Patient Name: Sarah Chen
DOB: 1968-09-16
MRN: SYN172

Date of Discharge: 2024-04-22
Discharging Physician: Dr. Anya Sharma, MD

Reason for Admission: Scheduled admission for Cycle 3 of first-line Carboplatin/Pemetrexed/Pembrolizumab chemotherapy for metastatic NSCLC.

Discharge Diagnosis:

1. Metastatic Non-Small Cell Lung Cancer (Adenocarcinoma), KRAS G12C positive, PD-L1 TPS 35%. Primary site: Left Lower Lobe. Metastases: Brain (treated), Lungs (bilateral nodules).
2. Status Post Cycle 3 Chemotherapy/Immunotherapy (Carboplatin/Pemetrexed/Pembrolizumab).
3. Mild Chemotherapy-Induced Nausea, resolved.
4. History of Stereotactic Radiosurgery (SRS) to brain metastases.
5. Mild GERD.

Brief Overview:
Ms. Chen is a 55-year-old female diagnosed with Stage IV NSCLC (Adenocarcinoma) on 2023-02-24 after presenting with persistent cough and headaches. Initial staging revealed a LLL primary tumor, multiple bilateral pulmonary nodules, and three small (<1 cm) cerebral metastases. Molecular testing identified a KRAS G12C mutation, and PD-L1 TPS was 35%.

Treatment History:

- SRS to three brain metastases completed March 2023.
- Initiated first-line systemic therapy with Carboplatin (AUC 5), Pemetrexed (500 mg/m²), and Pembrolizumab (200 mg flat dose) every 3 weeks, starting 2023-03-18.

Hospital Course:
Patient admitted electively on 2024-04-21 for her third cycle of Carboplatin/Pemetrexed/Pembrolizumab. Pre-chemotherapy labs were reviewed and deemed acceptable for treatment:

- CBC: WBC 6.5 K/uL, Hgb 11.8 g/dL, Plt 240 K/uL
- CMP: Sodium 140, Potassium 4.0, BUN 15, Creatinine 0.7 mg/dL, Glucose 95, AST 25 U/L, ALT 30 U/L, Alk Phos 80 U/L, Total Bili 0.5 mg/dL, Albumin 4.0 g/dL
- TSH: 1.8 uIU/mL (monitoring for IO-related thyroiditis)

Patient received standard pre-medications including dexamethasone, aprepitant, and ondansetron. Carboplatin, Pemetrexed, and Pembrolizumab infusions were administered without acute reaction on 2024-04-21. She experienced mild nausea on the evening of Day 1,

which responded well to an additional dose of PRN ondansetron. Tolerated Day 2 well. Vitals remained stable throughout admission. Discharged on 2024-04-22 in good condition.

Recent Imaging (Post-Cycle 2):

- CT Chest/Abdomen/Pelvis (2024-04-05): Partial response. Decrease in size of the LLL primary tumor (now 3.2 cm, previously 4.5 cm). Decrease in size and number of bilateral pulmonary nodules. No new metastatic disease. Stable adrenal glands and liver.
- MRI Brain (2024-04-07): Stable post-treatment changes at sites of prior SRS. No new intracranial metastases.

Pathology Summary:

- CT-guided biopsy LLL mass (2023-02-28): Invasive Adenocarcinoma, moderately differentiated. IHC: TTF-1+, Napsin A+.
- Molecular (NGS Panel): KRAS G12C mutation detected. EGFR, ALK, ROS1, BRAF, MET, RET, NTRK negative.
- PD-L1 IHC (22C3): TPS = 35%.

Discharge Medications:

- Aprepitant 80mg PO BID on Day 2 and Day 3 post-chemo (today and tomorrow)
- Ondansetron 8mg PO Q8H PRN for nausea/vomiting
- Prochlorperazine 10mg PO Q6H PRN for refractory nausea/vomiting
- Omeprazole 20mg PO daily (for GERD)
- Folic Acid 1mg PO daily (Pemetrexed requirement)
- Vitamin B12 1000mcg IM injection (administered prior to cycle, next due before Cycle 4)

Discharge Condition: Stable. ECOG Performance Status 1. Ambulating without difficulty. Tolerating oral intake. No active complaints.

Follow-up:

- Return to clinic in 3 weeks (approx. 2024-05-13) for evaluation prior to potential Cycle 4 of Carboplatin/Pemetrexed/Pembrolizumab. Labs (CBC, CMP, TSH) to be drawn 1-2 days prior.
- Patient educated on monitoring for chemotherapy and immunotherapy side effects (fatigue, cytopenias, rash, diarrhea/colitis, thyroid dysfunction, pneumonitis, etc.) and to call clinic immediately if concerns arise.
- Continue Folic Acid daily.
- Next surveillance imaging (CT Chest/Abdomen/Pelvis, MRI Brain) planned after Cycle 4.

- Potential future lines of therapy upon progression may include KRAS G12C targeted therapy (Sotorasib or Adagrasib) or standard second-line chemotherapy +/- immunotherapy depending on clinical context at time of progression.

Physician Signature:

Anya Sharma, MD
Date: 2024-04-22