Discharge Note

Date of Note: 2020-10-15 (Post-Mortem Summary for Records)
Date of Diagnosis: 2019-09-25
Date of Death: 2020-10-05

Attending Physician (Oncology): David Chen, MD
Hospice Agency: Community Hospice Services

Patient Name: Thomas Bell
Medical Record Number: SYN225
Date of Birth: 1949-06-22 (Age at Death: 71)
Gender: Male

Final Diagnosis Summary:

1. Metastatic Non-Small Cell Lung Cancer (NSCLC), Poorly Differentiated Carcinoma with Squamous Features. Diagnosed 2019-09-25. Stage IVB (cT4N1M1b - Central R Lung primary, R Hilar Node, extensive Liver mets).
    - Molecular Profile: Wild-Type (EGFR, ALK, ROS1, BRAF, KRAS negative by panel testing).
    - PD-L1 Tumor Proportion Score (TPS): 0% (Dako 28-8).
    - Status: Primary refractory disease with progression after 4 cycles (~6 months) of first-line Carboplatin/Paclitaxel. Transitioned to hospice April 2020. Deceased October 2020.
2. Malignant Hepatic Failure secondary to metastatic burden.
3. Cancer Cachexia.
4. Chronic Kidney Disease, Stage IIIa (Baseline Creatinine ~1.4-1.5 mg/dL).
5. Peripheral Vascular Disease, history of claudication.
6. Hypertension.
7. History of Heavy Tobacco Use (55 pack-years, quit 2018).

Clinical Synopsis:
Mr. Bell was a 70-year-old male with multiple comorbidities who presented in September 2019 with constitutional symptoms (fatigue, 20 lb weight loss) and right upper quadrant pain. Imaging revealed a large central right lung mass (6 cm) involving the bronchus, right hilar adenopathy, and extensive bilobar hepatic metastases dominating the clinical picture. Bronchoscopy confirmed poorly differentiated NSCLC, favoring squamous origin (p40+ focus, TTF-1 neg). Molecular testing was negative for targetable alterations, and PD-L1 expression was null (0%).

Given his symptomatic burden but initial ECOG PS 1-2, he commenced first-line palliative chemotherapy with Carboplatin (AUC 5) and Paclitaxel (175 mg/m2) every 3 weeks, starting October 16, 2019. His treatment course was marked by significant toxicity and poor tolerance. He experienced:

- **Fatigue:** Grade 3, significantly impacting daily function.

- **Neuropathy:** Grade 2 painful peripheral neuropathy (hands/feet), limiting tolerance for Paclitaxel. Dose reduced after Cycle 2.
- **Myelosuppression:** Grade 2 thrombocytopenia and Grade 2/3 neutropenia, requiring growth factor support (pegfilgrastim).
- **Nausea/Anorexia:** Grade 2 despite scheduled antiemetics (aprepitant, ondansetron, dexamethasone), contributing to ongoing weight loss.

Laboratory Trends During Treatment:

- **Baseline (Oct 2019):** Hgb 11.5, Plt 350k, Cr 1.4, ALT 85, AST 98, Alk Phos 450, T Bili 1.8, Alb 3.0, CEA 112.
- **Mid-Treatment (Dec 2019):** Hgb 9.8, Plt 110k (nadir), Cr 1.6, ALT 150, AST 180, Alk Phos 680, T Bili 2.5, Alb 2.8, CEA 250 (rising).

Imaging Assessment:
Restaging CT Chest/Abdomen/Pelvis performed after 4 cycles (completion date March 10, 2020; scan date March 20, 2020) demonstrated unequivocal disease progression compared to baseline:

- Central R lung mass increased from 6 cm to 7.5 cm.
- Marked increase in size and number of bilobar liver metastases, largest lesion increased from 5 cm to 8 cm. Estimated liver parenchymal replacement exceeded 50%.
- Development of new trace ascites.
- *Impression:* Rapidly progressive disease (RECIST 1.1 PD).

Transition to Hospice and End-of-Life Care:
By March/April 2020, Mr. Bell's clinical status had declined significantly (ECOG 3). He suffered from worsening abdominal pain, jaundice, fatigue, and cachexia. His liver function tests continued to deteriorate rapidly (T Bili >3 mg/dL, worsening transaminitis, coagulopathy developing). Given the primary refractory nature of his cancer, poor tolerance of first-line treatment, lack of effective second-line options (especially with PD-L1 0% and declining PS/liver function), and his stated wish to avoid further burdensome therapy, a decision was made in conjunction with the patient and family to transition to hospice care.

He was enrolled with Community Hospice Services in early April 2020 and managed primarily at home. His hospice course was characterized by progressive functional decline and increasing symptom burden related to hepatic failure and tumor progression:

- **Pain:** Managed with escalating doses of long-acting morphine, supplemented with immediate-release morphine for breakthrough pain.
- **Ascites:** Required therapeutic paracentesis twice for symptomatic relief of abdominal distension.
- **Hepatic Encephalopathy:** Intermittent confusion managed with Lactulose.
- **Cachexia:** Nutritional support focused on patient preference and comfort.
- **Weakness:** Profound, eventually becoming bedbound.

In late September 2020, due to intractable symptoms requiring more intensive management, he was transferred to the inpatient hospice facility. He passed away peacefully surrounded by family on October 5, 2020.

Summary:
Mr. Thomas Bell suffered from an aggressive form of metastatic NSCLC (WT/PD-L1 negative) with extensive liver involvement at diagnosis. His disease proved refractory to standard first-line chemotherapy, which was poorly tolerated. His clinical course was characterized by rapid progression and functional decline, leading to hospice enrollment.

Electronically Signed By:
David Chen, MD
Medical Oncology (Summarizing Clinician)
Date/Time: 2020-10-15 10:30