MIDTOWN MEDICAL CENTER

DISCHARGE SUMMARY

PATIENT INFORMATION:

- **ATTENDING PHYSICIAN:** Dr. Jason Thompson
- **NAME:** Katherine Bennett
- **ID:** SYN075
- **DOB:** 03/25/1964
- **GENDER:** fem
- **ADMISSION DATE:** 04/09/2025
- **DISCHARGE DATE:** 04/12/2025

PRINCIPAL DIAGNOSIS: Stage IV non-small cell lung cancer (wild-type), metastatic to contralateral lung and liver

SECONDARY DIAGNOSES:

1. Immune-mediated hepatitis (Grade 2) secondary to pembrolizumab
2. Hypothyroidism
3. Hypertension
4. Osteoporosis

HISTORY OF PRESENT ILLNESS: Ms. Bennett is a 61-year-old female with wild-type metastatic NSCLC (high PD-L1 expression) diagnosed in February 2022, who has been receiving pembrolizumab monotherapy since March 3, 2022. She presented for routine laboratory monitoring with asymptomatic elevation in liver enzymes (AST 178 U/L, ALT 212 U/L). She denied fatigue, abdominal pain, jaundice, or change in bowel habits. Given the degree of transaminase elevation, she was admitted for evaluation and management of suspected immune-mediated hepatitis.

ONCOLOGIC HISTORY:

Date of Diagnosis: February 9, 2022

Initial Presentation: Persistent cough, dyspnea on exertion, and unintentional weight loss of 15 pounds over 3 months.

Staging at Diagnosis: cT2bN2M1a - Stage IVA with primary left lower lobe mass (4.1 cm), ipsilateral mediastinal lymphadenopathy, contralateral lung nodules, and three hepatic lesions.

Molecular Testing:

- EGFR, ALK, ROS1, BRAF, RET, MET, NTRK, KRAS: All negative/wild-type
- PD-L1 (22C3 assay): TPS 85%, CPS 90%, IC 18%

Treatment History:

- First-line therapy: Pembrolizumab 200mg IV every 3 weeks
- Start date: March 3, 2022
- Current status: Ongoing with excellent disease control
- Best response: Partial response with 70% reduction in primary tumor and near-complete resolution of liver lesions
- Prior adverse events: Grade 1 hypothyroidism requiring levothyroxine replacement

Prior Imaging: Most recent CT (02/10/2025): Stable disease compared to prior 6 months with primary left lower lobe mass measuring 1.2 cm (previously 1.3 cm) and single remaining hepatic lesion measuring 0.6 cm.

HOSPITAL COURSE:

Ms. Bennett was admitted for management of immune-mediated hepatitis. Infectious and other etiologies were excluded through comprehensive testing. Ultrasound showed normal liver architecture without focal lesions or biliary abnormalities.

Given Grade 2 hepatitis (AST/ALT >3x but <5x ULN with normal bilirubin), pembrolizumab was temporarily held and oral prednisone was initiated at 0.5 mg/kg/day (40mg daily). Liver enzymes showed rapid improvement within 48 hours:

Lab Parameter	04/09	04/10	04/11	04/12
AST (U/L)	178	152	124	98
ALT (U/L)	212	186	155	116
T. Bili (mg/dL)	0.9	0.8	0.7	0.7
Alk Phos (U/L)	118	112	108	102

Hepatology consultation recommended continued oral prednisone with slow taper over 4-6 weeks and close monitoring of liver function tests. Given the patient's excellent and durable response to pembrolizumab, the plan is to resume therapy at the same dose once transaminases return to Grade 1 or less.

The patient was educated regarding management of immune-related adverse events and steroid taper schedule. She demonstrated good understanding and was discharged in stable condition.

DISCHARGE MEDICATIONS:

1. Prednisone 40mg PO daily for 7 days, then:
    - 30mg daily for 7 days
    - 20mg daily for 7 days

    - 15mg daily for 7 days
    - 10mg daily for 7 days
    - 5mg daily for 7 days, then discontinue
2. Pantoprazole 40mg PO daily (while on steroids)
3. Levothyroxine 112mcg PO daily
4. Amlodipine 5mg PO daily
5. Calcium carbonate 600mg + Vitamin D 400 IU PO BID
6. Vitamin D3 2000 IU PO daily

Note: Pembrolizumab is temporarily held until LFTs improve to Grade 1 or less

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FOLLOW-UP PLAN:

1. Oncology: Dr. Jason Thompson - 04/19/2025 (1 week)
2. Hepatology: Dr. Sarah Green - 04/26/2025 (2 weeks)
3. Labs (CBC, CMP, LFTs):
    - 04/15/2025 (3 days after discharge)
    - 04/19/2025 (with oncology visit)
    - Weekly thereafter until normalized
4. Next pembrolizumab infusion: To be determined based on LFT recovery

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ONCOLOGIC ASSESSMENT:

Ms. Bennett has wild-type NSCLC with high PD-L1 expression (TPS 85%) and has demonstrated exceptional response to pembrolizumab monotherapy. This duration of response significantly exceeds the median PFS of 7-10 months typically observed in clinical trials for first-line pembrolizumab in NSCLC. Her immune-related hepatitis is the first significant toxicity she has experienced in over 3 years of therapy.

Given her excellent and ongoing response to immunotherapy, the current Grade 2 hepatitis is not a contraindication to continuing pembrolizumab once the hepatitis resolves. Literature supports resuming checkpoint inhibitors after successful management of Grade 2 immune-related adverse events, particularly in patients with ongoing clinical benefit. The risk of recurrent hepatitis exists but can typically be managed with prompt intervention if it recurs.

Current disease status is partial response with stable findings over the past 12 months, suggesting durable disease control. The patient's prognosis remains favorable given her prolonged response to immunotherapy, excellent performance status (ECOG 1), and successful management of toxicity.

Electronically signed by:
Jason Thompson, MD
Medical Oncology
04/12/2025 14:30