

Comprehensive Cancer Institute - Thoracic Oncology
PROGRESS NOTE

Patient Name: Cruz, Josephine **MRN:** SYN024 **DOB:** 12/13/1973

Date: August 18, 2023

Provider: Benjamin Carter, MD

Active Problem: Stage IV Lung Adenocarcinoma, **NTRK3-ETV6 Fusion Positive**, on Larotrectinib.

Interval History: Ms. Cruz presents for routine 3-month follow-up. She continues on Larotrectinib 100 mg PO BID, started December 5, 2022. She feels "absolutely wonderful." Reports boundless energy, working full time (graphic designer), exercising regularly (yoga, walking). Zero cancer-related symptoms. No cough, dyspnea, chest pain, bone pain. Specifically denies dizziness, neurological changes, significant weight gain, or edema, which can sometimes be seen with TRK inhibitors. Tolerating Larotrectinib exceptionally well with no discernible side effects.

Pertinent Oncologic History:

- Dx: Nov 14, 2022. Presented with persistent R pleuritic chest pain and mild dyspnea.
- Staging: CT revealed R pleural effusion, diffuse pleural thickening/nodularity. Subsequent PET/CT showed FDG-avidity in pleura and also identified several foci in the thoracic spine (T5, T9) and L sacroiliac joint concerning for bone mets. Pleural fluid cytology positive for Adenocarcinoma. Brain MRI negative.
- Molecular Testing (NGS on pleural fluid cell block): **NTRK3-ETV6 fusion identified.** EGFR/ALK/ROS1/KRAS/etc WT. PD-L1 (IHC 22C3): **TPS 15%, CPS 20, IC Score 1/+.**
- 1L Rx: Larotrectinib 100 mg PO BID started Dec 5, 2022.

Review of Systems: Entirely negative today.

Medications:

- Larotrectinib 100 mg PO BID
- Calcium + Vitamin D supplement daily

Objective:

- Vitals: WNL. BP 110/70. ECOG PS 0. Weight: Stable.
- Exam: Unremarkable. Clear lungs. No edema.
- Imaging (CT Chest/Abd/Pelvis w/ contrast, August 10, 2023):
 - *Comparison:* May 5, 2023 and Baseline Nov 2022.
 - *Findings:* Continued dramatic response to therapy. Complete resolution of previously extensive right pleural thickening and nodularity. No residual pleural effusion. Previously noted FDG-avid bone lesions (seen on prior PET, subtle on CT) show evidence of sclerosis/healing, no lytic changes or new lesions. No evidence of disease progression anywhere.
 - *Impression:* Sustained Complete Response (RECIST 1.1).
- Labs (drawn last week): CBC, CMP including LFTs - All within normal limits.

Assessment & Plan:

1. **Stage IV NTRK Fusion-Positive Lung Adenocarcinoma:** Ms. Cruz continues in a durable Complete Response after approximately 8.5 months of first-line therapy with Larotrectinib. She has outstanding clinical and radiographic benefit with essentially no toxicity.
2. **Continue Larotrectinib 100 mg PO BID.** Reinforce adherence. Counselling again briefly on potential rare side effects (neurotoxicity, LFTs, edema, weight gain, myalgia) and importance of reporting any new symptoms.
3. **Monitoring:** Continue routine follow-up every 3 months currently. Labs (CBC, CMP) prior to next visit.
4. **Surveillance Imaging:** Next CT Chest/Abdomen/Pelvis in 3 months (approx. November 2023). Continue Brain MRI surveillance every 6 months (next due ~ Jan 2024).
5. **Supportive Care:** Continue Calcium/Vit D. Encourage healthy lifestyle.

Prognosis: Excellent intermediate and likely long-term prognosis on current therapy given depth and duration of response to highly effective targeted agent.

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