Evergreen Oncology Associates – Patient Encounter Note

Encounter Date: September 12, 2023
Provider: Benjamin Carter, MD

REASON FOR ENCOUNTER: Routine 3-month follow-up visit for Stage IV ALK-positive Lung Adenocarcinoma, currently stable on Alectinib therapy.

HISTORY OF PRESENT ILLNESS:
Ms. Anderson is a delightful 57-year-old female diagnosed with Stage IV Lung Adenocarcinoma on April 18, 2023. She initially presented to her primary care physician with a persistent non-productive cough lasting over 2 months, associated with mild fatigue. Chest X-ray revealed multiple pulmonary nodules, prompting CT imaging. Staging CT Chest/Abdomen/Pelvis confirmed a 2.1 cm primary lesion in the left upper lobe, numerous bilateral pulmonary nodules consistent with metastases (largest 1.5 cm), and borderline mediastinal lymph nodes. No pleural, osseous, or distant visceral metastases were identified. Brain MRI was negative for intracranial disease.

Bronchoscopy with biopsy of the LUL lesion confirmed Adenocarcinoma histology (TTF-1+, Napsin-A+). Comprehensive molecular profiling (NGS via Tempus xE) identified an **EML4-ALK fusion (variant 3a/b)**. No other targetable alterations were found. PD-L1 expression by IHC (22C3 assay) was **negative (TPS 0%, CPS <5, IC Score 0)**.

Based on the confirmed ALK rearrangement, she was initiated on first-line targeted therapy with **Alectinib (Alecensa) 600 mg PO twice daily, starting May 10, 2023**. She is now approximately 4 months into therapy.

INTERVAL HISTORY / REVIEW OF SYSTEMS:
Ms. Anderson reports feeling remarkably well since starting Alectinib. Her presenting cough resolved completely within the first month of treatment. Her energy levels have returned to her normal baseline. She has been able to continue working full-time as a librarian and enjoys her usual activities (gardening, book club) without limitation.

Review of Alectinib Tolerability: She reports excellent tolerance overall with only minor, manageable side effects:

- **GI:** Notes mild constipation (Type 3-4 stools, q2-3 days), significantly improved with increasing dietary fiber (psyllium husk daily) and fluid intake. Does not require regular laxatives currently. Denies nausea, vomiting, diarrhea, abdominal pain.
- **Musculoskeletal:** Experiences occasional, transient mild myalgias (Grade 1), typically in calves or thighs, usually lasting <1 day, not activity-related, does not require analgesics. No weakness or significant stiffness.
- **Skin:** Mild dry skin (Grade 1), managed with regular moisturizers. No rash or photosensitivity issues noted.
- **Constitutional:** No significant fatigue. Weight stable.
- **Neuro/Ocular:** No dizziness, headache, cognitive changes, or visual disturbances.
- **CV:** No edema, palpitations, symptoms of bradycardia.
- **Respiratory:** No cough, dyspnea.

Adherence: Reports taking Alectinib 600mg BID consistently with meals, has not missed any doses.

PAST MEDICAL HISTORY: Mild Hypertension (controlled on Hydrochlorothiazide), Hypothyroidism (Hashimoto's, stable on Levothyroxine), History of uterine fibroids s/p hysterectomy age 48. Never-smoker.

FAMILY HISTORY: Mother with breast cancer age 70. No known family history of lung cancer.

SOCIAL HISTORY: Married, supportive husband. One adult daughter. Non-drinker. Lives active lifestyle.

CURRENT MEDICATIONS:

- Alectinib 600 mg PO BID
- Levothyroxine 75 mcg PO Daily
- Hydrochlorothiazide 12.5 mg PO Daily
- Psyllium Husk (Metamucil) 1 tsp PO Daily
- Calcium + Vitamin D supplement daily

OBJECTIVE:

- *Vitals:* T 36.7 C, BP 122/74 mmHg, HR 65 bpm, RR 14 /min, SpO2 99% on Room Air.
- *Weight:* 68.5 kg (Stable, BMI 24.8 kg/m ²)
- *ECOG Performance Status:* 0
- *General Appearance:* Well-appearing female, looks stated age, in no apparent distress. Energetic and engaging.
- *HEENT:* PERRLA, EOMI. Oral mucosa moist. Thyroid non-palpable. No cervical/supraclavicular adenopathy.
- *Lungs:* Clear to auscultation bilaterally. Resonant to percussion.
- *Cardiovascular:* Regular rate and rhythm. S1, S2 normal. No murmurs, gallops, or rubs. No peripheral edema.
- *Abdomen:* Soft, non-tender, non-distended. Normal bowel sounds.
- *Skin:* Mild dry skin noted on forearms, otherwise clear. No rashes.
- *Neurologic:* Alert and oriented x4. Cranial nerves grossly intact. Strength 5/5 throughout. Sensation intact. Coordination normal.

LABORATORY DATA (Today):

- CBC: WBC 6.2, Hgb 13.1, Hct 39.5, Plt 288 (All WNL)
- CMP: Na 140, K 4.2, Cl 103 , CO2 26, BUN 14, Cr 0.7, Glucose 90, Ca 9.5, Mg 2.1. AST 18, ALT 20, Alk Phos 65, Total Bili 0.5 (LFTs WNL). Albumin 4.1.
- Creatine Kinase (CPK): 110 U/L (WNL)
- TSH: 1.85 mIU/L (WNL)

IMAGING REVIEW (CT Chest/Abdomen/Pelvis w/ contrast, August 29, 2023):

- *Comparison:* Baseline CT from April 2023 and first restaging CT from July 2023.

- *Findings:* Continued excellent partial response to therapy. The primary LUL lesion has further decreased slightly in size, now measuring 0.8 x 0.6 cm (previously 1.2 cm, baseline 2.1 cm). Multiple bilateral pulmonary nodules show continued decrease in size and number, many previously noted nodules now difficult to discern or resolved. Mediastinal nodes remain normal size. No evidence of pleural, osseous, or distant visceral metastatic disease. No new suspicious findings.
- *RECIST 1.1 Assessment:* Ongoing Partial Response.

ASSESSMENT:

1. **Stage IV ALK-Positive Lung Adenocarcinoma:** Patient continues to demonstrate an excellent ongoing partial response to first-line Alectinib after approximately 4 months of therapy. She is clinically asymptomatic with a superb performance status (ECOG 0).
2. **Alectinib Tolerability:** Therapy remains exceptionally well-tolerated with only stable, mild (Grade 1) constipation and occasional mild myalgias, both well-managed without intervention beyond dietary measures/observation. No evidence of significant hepatic, muscular, ocular, cardiac, or pulmonary toxicity.

PLAN:

1. **Continue Alectinib 600 mg PO BID.** Reinforce importance of taking with food and maintaining adherence. Provide prescription refills.
2. **Toxicity Management:** Continue current strategies: high fiber/fluids for constipation; monitor myalgias (call if worsening/weakness develops); continue sun protection advice.
3. **Monitoring Schedule:**
    - *Labs:* Continue labs (CBC, CMP incl LFTs, CPK) every 3 months currently, given stability and excellent tolerance. Next set due prior to next visit. Continue TSH monitoring q3-6 months.
    - *Imaging:* Continue surveillance CT Chest/Abdomen/Pelvis approximately every 3 months for the first 1-2 years. Next scans due ~late Nov / early Dec 2023. Continue Brain MRI surveillance every 6 months (baseline negative; first surveillance MRI due ~Oct/Nov 2023).
4. **Supportive Care:** Continue Levothyroxine, HCTZ, Ca/D. Encourage continued healthy lifestyle.
5. **Follow-up:** Schedule return clinic visit in 3 months following completion of next surveillance imaging and labs. Patient provided with instructions to contact clinic sooner for any new or worsening symptoms, particularly respiratory symptoms, severe muscle pain, visual changes, or signs of infection.

_____ M.D.
Benjamin Carter, MD (Electronically Signed)

Patient Name: Anderson, Barbara Louise
Patient ID: SYN039
Date of Birth: 09-SEP-1966