

PATIENT 1 — EGFR-MUTATED NSCLC

EPIC CLINICAL NOTE – THORACIC ONCOLOGY

PATIENT: James Holloway MRN: 10228371
DOB: 04/11/1959 (66 y/o Male) DATE: 02/20/2025
Encounter Type: Oncology Follow-up

CHIEF COMPLAINT:

Follow-up for metastatic lung cancer, post-chemotherapy progression.

HISTORY OF PRESENT ILLNESS:

66-year-old male with Stage IV metastatic non–small cell lung cancer (adenocarcinoma) diagnosed November 2023 after workup for persistent cough. Molecular profiling confirmed EGFR exon 19 deletion. No brain metastases.

Received 6 cycles of carboplatin + pemetrexed, completing treatment 06/2024. Initially showed partial response followed by radiographic progression on CT chest 01/02/2025. He has never received an EGFR-TKI.

Patient reports mild cough, no dyspnea, chest pain, or weight loss. Maintains full independence in ADLs.

PERFORMANCE STATUS:

ECOG 1

IMAGING:

01/2025 CT chest – RLL mass increased 2.3 → 3.6 cm, new pleural nodules
01/2025 MRI brain – NEG for CNS metastases

TUMOR BIOMARKERS:

EGFR exon 19 deletion
ALK negative
PD-L1 TPS 10%

PAST MEDICAL HISTORY:

Hypertension (controlled)
Former smoker, quit 2009

CURRENT MEDICATIONS:

Losartan 50 mg PO daily

Aspirin 81 mg PO daily

ASSESSMENT:

Metastatic EGFR+ NSCLC, progression following platinum doublet chemotherapy.

PLAN:

Discussed osimertinib vs trial enrollment for next-line therapy.

Patient expresses interest in phase II EGFR-targeted clinical trial.

Meets preliminary eligibility.

Condition Search: non-small cell lung cancer