ID: SYN177 **Name**: Michael McDurty **Date of Birth**: 24-Nov-1948

Longitudinal EMR Summary

Timeline Overview

Date	Event
Aug 2019	NSCLC IV diagnosis (via liver biopsy)
Aug 2019	Baseline PET-CT: RUL lesion 5.1 cm, bilateral nodules, multiple FDG-avid liver lesions
Aug 2019	PD-L1 TPS 95% Negative for EGFR, ALK, ROS1, KRAS, MET, BRAF → started pembrolizumab monotherapy on 30 August 2019
Mar 2020	Partial response (lung mass 5.1 → 2.3 cm)
Sep 2020	Liver lesions resolved, CEA dropped from 10.3 to 1.8 ng/mL
Mar 2021	Disease progression in RLL + new segment VII liver lesion on 23 March 2021
Apr 2021	Switched to 2nd-line: Carboplatin + Pemetrexed × 4 cycles
Aug 2021–Jan 2022	Maintenance pemetrexed
Mar 2022	Clinical decline, ECOG worsened to 2–3
Feb 2023	Deceased from hepatic failure due to progressive metastases on 19 February 2023

Lab Tracking Summary

Date	Hb	WBC	AST/ALT	ALP	CEA	Cr
08/2019	13.4	6.1	32/28	102	10.3	1.0
03/2020	12.8	5.9	25/22	88	2.4	1.0
09/2020	12.6	6.2	23/21	75	1.8	1.0
03/2021	11.1	7.2	71/84	223	8.1	1.2
01/2023	9.4	10.1	165/192	480	16.2	1.5

Imaging Chronology

PET-CT (Aug 2019)

- RUL lesion 5.1 cm, SUV 14.6
- Liver lesions: 1.8 cm (segment VI), 2.1 cm (segment II)
- Bilateral pulmonary nodules

CT Chest/Abdomen (Mar 2020)

- Lung lesion decreased to 2.3 cm
- Liver lesions no longer visible

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CT (Mar 2021)

- New 1.6 cm lesion in RLL
- New liver lesion in segment VII
- Increasing ALP, AST

CT (Dec 2022)

- Diffuse liver involvement, mass effect
- Ascites and cachexia noted
- No CNS disease

Final Course

The patient remained on immunotherapy until March 2021 with clinical benefit. He transitioned to chemotherapy after progression and maintained disease stability for another 10–12 months. In early 2022, performance status declined. He entered hospice care in November 2022 and passed peacefully in February 2023.

End-of-Life Summary:

- ECOG 3 by final 2 months
- Received palliative transfusions and pain control
- Family-supported, home hospice team engaged early
- Patient remained oriented, communicative, and without cognitive compromise at end of life

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Documentation Finalized by: Attending Thoracic Oncologist
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