ONCOLOGY CLINICAL NOTE

Patient Name: John Smith
Date of Birth: March 15, 1965 (Age: 60)
Date of Note: November 18, 2025
Diagnosis: Malignant neoplasm of unspecified part of bronchus or lung (ICD-10: C34.90)

HISTORY OF PRESENT ILLNESS

Mr. Smith is a 60-year-old male with a diagnosis of lung cancer (C34.90). The patient has a history of prior treatment with platinum-based chemotherapy. He presents today for review of recent molecular biomarker profiling and determination of the next line of therapy.

MOLECULAR PATHOLOGY & BIOMARKER RESULTS

Recent tissue sampling was sent for comprehensive biomarker testing. The results are summarized below:

Biomarker / Test	Result	Clinical Interpretation
PD-L1 Expression	**65%**	**Positive.** High expression (TPS $\ge$ 50%) suggests potential benefit from immune checkpoint inhibitor therapy.
EGFR Mutation	Negative	No targetable sensitizing mutations detected.
ALK Translocation	Negative	No targetable ALK rearrangements detected.

ASSESSMENT

The patient has non-small cell lung cancer (NSCLC) with progression following prior platinum chemotherapy. Molecular profiling is negative for EGFR and ALK driver mutations but demonstrates **high PD-L1 expression (65%)**. Based on these findings, the patient is a strong candidate for immunotherapy.

TREATMENT PLAN

1. Pharmacotherapy

- **Initiate Pembrolizumab:** Start immunotherapy for approved indication based on high PD-L1 expression and lack of contraindications.
- **Dosing:** Standard weight-based or fixed dosing per institutional protocol.

2. Monitoring & Follow-up

- Monitor for immune-related adverse events (irAEs), including but not limited to pneumonitis, colitis, hepatitis, and endocrinopathies.
- Assess clinical response and obtain radiographic imaging (CT Chest/Abdomen/Pelvis) every 2-3 cycles to evaluate disease status.
- Routine CBC and CMP prior to every infusion.

3. Administrative & Coverage

- **Insurance Provider:** UnitedHealth
- **Policy Number:** INS12345
- **Status:** Active (Coverage verified Jan 2025 – Dec 2025)
- *Action:* Prior authorization for pembrolizumab to be submitted immediately under current coverage.

Electronically Signed By:
[Provider Name, MD/DO]
Department of Oncology