Patient: Garcia, Maria Elena
MRN: SYN016 **DOB:** 1965-11-02
Date of Service: 2022-12-15
Provider: Kenji Tanaka, MD

Encounter Type: Established Patient Visit - Chemotherapy Infusion (Cycle 11, Day 1 Maintenance)

SUBJECTIVE:
Ms. Garcia presents for scheduled maintenance therapy with Pemetrexed and Pembrolizumab (Cycle 11, Day 1). She reports doing reasonably well since her last cycle 3 weeks ago. Her main ongoing issue is mild fatigue, particularly for 2-3 days post-infusion, rated 3/10 severity today, hasn't significantly interfered with her daily activities (light housework, managing appointments). Denies fever, chills, night sweats, new or worsening cough, dyspnea, chest pain, hemoptysis, nausea, vomiting, diarrhea, constipation, rash, or neuropathy. Appetite is stable ("fair"). Reports good compliance with her Levothyroxine for hypothyroidism and Tiotropium/Albuterol inhalers for COPD. No recent hospitalizations or ED visits.

PERTINENT ONCOLOGIC HISTORY:

- Dx: Stage IV Lung Adenocarcinoma (Jan 2022). Primary RLL (3.8cm), mediastinal nodes, contralateral lung nodules, single L adrenal metastasis (1.5cm). Brain MRI neg.
- Molecular: KRAS G12C mutation identified. EGFR/ALK/ROS1/BRAF neg.
- PD-L1 (IHC 22C3): TPS 0%, CPS <5, IC Score 0.
- 1L Therapy: Carboplatin (AUC 5) / Pemetrexed (500 mg/m2) / Pembrolizumab (200 mg) q3wks x 4 cycles (started Feb 1, 2022). Transitioned to Pemetrexed/Pembrolizumab maintenance q3wks.
- Response: Achieved Partial Response (RECIST) after induction, maintained Stable Disease on subsequent scans. Last CT C/A/P (Nov 20, 2022) showed stable disease compared to Aug 2022.

PAST MEDICAL HISTORY:

- COPD (Moderate, on Tiotropium, PRN Albuterol)
- Hypothyroidism (on Levothyroxine 100 mcg daily)
- Smoking History: 40 pack-years, quit 2020.

MEDICATIONS (Home):

- Levothyroxine 100 mcg PO Daily
- Tiotropium HandiHaler 18 mcg, 1 inhalation Daily
- Albuterol HFA 90 mcg/puff, 2 puffs q6h PRN wheezing/SOB
- Vitamin D3 1000 IU PO Daily
- Folic Acid 1mg PO Daily (Pemetrexed requirement)

OBJECTIVE:

- **Vitals:** T 36.8°C, BP 128/76, HR 72, RR 16, SpO2 96% RA. Wt 68 kg (stable). ECOG PS 1.
- **Exam:** Gen: Alert, oriented, no acute distress. HEENT: PERRLA, EOMI, anicteric sclera, moist mucous membranes. Neck: Supple, no LAD. Lungs: Diminished breath

sounds bases bilaterally, no wheezes/rales/rhonchi today. Cor: RRR, S1/S2 normal, no m/r/g. Abd: Soft, NT, ND, +BS. Ext: No C/C/E. Skin: No rash.

- **Labs (Today, Pre-Chemo):**
    - CBC: WBC 6.1k (Neut 3.5k), Hgb 11.2 g/dL (down from 11.5 last cycle), Hct 33.6%, Plt 210k.
    - CMP: Na 139, K 4.0, Cl 104 , CO2 26, BUN 15, Cr 0.8 mg/dL, Gluc 98, Ca 9.4, AST 22, ALT 25, Alk Phos 85, T.Bili 0.6. All WNL.
    - TSH: 2.1 mIU/L (WNL).

ASSESSMENT:

1. **Stage IV KRAS G12C Mutated, PD-L1 Negative Lung Adenocarcinoma:** Patient continues on first-line maintenance Pemetrexed/Pembrolizumab. She has derived approximately 10 months of disease control (stable disease following initial partial response). Tolerating therapy well with primary toxicity being Grade 1 fatigue and Grade 1 normocytic anemia (stable/mildly progressive, likely multifactorial - chemo/chronic disease). Fit for Cycle 11 today.
2. **COPD:** Stable, using inhalers appropriately.
3. **Hypothyroidism:** Euthyroid on current Levothyroxine dose.

PLAN:

1. **Administer Chemotherapy:** Proceed with Cycle 11, Day 1 maintenance:
    - Pemetrexed 500 mg/m2 IV over 10 minutes.
    - Pembrolizumab 200 mg IV over 30 minutes.
    - Pre-meds: Dexamethasone 8 mg IV, Ondansetron 16 mg IV.
    - Ensure adequate IV hydration (NS 500ml).
    - Patient received B12 injection 1000 mcg IM today (q9 weeks).
2. **Toxicity Management:** Continue monitoring for fatigue, anemia. Hold therapy for Hgb < 8.0 or significant worsening. Consider EPO if anemia becomes symptomatic or Hgb drops significantly lower, though prefer observation for now. Counsel on energy conservation. Provide prescription for Ondansetron 8 mg PO TID PRN Nausea x 3 days post-chemo.
3. **Monitoring:** Continue Folic Acid 1mg daily. Next B12 injection due before Cycle 14. Repeat CBC/CMP prior to next cycle.
4. **Disease Surveillance:** Schedule next restaging CT Chest/Abdomen/Pelvis with contrast prior to Cycle 13 (approx. late Jan / early Feb 2023). Continue Brain MRI surveillance q6 months unless clinically indicated sooner (next due ~May 2023).
5. **Future Planning:** Discussed briefly that if/when disease progression occurs, she would be a candidate for targeted therapy with a KRAS G12C inhibitor (Sotorasib or Adagrasib) as second-line treatment.
6. **Follow-up:** Return to clinic in 3 weeks (approx. Jan 5, 2023) for Cycle 12, Day 1 assessment and treatment. Call clinic sooner for fever >100.4F, chills, shortness of breath, chest pain, uncontrolled nausea/vomiting, or other concerns.

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