack-years, quit >30 yrs ago).

CURRENT MEDICATIONS: Osimertinib, Telmisartan 40mg daily, Finasteride 5mg daily, Pravastatin 20mg daily, Calcium/Vit D, Loperamide PRN.

OBJECTIVE:

- *Vitals:* T 36.8, BP 130/74, HR 66, SpO2 97%. Wt stable. ECOG PS 0.
- *Exam:* Healthy, well-nourished male. Skin: Mild xerosis hands/shins. Nails normal. Lungs clear. Cor RRR. Abd soft, NT/ND. No edema. Neuro non-focal.
- *Labs (Today):* CBC WNL (Hgb 14.0). CMP: LFTs WNL (AST 19, ALT 21), Cr 1.0, Mg 2.0.
- *Imaging (CT Chest/Abd/Pelvis w/ contrast, July 25, 2023):* Stable near-complete response. Minimal residual RUL scar tissue. Liver remains clear of definitive metastatic disease. Mediastinal nodes normal. No new or progressive disease. Unchanged from multiple prior scans over >18 months.

ASSESSMENT:

1. **Stage IV EGFR Ex19del Lung Adenocarcinoma:** Patient continues in a durable, ongoing near-complete response on first-line Osimertinib therapy. Disease remains excellently controlled.
2. **Osimertinib Tolerability:** Excellent long-term tolerance with only minimal Grade 1 dry skin and very rare Grade 1 diarrhea.

PLAN:

1. **Continue Osimertinib 80 mg PO daily.** Refills provided. Reinforce adherence.
2. **Toxicity Management:** Continue emollients for dry skin. Continue Loperamide PRN for rare diarrhea. Monitor for other potential toxicities (cardiac, pulmonary, ocular).
3. **Monitoring:**
    - *Labs:* Continue labs (CBC, CMP, Mg) every 3-4 months currently.
    - *Imaging:* Continue surveillance CT C/A/P every 3-4 months. Next scan due ~Oct/Nov 2023. Continue Brain MRI surveillance every 6 months (last was June 2023 - neg; next due Dec 2023).

4. **Patient Education:** Reviewed importance of reporting new/worsening symptoms promptly. Discussed ongoing nature of therapy and monitoring for potential resistance.
5. **Follow-up:** Schedule return clinic visit in approx. 3-4 months with labs prior and post-imaging results.

_____ M.D., PhD.
Evelyn Reed, MD, PhD (Electronically Signed)