**Patient**: Eleanor Parker (DOB 1956-05-15)  
**MRN**: 629384  
**Admission**: 2025-03-16 | **Discharge**: 2025-03-27  
**Physicians**: Dr. A. Nguyen (Medical Oncology), Dr. S. Goldstein (Hepatology), Dr. R. Martinez (Gastroenterology)

**Discharge diagnosis: Pembrolizumab-induced autoimmune Hepatitis**

**1. Oncological Diagnosis**

* **Primary**: NSCLC, Adenocarcinoma, Stage IVB (cT3N2M1c), diagnosed October 2024
* **Histology**: Poorly differentiated adenocarcinoma; TTF-1+, CK7+, Napsin A+
* **Molecular**: KRAS G12C mutation positive; EGFR/ALK/ROS1/BRAF wild-type; PD-L1 80% TPS
* **Imaging**: 5.2 cm RUL mass, mediastinal/hilar lymphadenopathy, multiple bone metastases, bilateral adrenal involvement
* **Recent Imaging**: Partial response (30% reduction) after 3 cycles pembrolizumab (February 2025)

**2. Treatment History**

* **Immunotherapy**: Pembrolizumab 200 mg IV q3wks × 3 cycles (12/2024-2/2025)
* **Palliative RT**: T10-L1 vertebrae (30 Gy/10 fractions), January 2025
* **Bone-targeted**: Zoledronic acid 4 mg IV q4wks (current cycle held due to hepatitis)

**3. Current Admission (Immune-related Hepatitis)**

* **Presentation**: Asymptomatic grade 3 hepatotoxicity detected on routine labs
* **Workup**:
  + Viral hepatitis panel negative
  + ANA 1:160, ASMA 1:40
  + Abdominal ultrasound and MRCP: No biliary disease
  + CT abdomen: No liver metastases or hepatic pathology
  + Liver biopsy: Interface hepatitis with lymphocytic infiltrate and plasma cells, consistent with pembrolizumab-induced autoimmune hepatitis
* **Treatment**:
  + IV methylprednisolone 2 mg/kg/day, transitioned to oral prednisone 60 mg daily
  + 60% decrease in transaminases from peak by day 10
  + Pembrolizumab permanently discontinued

**4. Comorbidities**

* COPD (GOLD 2)
* Rheumatoid arthritis (in remission on hydroxychloroquine)
* Osteoporosis
* Hypothyroidism
* Pulmonary embolism (September 2024, on apixaban)
* Anxiety disorder
* Allergies: Penicillin (urticaria), Sulfa drugs (rash)

**5. Discharge Medications**

**New**:

* Prednisone 60 mg PO daily × 2 weeks, then taper by 10 mg weekly
* Atovaquone 1500 mg PO daily (PCP prophylaxis)
* Calcium carbonate 600 mg + Vitamin D 400 IU PO BID
* Pantoprazole 40 mg PO daily
* Insulin lispro sliding scale:  
  0 units if BG <150, 2 units if 151-200, 4 units if 201-250, 6 units if 251-300, 8 units if 301-350, 10 units if >350 + call provider  
  Check BG QID (pre-meals and bedtime)

**Continued**:

* Apixaban 5 mg PO BID
* Levothyroxine 88 mcg PO daily
* Hydroxychloroquine 200 mg PO daily
* Tiotropium bromide inhaler 1 inhalation daily
* Albuterol inhaler 2 puffs Q4H PRN
* Fluticasone/vilanterol inhaler 1 inhalation daily
* Escitalopram 10 mg PO daily

**Temporarily discontinued**:

* Zoledronic acid (resume with oncology)

**6. Follow-up**

* **Oncology**: Dr. A. Nguyen in 1 week (4/3/2025)
  + Discuss next treatment options:
    - Sotorasib (KRAS G12C inhibitor)
    - Platinum-based chemotherapy
    - Clinical trials
* **Hepatology**: Dr. S. Goldstein in 2 weeks (4/10/2025)
* **Laboratory Monitoring**:
  + LFTs twice weekly for 2 weeks, then weekly until normalized
  + CBC, CMP, fasting glucose weekly while on high-dose steroids
  + Home glucose monitoring QID while on insulin
  + TSH in 4 weeks (monitor for immune-related thyroiditis)
* **Imaging**: CT Chest/Abdomen/Pelvis on 4/15/2025

**Patient Education**

* Steroid taper schedule (do NOT stop abruptly)
* Blood glucose monitoring and insulin administration
* Signs of worsening hepatitis requiring immediate attention
* Monitor for other immune-related toxicities
* Avoid hepatotoxic medications/substances
* Importance of PCP prophylaxis and GI prophylaxis

**7. Lab Values (Baseline → Pre-admission → Peak → Discharge)**

* ALT: 25 → 865 → 968 → 342 U/L
* AST: 22 → 723 → 824 → 255 U/L
* ALP: 85 → 246 → 278 → 182 U/L
* Total Bilirubin: 0.6 → 1.6 → 2.2 → 1.3 mg/dL
* Albumin: 3.8 → 3.6 → 3.4 → 3.5 g/dL
* Hemoglobin: 11.2 → 10.8 → 9.6 → 6.9 g/dL
* Glucose: 106 → 115 → 210 → 185 mg/dL
* ANA: - → - → 1:160 → -
* ASMA: - → - → 1:40 → -

**Electronically Signed By**:  
Dr. A. Nguyen (Medical Oncology) - 2025-03-27 15:30  
Dr. S. Goldstein (Hepatology) - 2025-03-27 13:45  
Dr. R. Martinez (Gastroenterology) - 2025-03-26 16:15