

Discharge Note for Victoria Steffen born 1964-11-18 MRN SYN100

Diagnosis: Stage IV Non-Small Cell Lung Cancer (NSCLC), MET Exon 14 skipping mutation, intermediate PD-L1 expression (TPS 40%, CPS 50, IC 5). Date of Initial Diagnosis: January 18, 2023

Clinical Summary: The patient initially presented with abdominal pain, persistent nausea, jaundice, anorexia, and substantial unintended weight loss (~18 lbs over two months). The patient's medical history is notable for hypercholesterolemia managed with atorvastatin 20 mg daily, and mild chronic renal impairment, which has remained stable. Initial abdominal ultrasonography and subsequent CT scan demonstrated multiple hepatic lesions suspicious for metastatic malignancy, with largest lesion measuring 4.5 cm in diameter. Whole-body PET-CT confirmed marked uptake in hepatic lesions (SUVmax 11.2), and a primary lung lesion located in the left lower lobe (3.2 cm, SUVmax 9.8). A CT-guided biopsy of hepatic lesion revealed adenocarcinoma consistent with NSCLC. Molecular profiling identified MET Exon 14 skipping mutation. Immunohistochemical analysis showed intermediate PD-L1 expression.

Treatment Course: Initiated targeted therapy with Capmatinib at 400 mg orally twice daily starting February 9, 2023. Initial tolerance was good with only minor side effects, including transient peripheral edema and mild nausea effectively managed with dietary interventions and occasional diuretics. Subsequent follow-up imaging at three months showed substantial radiological improvement with marked reduction in size and metabolic activity of hepatic metastases (50% decrease in largest lesion size).

Current Status: Ongoing treatment with Capmatinib continues to yield clinical benefit. Recent imaging at six-month follow-up demonstrates sustained disease control without evidence of disease progression or new metastatic lesions. Liver function tests have normalized, and the patient reports substantial improvement in appetite, energy levels, and overall quality of life. Mild intermittent edema remains manageable without impacting overall tolerance.

Follow-up Plan: Maintain current Capmatinib therapy regimen with periodic clinical evaluation, laboratory monitoring (liver and kidney function), and imaging studies every three months to monitor disease status closely. Continued management of side effects and supportive measures recommended to maintain high functional status and quality of life.