University Cancer Center - Inpatient Oncology Service

DATE OF ADMISSION: September 18, 2023 @ 14:00 (Direct Admission from Clinic)
ADMITTING PHYSICIAN: Evelyn Reed, MD, PhD
HOSPITALIST CONSULT: Requested (Dr. Sharma's Team)

REASON FOR ADMISSION: Syncope; Rule out Alectinib-induced bradycardia vs. other etiologies.

HISTORY OF PRESENT ILLNESS: Ms. Creep is a 62 y/o F with Stage IV ALK-positive Lung Adenocarcinoma (Dx Dec 2021; brain mets s/p SRS Dec 2021) who has been stable on Alectinib 600mg BID since Dec 23, 2021 (~21 months). She presented to oncology clinic today for routine follow-up and reported experiencing two episodes of near-syncope (presyncope) in the past week, described as sudden lightheadedness, tunnel vision, and feeling faint, lasting ~10-15 seconds, occurring while standing up from a seated position. No associated chest pain, palpitations, shortness of breath, or neurological deficits. No loss of consciousness or falls occurred. She denies recent illness, dehydration, or changes in medication (other than Alectinib). She checks home BP periodically (usually ~110s/70s), denies postural symptoms generally. Last clinic visit 4 months ago uneventful.

Given known potential for Alectinib to cause bradycardia and syncope, direct admission was recommended for cardiac monitoring, orthostatic vital signs, ECG, and further evaluation.

PERTINENT ONCOLOGIC HISTORY:

- Dx: Stage IV ALK+ Lung Adeno (Dec 1, 2021). Brain mets at dx (SRS Dec 2021). PD-L1 <1%.
- Rx: Alectinib 600mg BID since Dec 23, 2021. Excellent ongoing near-complete systemic response and complete intracranial response. Tolerating well (mild dry skin/constipation).

PAST MEDICAL HISTORY: Migraines (rare), Hysterectomy (benign). Never-smoker.

MEDICATIONS PRIOR TO ADMISSION:

- Alectinib 600 mg PO BID (*HOLD* on admission pending workup)
- Calcium/Vitamin D supplement daily
- Miralax PRN constipation

REVIEW OF SYSTEMS (Pertinent): Positive for 2 episodes near-syncope as described. Negative for chest pain, palpitations, SOB, edema, headache, focal weakness, seizure activity, melena, hematochezia.

OBJECTIVE (Clinic Assessment prior to Admission):

- Vitals: T 36.8, BP 112/70, **HR 52 bpm**, RR 16, SpO2 98% RA. ECOG 0.

- Exam: Alert, NAD. No orthostatic changes on brief check (supine BP 112/70 HR 52; standing BP 108/68 HR 58 - limited assessment). Lungs clear. Cor: Regular rhythm, rate bradycardic, no m/r/g. Neuro exam non-focal. No edema.
- ECG (Clinic): Sinus bradycardia, rate 51 bpm. Normal intervals (PR, QRS, QTc WNL). No pauses or blocks noted on brief strip.

ADMISSION ORDERS & INITIAL PLAN:

1. **Admit to Oncology Service** (Dr. Reed) / Telemetry Bed. Consult Hospital Medicine (Dr. Sharma) for co-management.
2. **Diagnosis:** Syncope (Near-Syncope) - Etiology unclear, ? Alectinib-induced bradycardia, ? Orthostatic hypotension, ? Other.
3. **HOLD Alectinib** pending further evaluation.
4. **Monitoring:** Continuous telemetry monitoring. Serial Orthostatic Vital Signs (lying, sitting, standing x 3 mins each position) Q8H. Neurological checks Q4H.
5. **Labs:** CBC, CMP, Magnesium, Troponin, TSH on admission.
6. **Imaging:** None planned initially unless clinical change.
7. **Consults:** Cardiology consult requested for evaluation of bradycardia and syncopal workup.
8. **Activity:** Bedrest with bathroom privileges initially, advance as tolerated / pending orthostatic results. Fall precautions.
9. **Diet:** Regular diet, encourage hydration.
10. **IV Access:** Saline lock.

ANTICIPATED COURSE: Expect cardiology evaluation, possible Holter monitor or Echocardiogram based on consult recs. Monitor telemetry for significant bradycardia, pauses, or arrhythmias. Evaluate orthostatic measurements. If significant symptomatic bradycardia confirmed and attributed to Alectinib, may require dose reduction (e.g., to 450mg BID) or discontinuation if severe/recurrent. If other cause identified, manage accordingly. Plan for likely 24-72 hour admission for monitoring and workup.

_____ M.D., PhD.
Evelyn Reed, MD, PhD (Admitting Oncologist - Electronically Signed)

DOB: 05/18/1961 **PATIENT:** Creep, Louise **MRN:** SYN114

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Update September 25, 2023: workup found no other cause, continue Alectinib but dose reduction to 450mg BID