

**New York, 28/10/2023**

**Primary Diagnosis:** KRAS-mutated NSCLC with bone and liver involvement (diagnosed on July 3rd 2023)

- **Driver Mutation:** KRAS G12V (confirmed on NGS, allele frequency 34%)
- TPS <1%, CPS 5, IC 1+ (SP263 assay)

**Treatment Course:**

- **26/07/2023: Start of** Carboplatin + Pemetrexed + Pembrolizumab

**Clinical Course:** Ms. Dominguez presented with hip pain and elevated ALP. Bone scintigraphy and MRI spine confirmed osseous involvement. Liver biopsy revealed adenocarcinoma with KRAS G12V. Immunohistochemistry was negative for ALK, ROS1.

Initial cycles well tolerated. Imaging after cycle 4 showed mixed response—decrease in liver lesions and slight progression in spine. Continued therapy led to overall partial response at cycle 4.

**Comorbidities:**

- Osteopenia (on alendronate)
- Hypercholesterolemia

**Plan:**

- Continue triplet for up to 6 cycles, then switch to maintenance pemetrexed + pembrolizumab
- Consider KRAS-G12C specific inhibitors upon progression, if rebiopsy reveals subclonal mutation

**Patient Information:**

- **Name:** Veronica Elise Dominguez (\*10/08/1972)
  - **Patient ID:** SYN062
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