Patient: Jenkins, Sarah Lynn

ID SYN004

DOB: 1971-01-19 Female
Date of Visit: 2023-09-15
Attending Physician: Dr. Benjamin Carter, MD

Visit Type: Oncology Follow-up – Established Patient

CHIEF COMPLAINT: Routine follow-up for Stage IV ALK-positive Lung Adenocarcinoma, on Alectinib therapy.

HISTORY OF PRESENT ILLNESS:
Ms. Jenkins is a pleasant 52-year-old female, never-smoker, diagnosed with Stage IV ALK-rearranged NSCLC (Adenocarcinoma) in March 2023. Her initial presentation was characterized by progressive dyspnea and right-sided pleuritic chest pain over several weeks.

- **Diagnosis/Staging (March 2023):** CT revealed a small RML primary nodule, extensive R pleural thickening/nodularity, large R malignant pleural effusion, and several suspicious sub-centimeter hypodensities in the liver. Brain MRI negative. Thoracentesis (cytology) and subsequent pleural biopsy confirmed adenocarcinoma.
- **Molecular Testing:** FISH confirmed ALK gene rearrangement. Tissue NGS identified EML4-ALK variant 3a/b. Other drivers negative.
- **PD-L1 (IHC 22C3):** TPS 0%, CPS 0, IC Score 0.
- **Treatment:** Commenced first-line Alectinib 600 mg PO BID on March 25, 2023. Required two therapeutic thoracenteses in late March/early April 2023 for symptom relief, but effusion has not re-accumulated significantly since.
- **Course on Therapy:** Reports excellent tolerance overall. Experienced transient Grade 1 myalgias and fatigue early on, now resolved. Had Grade 1 AST/ALT elevation in May/June 2023 (peaked ~1.5x ULN), monitored closely with bi-weekly labs, resolved spontaneously without dose modification. Developed mild iron deficiency anemia (Hgb nadir 10.5 g/dL) in June, treated effectively with a 2-month course of Ferrous Sulfate 325 mg PO daily (completed mid-August).

INTERVAL HISTORY (Since last visit 4 weeks ago):
Feels very well. No shortness of breath, cough, chest pain. Energy levels are "back to normal." Appetite excellent, weight stable. No recurrence of myalgias. Bowel movements regular. Denies photosensitivity or visual changes. Continues Alectinib 600 mg BID with near-perfect adherence. Reports her baseline Generalized Anxiety Disorder (GAD) remains well-managed with coping strategies; uses Lorazepam 0.5mg PO PRN very infrequently (<1x/week) for situational anxiety.

PAST MEDICAL HISTORY:

- Generalized Anxiety Disorder
- Iron Deficiency Anemia (Resolved)
- No significant surgical history. Never-smoker. No family history of lung cancer.

MEDICATIONS:

- Alectinib 600 mg PO BID
- Lorazepam 0.5 mg PO PRN anxiety
- Multivitamin PO Daily
- (Ferrous Sulfate - Discontinued mid-August 2023)

REVIEW OF SYSTEMS:

- Constitutional: No fever, chills, weight loss. Good energy.
- Respiratory: No dyspnea, cough, chest pain.
- CV: No palpitations, edema.
- GI: No nausea, vomiting, diarrhea, constipation, abdominal pain.
- MSK: No myalgias, arthralgias.
- Neuro: No headache, dizziness, visual changes.
- Skin: No rash, photosensitivity.
- Psych: Baseline anxiety well-controlled.

OBJECTIVE:

- **Vitals:** T 37.0°C, BP 118/72, HR 68, RR 14, SpO2 98% RA. Wt 62 kg (BMI 22.5). ECOG PS 0.
- **Exam:** Constitutional: Well-developed, well-nourished female, appears stated age, in NAD. HEENT: Normal. Neck: Supple. Lungs: Clear to auscultation bilaterally, resonant to percussion. Cor: RRR, no murmurs. Abd: Soft, NT/ND. Ext: No edema. Skin: Warm, dry, no rashes.
- **Labs (Today):**
    - CBC: WBC 5.8k (Neut 3.2k), Hgb 12.8 g/dL, Hct 38.4%, Plt 285k. (Hgb improved from 11.8 last month).
    - CMP: Na 141, K 4.2, Cl 105 , CO2 27, BUN 12, Cr 0.7 mg/dL, Gluc 88, Ca 9.5, AST 18 U/L, ALT 20 U/L, Alk Phos 70 U/L, T.Bili 0.5 mg/dL. (LFTs remain WNL).
- **Recent Imaging (CT Chest/Abd/Pelvis w/ Contrast, August 28, 2023):** *Impression:* Continued excellent response to therapy. Near-complete resolution of the primary RML nodule. Resolution of previously extensive right pleural thickening, nodularity, and effusion. Previously noted small hepatic hypodensities are no longer discernible, favored to represent resolved metastases. No evidence of new or progressive metastatic disease. Overall assessment: Deep partial response, approaching complete response by RECIST criteria.

ASSESSMENT:

1. **Stage IV ALK-Positive (EML4-ALK v3) NSCLC:** Ms. Jenkins continues to exhibit an outstanding and durable response to first-line Alectinib after nearly 6 months of therapy. Radiographically, she is nearing a complete response. Clinically, she is asymptomatic with an ECOG PS of 0. Tolerability remains excellent with resolution of prior mild toxicities (LFT elevation, anemia).
2. **Generalized Anxiety Disorder:** Stable and well-managed.
3. **Iron Deficiency Anemia:** Resolved following iron supplementation. Hgb now within normal limits.

PLAN:

1. **Continue Alectinib 600 mg PO BID.** Emphasized importance of continued adherence and reporting any new or worsening side effects promptly (esp. severe muscle pain/CPK elevation, bradycardia, visual changes, pneumonitis symptoms, ongoing LFT issues, photosensitivity).
2. **Monitoring:**
    - Continue monthly clinic visits with lab monitoring (CBC, CMP with LFTs).
    - Schedule next surveillance imaging: CT Chest/Abdomen/Pelvis with contrast and Brain MRI with/without contrast in approx. 3 months (targeting late November / early December 2023).
3. **Supportive Care:** Continue Lorazepam PRN. No further iron needed at this time. Encourage sun protection.
4. **Follow-up:** Return to clinic in 4 weeks for routine assessment and lab check. Provide contact number for any urgent issues.

PROGNOSIS: Excellent intermediate-term prognosis on current therapy, although long-term cure remains unlikely. Discussed the high likelihood of continued disease control for an extended period with Alectinib.

Benjamin Carter, MD
Medical Oncology
