**Patient**: Robert Henderson (DOB 1956-02-15)  
**MRN**: 359872  
**Admission**: 2024-03-25 | **Discharge**: 2024-03-29  
**Physicians**: Dr. V. Rodriguez (Medical Oncology), Dr. K. Thompson (Pulmonology), Dr. B. Isaacs (Radiation Oncology)

**Discharge diagnosis: ES-SCLC, cycle 2 2nd line Topotecan**

**1. Oncological Diagnosis**

* **Primary**: ES-SCLC (Diagnosed 8/15/2023 via bronchoscopic biopsy)
* **Histology**: Small cell carcinoma; synaptophysin+, chromogranin A+, CD56+, TTF-1+; Ki-67 >80%
* **Molecular**: TP53 mutation (p.R175H), RB1 deletion; PD-L1 5%
* **Staging**: cT4N2M1c, Stage IV (Extensive-Stage)
  + Primary: 4.8 cm RUL mass with mediastinal extension
  + Metastases: Bilateral pulmonary nodules, mediastinal/hilar lymphadenopathy, liver (segments II, V, VII), bone (T4, T10, left iliac)
  + Brain MRI: Negative

**2. Treatment History**

* **First-Line** (9/2023-1/2024):
  + Carboplatin AUC 5 D1 + Etoposide 100 mg/m² D1-3 + Atezolizumab 1200 mg D1 × 4 cycles
  + Maintenance Atezolizumab × 2 cycles
  + Best response: Partial (45% reduction), PFS: 4.5 months
  + Progression: 1/15/2024
* **Radiation**: T10 vertebra (20 Gy/5 fractions, 12/2023)
* **Second-Line**:
  + Cycle 1: Topotecan 1.25 mg/m² D1-5 (3/4-8/2024, dose-reduced for ECOG PS 2-3)
  + Toxicities: Grade 2 neutropenia despite G-CSF

**3. Current Treatment**

* **Topotecan** 1.5 mg/m² IV D1-5 (3/25-29/2024)
  + Dose escalated to standard from previous cycle
  + Tolerated with Grade 1 nausea, progressive fatigue
  + Stable pleural effusion, no new complications
  + Filgrastim to begin Day 6 (post-discharge)

**4. Comorbidities**

* COPD (GOLD Stage 2)
* 40 pack-year smoking history (quit 8/2023)
* Hypertension
* Paroxysmal Atrial Fibrillation (on apixaban)
* History of PE (2021)
* CKD Stage 3a (eGFR 50-55)
* GERD with Barrett's Esophagus
* Major Depressive Disorder
* Hypothyroidism
* Hearing loss
* ECOG PS: 1-2

**5. Discharge Medications**

* Filgrastim 480 mcg SC daily × 5-7 days (start 3/30/2024)
* Ondansetron 8 mg PO Q8H PRN
* Prochlorperazine 10 mg PO Q6H PRN
* Morphine sulfate ER 30 mg PO BID
* Oxycodone 5 mg PO Q4H PRN
* Apixaban 5 mg PO BID (pause if platelets <50)
* Lisinopril 10 mg PO daily
* Levothyroxine 112 mcg PO daily
* Sertraline 100 mg PO daily
* Pantoprazole 40 mg PO daily
* Furosemide 20 mg PO daily
* Tiotropium 18 mcg inhaled daily
* Albuterol/ipratropium inhaler PRN
* Additional supportive medications (stool softeners, vitamins, propranolol)

**6. Follow-up Plan**

* **Labs**: CBC in 7-10 days (4/5-8/2024) to assess nadir
* **Oncology**: Dr. V. Rodriguez in 2 weeks (4/12/2024)
* **Imaging**:
  + Brain MRI: 4/15/2024 (surveillance)
  + Restaging CT C/A/P: After cycle 4 (late May/early June) or sooner if deterioration
* **Pulmonology**: Dr. K. Thompson in 3 weeks (4/19/2024) for pleural effusion
* **Palliative Care**: Consultation 4/5/2024
* **Treatment Plan**: Continue topotecan for up to 6 cycles absent progression/toxicity

**Patient Education**

* Neutropenic precautions; report fever ≥38.0°C immediately
* Filgrastim self-administration
* Nutritional guidance for decreased appetite
* Smoking cessation reinforcement

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

* WBC: 5.2 → 4.8 × 10^9/L
* ANC: 3.5 → 3.1 × 10^9/L
* Hemoglobin: 10.5 → 10.2 g/dL
* Platelets: 165 → 142 × 10^9/L
* Creatinine: 1.4 → 1.5 mg/dL
* eGFR: 52 → 50 mL/min/1.73m²
* LFTs: Mildly elevated (AST 45→48, ALT 42→45, ALP 185→190)
* LDH: 290 → 295 U/L
* Albumin: 3.4 → 3.3 g/dL
* TSH/Free T4: 3.8 mIU/L / 1.2 ng/dL (normal)

**Electronically Signed By**:  
Dr. V. Rodriguez (Medical Oncology) - 2024-03-29 13:45  
Dr. K. Thompson (Pulmonology) - 2024-03-29 12:30