2021-01-15

Patient Name: Albert Grahamson
Patient ID: SYN107
DOB: 1950-02-14 (died on 2021-01-15)

Date of Initial Diagnosis: November 21, 2019

Diagnosis: Stage IV Non-Small Cell Lung Cancer (NSCLC), wild-type EGFR and ALK, minimal PD-L1 expression (TPS <1%, CPS 0, IC 0).

Current Status:

Clinical deterioration continued with increasing dyspnea, weight loss, and fatigue. Imaging demonstrated progressive pulmonary lesions and new metastatic spread. Given declining performance status and limited therapeutic options, patient transitioned to palliative care.

Clinical Summary:

The patient initially presented with progressive dyspnea, chronic productive cough, intermittent chest pain exacerbated by deep breathing, and notable weight loss (approximately 30 lbs over four months). He has a longstanding history of heavy smoking (50 pack-years) and COPD managed with inhaled medications. Initial chest radiography revealed extensive bilateral pulmonary infiltrates suggestive of metastatic disease. Follow-up CT and PET imaging identified multiple pulmonary lesions, largest measuring 5.3 cm in the right upper lobe with SUVmax of 10.1, but no extrapulmonary metastases. Bronchoscopy-guided biopsy confirmed squamous cell carcinoma with no detectable actionable driver mutations and minimal PD-L1 expression.

Treatment Course:

Commenced first-line chemotherapy with Carboplatin (AUC 5) and Paclitaxel (200 mg/m²) intravenously every three weeks, initiated on December 13, 2019. Initially achieved symptom relief and modest radiological response, stabilizing disease progression and improving respiratory symptoms. Treatment was associated with manageable side effects including neutropenia requiring occasional dose adjustments, peripheral neuropathy managed with supportive medications, and fatigue.

After approximately six months, significant disease progression was noted radiologically and clinically, with increasing respiratory distress and declining functional status. Second-line therapy with Docetaxel was briefly attempted but discontinued due to poor tolerance and rapid disease progression.

Follow-up Plan:

Patient managed under hospice care with emphasis on symptom relief, comfort measures, and supportive interventions. Regular assessments by palliative care team with adjustments in symptomatic treatment provided as necessary to maintain comfort and quality of life.