When a patient’s initial diagnosis is not explained by the history, exam or data, clinicians should revise the original problem representation to avoid anchor bias and broaden the differential diagnosis.

**Hospital Course Continued:**
- Admitting team noted unintentional weight loss of 25 pounds over the last year
- Exam notable for cachectic appearance, diffuse transmitted upper airway sounds (right>left), and pain with internal rotation of the right lower extremity
- Additional Imaging:
  - Biopsy of left axillary lymph node revealed metastatic poorly differentiated adenocarcinoma of lung primary
  - Underwent palliative repair of the right hip
  - Supposed to start immunotherapy post-discharge, but re-admitted twice to the neurological ICU for strokes
  - Discharged to hospice and died

**Conclusions:**
- Initial problem representation led clinicians to diagnose “musculoskeletal pain” of the hip
- When diagnosis was not explained by smoking history, chronic cough, unexplained weight loss, and large lung consolidation, revised problem representation led clinicians to broaden the differential diagnosis
- Targeted work-up resulted in life-changing diagnosis of pathologic hip fracture in the setting of metastatic lung cancer