

Primary Diagnosis: Metastatic wild-type NSCLC with bony and intracranial involvement
Date of Diagnosis: 17.01.2020

Molecular Profile:

- **Driver Mutation:** Negative for EGFR, ALK, ROS1, RET, BRAF, MET (NGS panel)
- **PD-L1 Status:** TPS 30%, CPS 32, IC 1+ (SP263 clone)

Treatment History:

Carboplatin (AUC 5) + Pemetrexed (500 mg/m²) + Pembrolizumab (200 mg q3w) beginning on 07.02.2020

Clinical Course: Mr. Whitmore presented with left hip pain and confusion in January 2020. PET-CT and MRI brain revealed diffuse skeletal metastases and two parietal lobe metastases. Biopsy confirmed TTF-1 positive adenocarcinoma. He was commenced on triplet chemoimmunotherapy, with partial response at 3 months.

Progression was observed in October 2020 with worsening lytic bone lesions and emergence of new brain metastases. WBRT (30 Gy in 10 fractions) was administered with transient cognitive impairment. 2L treatment was docetaxel + ramucirumab (q3w), with a modest 4-month disease stabilization.

Subsequent PD in the liver prompted 3L nivolumab, discontinued after 2 cycles due to immune-mediated pneumonitis (Grade 3). Managed with systemic steroids and taper.

Comorbidities:

- Severe COPD (FEV1 38%)
- CAD with prior PCI (2015, on dual antiplatelet therapy)
- Osteoporosis (on denosumab q6mo)
- Hyperuricemia

Final Imaging (Septemer 2021):

- Hepatic expansion of metastatic lesions (largest: 4.3 cm segment IV)
- Diffuse osteoblastic transformation of spine

Date of Death: 18.09.2021 **Cause of Death:** Respiratory failure secondary to progressive pulmonary metastases and hepatic dysfunction

Patient Information:

- **Name:** Marcus Alan Whitmore (*02.10.1950)
- **Patient ID:** SYN037

Signed Dr. Heglund 18.09.2021