

UNIVERSITY MEDICAL CENTER

DISCHARGE SUMMARY

PRIMARY DIAGNOSIS: Stage IV BRAF V600E-mutated non-small cell lung cancer, metastatic to bone, with disease progression on fifth-line therapy

SECONDARY DIAGNOSES:

1. Malignant pleural effusion (new)
 2. Hypercalcemia of malignancy (resolved)
 3. Chronic kidney disease stage 3
 4. Type 2 diabetes mellitus
 5. Hypertension
 6. History of myocardial infarction (2015)
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BRIEF ONCOLOGIC HISTORY: Mr. Wilson is a 69-year-old male diagnosed with BRAF V600E-mutated NSCLC in July 2020. Initial presentation included right-sided chest pain and pathologic fracture of T8 vertebra. He was treated with first-line dabrafenib/trametinib from August 2020 with excellent response until progression in January 2022. Subsequent therapies included:

- Second-line: Carboplatin/pemetrexed (Feb-Jul 2022)
- Third-line: Docetaxel (Aug 2022-Jan 2023)
- Fourth-line: Atezolizumab (Feb-Aug 2023)
- Fifth-line: Gemcitabine (Sep 2023-Mar 2024)

PDL1 testing at diagnosis showed TPS 15%, CPS 20%, IC 5%.

PRESENTING PROBLEM: Patient presented with progressive dyspnea, right-sided chest pain, and weakness. Imaging revealed a large right pleural effusion and multiple new bone metastases. Laboratory studies showed hypercalcemia (corrected calcium 13.2 mg/dL).

HOSPITAL COURSE:

1. **Pleural effusion management:** Thoracentesis performed with removal of 1.8L of serosanguineous fluid. Pleural fluid cytology positive for malignant cells. PleurX catheter placed for long-term management.
2. **Hypercalcemia treatment:** Managed with aggressive IV hydration, calcitonin, and zoledronic acid with normalization of calcium levels.
3. **Pain management:** Initially required IV hydromorphone PCA, transitioned to oral oxycodone prior to discharge.

4. **Disease assessment:** CT chest/abdomen/pelvis and bone scan confirmed multi-site disease progression with new pleural, osseous, and hepatic involvement. Given progressive disease on fifth-line therapy and declining performance status (ECOG 3), multidisciplinary tumor board recommended transition to supportive care.
 5. **Goals of care:** Extended discussion with patient and family regarding prognosis and treatment options. Patient elected for hospice care at home.
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DIAGNOSTIC STUDIES:

Laboratory studies:

- Initial corrected calcium: 13.2 mg/dL
- Discharge corrected calcium: 9.8 mg/dL
- Creatinine: 1.7 mg/dL (baseline 1.5-1.7)
- Hemoglobin: 9.2 g/dL
- Alkaline phosphatase: 346 U/L (elevated)

Imaging:

- CT Chest: Large right pleural effusion. Primary right lower lobe mass increased to 6.2 cm (previously 4.8 cm). Numerous pulmonary nodules.
- CT Abdomen/Pelvis: Multiple new hepatic lesions. No adrenal involvement.
- Bone scan: Increased activity in T8 (known), right 4th rib, L2, L4, sacrum, bilateral iliac bones, and right femur.

Pleural fluid analysis:

- Exudative effusion with positive cytology for adenocarcinoma
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DISCHARGE PLAN:

1. Discharge to home with hospice services
2. Home oxygen therapy (2L via nasal cannula)
3. PleurX catheter with drainage instructions (drain 500-1000 mL every 2-3 days as needed)
4. Pain management with oral opioids

DISCHARGE MEDICATIONS:

1. Oxycodone 10 mg PO q4h
2. Oxycodone 5 mg PO q2h PRN breakthrough pain
3. Dexamethasone 4 mg PO BID (with taper plan under hospice supervision)
4. Docusate sodium 100 mg PO BID
5. Senna 8.6 mg PO BID
6. Pantoprazole 40 mg PO daily

Home medications for chronic conditions continued with simplification of regimen under hospice supervision

ONCOLOGIC ASSESSMENT: Mr. Wilson has BRAF V600E-mutated NSCLC with bone metastases at diagnosis, which expanded to include pleural and hepatic involvement. He demonstrated excellent initial response to targeted therapy with dabrafenib/trametinib followed by sequential responses to multiple lines of cytotoxic and immunotherapy.

Current disease status shows progression on fifth-line therapy with new metastatic sites, symptomatic pleural effusion, hypercalcemia, and declining performance status.. The focus of care has shifted to symptom management and quality of life through hospice services.

FOLLOW-UP: Hospice intake scheduled for 04/08/2024 No further oncology clinic follow-up planned per patient's wishes Hospice physician will assume medical management

FOLLOW-UP 2: Patient died on 04/10/2024.

Electronically signed by:
Elizabeth Chen, MD
Medical Oncology
04/07/2024 16:45

PATIENT INFORMATION

- **NAME:** Robert Wilson
- **MRN:** SYN077
- **DOB:** 08/18/1955