

Note for Manuela Abramovic

Patient Name: Manuela Abramovic

Patient ID: SYN106

DOB: 1962-05-29

Diagnosis: Stage IV Non-Small Cell Lung Cancer (NSCLC), RET fusion-positive, minimal PD-L1 expression (TPS <1%, CPS 0, IC 0). Date of Initial Diagnosis: December 8, 2022

Clinical Summary: Patient initially presented with persistent fatigue, vague abdominal discomfort, and diffuse bone pain, notably in the hips and lower back, accompanied by significant unintentional weight loss (~20 lbs over three months). Past medical history includes controlled hypertension managed with amlodipine and mild osteoporosis. Initial abdominal ultrasound raised suspicion of hepatic masses. Further evaluation with comprehensive CT and PET scans identified a primary pulmonary lesion in the right upper lobe measuring 4.2 cm with moderate metabolic activity (SUVmax 7.4). Additionally, PET imaging revealed extensive bone involvement including vertebral and pelvic lesions, and hepatic metastases, with the largest liver lesion measuring 3.9 cm in diameter (SUVmax 8.5). Liver biopsy confirmed adenocarcinoma consistent with lung origin. Genomic profiling via next-generation sequencing revealed a RET fusion. PD-L1 expression was minimal as per immunohistochemistry.

Treatment Course: Initiated targeted therapy with Pralsetinib at 400 mg orally once daily on December 30, 2022. Initial response was favorable with substantial improvement in bone pain, increased energy levels, and reversal of weight loss. Follow-up imaging at three and six months demonstrated significant radiological improvement, notably marked reductions in size and metabolic activity of hepatic lesions (approximately 60% decrease in largest hepatic lesion size) and stabilization of osseous disease. Treatment-related adverse effects were minimal and effectively managed, including mild constipation and intermittent peripheral edema.

Current Status: Ongoing clinical response continues with sustained disease control as per the latest follow-up imaging on December 29, 2023, showing no evidence of new lesions or progression in existing lesions. The patient remains highly functional, with stable laboratory parameters, including normal hepatic and renal functions.

Follow-up Plan: Continue Pralsetinib therapy with regular imaging (PET-CT) every three months and periodic comprehensive metabolic panel monitoring. Continued vigilance for potential adverse effects with supportive measures implemented as needed. Ongoing bone health management with appropriate supplementation and monitoring.

Yours sincerely,

Mark Owen

January 02, 2024