**Patient**: Richard Montgomery  
**MRN**: 583692  
**DOB**: 1951-05-25 (73 years)  
**Admission**: 2025-03-18 | **Discharge**: 2025-03-23  
**Physicians**: Dr. L. Harrington (Medical Oncology), Dr. A. Rodriguez (Cardiology), Dr. P. Sinha (Pain Management)

**DISCHARGE DIAGNOSIS**

Metastatic Castration-Resistant Prostate Cancer with Pain Crisis

**DETAILED DIAGNOSIS**

* **Primary**: Metastatic Castration-Resistant Prostate Cancer (mCRPC)
* **Diagnosed**: 2022-06-15 (localized), 2023-09-20 (metastatic)
* **Gleason Score**: 4
* **Pathology**: Adenocarcinoma of the prostate, pT3bN1M0, positive surgical margins, 3/12 positive lymph nodes
* **Initial PSA**: 78 ng/mL (2022-05)
* **Initial imaging**: No distant metastases on bone scan and CT

**CURRENT TREATMENT**

**Current Pain Crisis**:

* Location: Severe pain in thoracic/lumbar spine, pelvis, and left hip
* Intensity: 9/10 at admission (baseline 4-5/10)
* Character: Constant, dull ache with superimposed sharp, movement-related pain
* Recent imaging: Pathologic compression fractures at T10 and L3 with epidural extension at L3 (no cord compression)

**Pain Management During Admission**:

* Opioid therapy:
  + Initial: Hydromorphone 1 mg IV q2h PRN with PCA
  + Transitioned to: Morphine 10 mg IV q4h scheduled with 5 mg q2h PRN
  + Discharge: Oral extended-release morphine 60 mg PO q12h with immediate-release morphine 15 mg PO q4h PRN
* Adjuvant analgesics:
  + Gabapentin 300 mg PO TID, titrated to 450 mg PO TID
  + Dexamethasone 4 mg PO BID × 3 days, then tapered and discontinued

**Palliative Interventions**:

* Palliative radiation therapy to T10 and L3 vertebrae scheduled for 2025-03-25

**PREVIOUS TREATMENT HISTORY**

**Initial Prostate Cancer Treatments**:

* Radical prostatectomy with pelvic lymph node dissection (2022-07-20)
* Adjuvant external beam radiation (66 Gy) to prostate bed (2022-10 to 2022-11)
* Leuprolide acetate 45 mg SubQ every 6 months (started 2022-09)

**mCRPC Therapy**:

* First-line: Docetaxel 75 mg/m² IV q3wks with prednisone 5 mg PO BID (6 cycles, 2023-10 to 2024-03)
  + Response: PSA reduction from 95 to 42 ng/mL
* Second-line: Abiraterone acetate 1000 mg PO daily with prednisone 5 mg PO BID (started 2024-06)
  + Initial response: PSA decline from 78 to 52 ng/mL, followed by progression
* Bone-targeted: Denosumab 120 mg SubQ q4wks (started 2023-09)
* Previous palliative radiation: Right iliac bone (30 Gy/10 fractions, 2024-08)

**Current Disease Status**:

* PSA: 189 ng/mL (increased from 125 ng/mL one month ago)
* Testosterone: <20 ng/dL (castrate level)
* Bone scan (2025-02-15): Progressive disease with new/enlarged metastases in vertebrae (T8, T10, L2, L3, L4), ribs, pelvis, bilateral femoral heads
* CT chest/abdomen/pelvis (2025-02-15): No visceral metastases, stable pelvic lymphadenopathy

**COMORBIDITIES**

* Coronary artery disease with recent STEMI (2025-01-22)
* Heart failure with reduced ejection fraction (LVEF 45%)
* Hypertension
* Hyperlipidemia
* Type 2 diabetes mellitus (diet-controlled, HbA1c 6.7%)
* Chronic kidney disease stage G3a (baseline eGFR 50-55 mL/min)
* Osteopenia (diagnosed on DEXA scan 2023)
* Obesity (BMI 31)
* GERD

**HOSPITAL COURSE**

73-year-old male with mCRPC and recent STEMI (8 weeks prior) presented with severe pain crisis involving thoracic/lumbar spine, pelvis, and left hip due to progressive bone metastases with pathologic compression fractures at T10 and L3.

Pain management consultation implemented multimodal approach with IV opioids, gabapentin, and dexamethasone. Pain score improved from 9/10 to 4/10 within 48 hours.

Cardiology consultation recommended continuing cardiac medications and cleared patient for palliative radiation. Troponins and ECGs normal at admission. Brief episode of chest pain on day 2 was negative for acute coronary syndrome.

Radiation oncology recommended palliative radiation to T10 and L3 vertebrae, scheduled to begin 2025-03-25. Pain regimen successfully transitioned from IV to oral preparations prior to discharge, with adequate control (pain scores 3-4/10).

Functional status improved with pain control, allowing work with physical therapy for appropriate exercises and mobility techniques.

**DISCHARGE MEDICATIONS**

* Abiraterone acetate 1000 mg PO daily (empty stomach)
* Prednisone 5 mg PO BID
* Leuprolide acetate 45 mg SubQ q6mo (next: 2025-07-10)
* Denosumab 120 mg SubQ q4wks (next: 2025-04-02)
* Calcium 1200 mg PO daily
* Vitamin D3 2000 IU PO daily
* Morphine sulfate ER 60 mg PO q12h
* Morphine sulfate IR 15 mg PO q4h PRN breakthrough
* Gabapentin 450 mg PO TID
* Senna-docusate 8.6-50 mg PO BID
* Aspirin 81 mg PO daily
* Ticagrelor 90 mg PO BID
* Atorvastatin 80 mg PO daily
* Metoprolol succinate 50 mg PO daily
* Lisinopril 10 mg PO daily
* Spironolactone 25 mg PO daily
* Pantoprazole 40 mg PO daily

**FOLLOW-UP PLAN**

**Medical Oncology**:

* Dr. L. Harrington in 1 week (2025-03-31)
* Discussion of next-line therapy given progression on abiraterone
* Consider radium-223 or clinical trial options

**Radiation Oncology**:

* Dr. K. Freeman on 2025-03-25
* Palliative RT to T10 and L3 vertebrae (8 Gy × 1 fraction each)

**Cardiology**:

* Dr. A. Rodriguez in 4 weeks (2025-04-20)
* Echocardiogram prior to appointment
* Continue cardiac rehabilitation program

**Pain Management**:

* Dr. P. Sinha in 2 weeks (2025-04-06)
* Reassess pain control and modify regimen if needed
* Consider interventional approaches if pain remains poorly controlled

**Laboratory/Imaging**:

* CBC, CMP, PSA, testosterone level in 2 weeks
* Troponin and BNP if cardiac symptoms
* MRI spine after radiation completion
* Bone scan in 3 months

**Patient Education**:

* Pain medication management and side effects
* Red flags requiring emergency evaluation
* Activity restrictions and progressive mobilization
* Signs/symptoms of spinal cord compression requiring immediate attention

**KEY LAB VALUES**

|  |  |  |  |
| --- | --- | --- | --- |
| **Parameter** | **Admission** | **Discharge** | **Reference** |
| Hemoglobin | 10.2 | 10.0 | 13.5-17.5 g/dL |
| Creatinine | 1.4 | 1.3 | 0.7-1.2 mg/dL |
| eGFR | 51 | 54 | >60 mL/min/1.73m² |
| Alkaline Phosphatase | 285 | 270 | 35-105 U/L |
| PSA | 189 | 192 | <4.0 ng/mL |
| Testosterone | <20 | - | 250-1100 ng/dL |
| Troponin I | <0.01 | <0.01 | <0.04 ng/mL |
| BNP | 210 | - | <100 pg/mL |
| HbA1c | 6.7 | - | <5.7% |

**Electronically Signed**:  
Dr. L. Harrington (Medical Oncology)  
Dr. A. Rodriguez (Cardiology)  
Dr. P. Sinha (Pain Management)  
Date: 2025-03-23