

# ONCOLOGY CLINICAL NOTE

**Patient Name:** James Miller

**Date of Birth:** April 17, 1968 (Age: 57)

**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. Miller is a 57-year-old male with a diagnosis of non-small cell lung cancer (NSCLC). He has a history of prior treatment with platinum-doublet chemotherapy. He presents today to discuss the initiation of second-line therapy following review of his molecular biomarker profile.

## LABORATORY & BIOMARKER RESULTS

Comprehensive molecular testing was completed to identify actionable targets. The results are summarized below:

Biomarker / Test	Result	Clinical Interpretation
<b>PD-L1 Expression</b>	55%	<b>Positive.</b> High expression (TPS ≥ 50%). Predictive of significant benefit from immune checkpoint inhibitor monotherapy.
<b>EGFR Mutation</b>	Negative	Wild type; no sensitizing mutations detected.
<b>ALK Translocation</b>	Negative	No rearrangements detected.

## ASSESSMENT

The patient has metastatic or recurrent NSCLC with progression on or after platinum-containing chemotherapy. Molecular profiling reveals **high PD-L1 expression (55%)** and negative EGFR/ALK status. Based on the high Tumor Proportion Score (TPS), he is an excellent candidate for anti-PD-1 immunotherapy.

## TREATMENT PLAN

### 1. Pharmacotherapy

- **Initiate Pembrolizumab:** Start immunotherapy monotherapy.
- **Rationale:** Indicated for patients with metastatic NSCLC expressing PD-L1 (TPS ≥ 1%) with disease progression on or after platinum-containing chemotherapy.

### 2. Monitoring & Follow-up

- **Radiographic Assessment:** Schedule regular CT imaging (Chest/Abdomen/Pelvis) to assess objective response to therapy.
- **Laboratory Surveillance:** Routine CBC and metabolic panel (CMP) prior to infusions to monitor organ function and hematologic status.
- **Toxicity Management:** Monitor for immune-related adverse events (irAEs) including pneumonitis, colitis, and endocrine dysfunction.

### 3. Administrative & Coverage

- **Insurance Provider:** Aetna
- **Policy Number:** INS55667
- **Status:** Active (Coverage verified Jan 2025 – Dec 2025)
- **Action:** Obtain prior authorization for pembrolizumab administration.

Electronically Signed By:

[Provider Name, MD/DO]

Department of Oncology