**Patient**: Michael Westfield (DOB 1980-02-01)  
**MRN**: 583921  
**Admission**: 2025-03-18 | **Discharge**: 2025-03-23  
**Physicians**: Dr. V. Bennett (Medical Oncology), Dr. P. Sharma (Thoracic Surgery), Dr. R. Patel (Interventional Radiology)

**Discharge diagnosis: Malignant melanoma with new pulmonary metastasis**

**1. Oncological Diagnosis**

* **Primary**: Malignant Melanoma, Stage IV (AJCC 8th)
* **Initial Diagnosis**: 2024-06-20, left upper back
* **Pathology**: Breslow 3.6 mm, Clark IV, ulcerated, mitotic rate 5/mm², LVI+
* **Initial Staging** (2024-08-15): Two pulmonary nodules (largest 1.2 cm), one liver metastasis (2.1 cm)
* **AJCC Stage**: pT3b pN2a M1c
* **Molecular**: BRAF V600E+ (38%), NRAS-, C-KIT-, PD-L1 20%, TMB intermediate (10 mut/Mb), MSS

**2. Current Presentation**

* New symptomatic RLL pulmonary metastasis (6.4 cm) causing partial bronchial obstruction with post-obstructive pneumonitis
* CT-guided biopsy (3/19/25): Confirmed metastatic melanoma
* Disease progression on first-line BRAF/MEK inhibitors after initial partial response
* Current imaging: New large RLL mass, stable liver metastasis (2.0 cm), no brain metastases
* LDH: 380 U/L (increased from baseline 220 U/L)

**3. Treatment History**

* **Surgical**:
  + Wide local excision with 2-cm margins (7/10/24)
  + Left axillary SLNB (7/10/24)
  + Complete left axillary lymph node dissection (7/31/24)
* **Systemic**:
  + Encorafenib 450 mg daily + Binimetinib 45 mg BID (started 9/1/24)
  + Binimetinib reduced to 30 mg BID (11/15/24) due to Grade 2 retinopathy
  + Initial partial response (11/30/24), continued response (1/15/25)
  + Now discontinued due to progression

**4. Comorbidities**

* Psoriasis (2010)
* Asthma (mild)
* Recurrent herpes zoster
* Migraine headaches
* Depression
* Vitamin D deficiency

**5. Hospital Course**

* Presented with dyspnea, cough, right-sided chest discomfort
* Empiric antibiotics for possible superimposed pneumonia
* CT-guided biopsy confirmed metastatic melanoma
* Thoracic surgery evaluation: Not a surgical candidate
* BRAF/MEK inhibitors discontinued (3/21/25)
* Plan: Transition to ipilimumab/nivolumab immunotherapy

**6. Discharge Medications**

* Amoxicillin-Clavulanate 875/125 mg PO BID × 7 days
* Albuterol inhaler 2 puffs Q4-6H PRN
* Escitalopram 10 mg PO daily
* Calcipotriene/betamethasone ointment daily PRN
* Sumatriptan 50 mg PO PRN migraine
* Vitamin D3 2000 IU PO daily
* Acetaminophen 650 mg PO Q6H PRN
* Valacyclovir 500 mg PO daily

**Discontinued**:

* Encorafenib 450 mg PO daily
* Binimetinib 30 mg PO BID

**7. Follow-up Plan**

* **Oncology**: Dr. V. Bennett on 3/25/25
  + Initiate ipilimumab 1 mg/kg + nivolumab 3 mg/kg q3weeks × 4 cycles
  + Then nivolumab 480 mg q4weeks maintenance
  + Baseline labs: CBC, CMP, TSH, free T4, cortisol, ACTH
* **Pulmonology**: Dr. A. Fischer on 3/31/25
  + PFTs scheduled 3/31/25
  + Repeat chest CT in 6 weeks
* **Dermatology**: Dr. J. Morris on 4/5/25
  + Baseline full skin exam
  + Monitor for psoriasis flare with immunotherapy
* **Surveillance**:
  + MRI brain q12weeks
  + CT chest/abdomen/pelvis q9weeks × 6 months, then q12weeks
  + LDH and CMP before each immunotherapy dose

**Patient Education**

* Respiratory symptom monitoring
* Signs of psoriasis flare
* Immune-related adverse events with ipilimumab/nivolumab
* When to seek immediate medical attention

**8. Lab Values (Admission → Discharge)**

* WBC: 11.5 → 8.8 × 10^9/L
* Hemoglobin: 13.8 → 13.5 g/dL
* Platelets: 290 → 275 × 10^9/L
* Creatinine: 0.9 → 0.8 mg/dL
* Calcium (ionized): 1.28 → 1.81 mmol/L
* LDH: 380 → 365 U/L
* CRP: 4.2 → 1.8 mg/dL

**Electronically Signed By**:  
Dr. V. Bennett (Medical Oncology) - 2025-03-23 15:30  
Dr. P. Sharma (Thoracic Surgery) - 2025-03-23 14:15  
Dr. R. Patel (Interventional Radiology) - 2025-03-23 13:45