COASTAL ONCOLOGY ASSOCIATES

Electronic Health Record System

DISCHARGE NOTE 04/04/2025

PATIENT: SAMANTHA EDWARDS ID: SYN168 DOB: 04/17/1971

DATES: 04/01-04/04/2025

SERVICE: Oncology PHYSICIAN: Nakamura, T.

REASON: Immune-mediated colitis

BACKGROUND:

- * Dx: NSCLC adenocarcinoma (07/2023)
- * Stage IVA (bone, pleural mets)
- * PD-L1: 25%
- * No driver mutations
- * Tx: Carbo/Pem/Pembro since 07/28/2023
- * Cycle #12 administered 04/01/2025

PRESENTATION:

Acute onset watery diarrhea (8-10x/day), cramping, low-grade fever \times 3 days. No blood in stool. No recent antibiotics or travel.

WORKUP:

- Stool studies negative for C.diff, other pathogens
- Flex sig: diffuse mucosal inflammation, friability
- Biopsy: lymphocytic infiltration consistent w/ immune-mediated colitis

MANAGEMENT:

Started IV methylprednisolone 1mg/kg/day with prompt improvement. Diarrhea frequency decreased to 2-3x/day by discharge. Transitioned to oral prednisone 60mg daily with 6-week taper plan.

PLAN:

- 1) Hold pembrolizumab indefinitely (Grade 3 colitis)
- 2) Continue pemetrexed maintenance only
- 3) Prednisone taper per protocol
- 4) PCP prophylaxis while on steroids
- 5) GI f/u 2 weeks

DISCHARGE CONDITION: Stable, improving

T. Nakamura, MD Oncology