

University Cancer Center - Thoracic Oncology Service

DATE OF VISIT: October 23, 2023

PROVIDER: Evelyn Reed, MD, PhD

PATIENT: King, Steve

MRN: SYN083 **DOB:** 04/13/1957

SUBJECTIVE:

Mr. King presents for his scheduled ~annual comprehensive review, now approximately 29 months into continuous therapy with Alectinib for ALK-positive Stage IV Lung Adenocarcinoma. He reports feeling exceptionally well, stating he often "forgets he has cancer." He maintains a highly active lifestyle, including regular exercise (swimming, cycling) and continues his demanding work schedule without limitation. He denies any cough, shortness of breath, chest pain, bone pain, or neurological symptoms (headache, dizziness, vision changes, seizures).

Review of Alectinib Tolerability: Reports excellent long-term tolerance. Notes only the following mild, chronic issues:

- *Constipation:* Grade 1, baseline tendency exacerbated slightly by Alectinib. Well-controlled with daily Miralax and adequate hydration. No laxative dose adjustments needed in >1 year.
- *Myalgia:* Grade 1, very infrequent (maybe 1-2 times/month) mild calf muscle ache, usually after strenuous exercise, resolves quickly, non-limiting. No true weakness.
- *Edema:* Denies peripheral edema.
- *Photosensitivity:* Aware of potential, uses sunscreen habitually when outdoors, no issues.
- *Other:* Denies significant fatigue, nausea, rash, LFT issues (per monitoring), visual disturbances.

Adherence: Reports 100% adherence to Alectinib 600mg BID with food.

PERTINENT ONCOLOGIC HISTORY:

- Dx: April 28, 2021. Presented w/ persistent back pain & new onset focal seizure.
- Staging: Brain MRI showed multiple enhancing lesions (largest 1.5cm L frontal); PET/CT showed hypermetabolic lesions T-spine, ribs, pelvis, and 2cm LUL primary nodule.
- Path/Molecular: LUL Bx confirmed Adeno. FISH confirmed **ALK rearrangement**. NGS identified **EML4-ALK variant 1**. PD-L1 (22C3) **TPS 5%, CPS 10, IC 1/+**.
- Treatment: SRS to brain lesions (May 10-12, 2021). Started Alectinib 600mg BID May 20, 2021. Started Zoledronic Acid q3mos (later spaced to q6mos) after dental clearance.
- Response: Achieved rapid systemic PR and intracranial CR within 3-6 months. Maintained excellent response since.

PAST MEDICAL HISTORY: Hypertension (well-controlled on Amlodipine), Seasonal Allergies. Former light smoker (<10 pack-years, quit >20 yrs ago).

CURRENT MEDICATIONS:

- Alectinib 600 mg PO BID
- Amlodipine 5 mg PO Daily
- Polyethylene Glycol 3350 (Miralax) 1 capful PO Daily
- Calcium 600mg / Vitamin D 800IU PO Daily
- Zoledronic Acid 4 mg IV infusion every 6 months (Last dose July 2023)
- Cetirizine 10 mg PO PRN allergies

REVIEW OF SYSTEMS (Comprehensive):

- Constitutional: No fever, chills, weight loss. Excellent energy.
- Eyes: No visual changes. Last eye exam ~6 mos ago, stable.
- Resp: No cough, SOB, hemoptysis.
- CV: No chest pain, palpitations, edema.
- GI: Mild constipation (controlled). No nausea, vomiting, diarrhea, abdominal pain.
- MSK: Occasional mild calf ache post-exercise only. No limiting joint pain/stiffness.
- Neuro: No headache, dizziness, focal deficits, seizures, cognitive changes.
- Skin: No rash, no photosensitivity issues reported.

OBJECTIVE:

- Vitals: T 37.0, BP 122/74, HR 64, SpO2 99%. Wt stable. ECOG PS 0.
- Exam: Fit appearing male, NAD. Exam entirely unremarkable, including detailed neuro exam. No edema.
- Labs (Today): CBC WNL (Hgb 14.5). CMP WNL (LFTs, Cr normal). CPK 145 (WNL). Mg 2.2. Calcium 9.8.
- Imaging (CT C/A/P + Brain MRI w/wo contrast, Oct 10, 2023):
 - Compared to April 2023 and multiple priors.
 - CT: Stable near-complete response systemically. Residual scar LUL. Bone lesions remain sclerotic/stable. No new disease.
 - Brain MRI: Stable post-SRS changes, no evidence of active or new intracranial disease. Complete response maintained.

ASSESSMENT:

1. **Stage IV ALK-Positive Lung Adenocarcinoma:** Sustained, durable near-complete systemic response and complete intracranial response to first-line Alectinib after 29 months of continuous therapy. Outstanding outcome to date.
2. **Alectinib Tolerability:** Excellent long-term tolerability with only minimal, well-managed Grade 1 chronic side effects (constipation, myalgia).
3. **Bone Health:** Stable on appropriately spaced Zoledronic Acid infusions.

PLAN:

1. **Continue Alectinib 600 mg PO BID.** Emphasized continued adherence. Refills provided.
2. **Toxicity Management:** Continue Miralax PRN. Continue Ca/D. Continue sun protection advice. Report any worsening myalgia, visual changes, severe GI upset, edema, or respiratory symptoms promptly.
3. **Monitoring:** Given long-term stability and excellent tolerance:
 - Labs (CBC, CMP, LFTs, CPK, Mg) now transition to every 4-6 months unless clinically indicated. Next set due in ~4 months.
 - Surveillance Imaging (CT C/A/P + Brain MRI): Continue q6 months. Next scans due ~April 2024.
4. **Bone Health:** Continue Zoledronic Acid 4 mg IV q6 months. Next infusion due ~Jan 2024. Ensure continued good oral hygiene and dental checks.
5. **Follow-up:** Schedule routine follow-up visit (telehealth acceptable if preferred by patient) in 6 months, after next round of surveillance imaging. Patient has low threshold to contact clinic sooner if any concerns arise.

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