Patient Name: Alexandra Blingovic
Patient ID: SYN126
DOB: October 19, 1963
Gender: Female
Date of Diagnosis: January 18, 2022
Primary Diagnosis: Non-Small Cell Lung Cancer (NSCLC), Adenocarcinoma, Stage IVB (Adrenal metastasis)
PD-L1 Status: TPS 35%, CPS 42, IC 1+
Driver Mutation: Wild-type for EGFR, ALK, ROS1, KRAS, BRAF
Treatment History:
• First-line: Carboplatin (AUC 5) + Pemetrexed 500 mg/m² + Pembrolizumab 200 mg q3wks
• Start Date: February 9, 2022

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1. Oncologic Course and Response Summary

This 58-year-old woman presented with a chronic nonproductive cough and fatigue. CT chest in January 2022 revealed a 4.8 cm spiculated right upper lobe mass with right adrenal enlargement. PET-CT confirmed FDG-avid uptake in the adrenal gland, consistent with metastatic spread. EBUS-guided biopsy of the hilar lymph nodes and RUL lesion confirmed poorly differentiated adenocarcinoma. IHC: TTF-1 positive, Napsin A positive.

Molecular profiling was negative for actionable driver mutations. PD-L1 IHC by 22C3 pharmDx revealed TPS 35%, IC 1+, CPS 42. She was thus initiated on triplet chemoimmunotherapy.

Initially, the patient demonstrated a sustained partial response with over 40% reduction in primary and metastatic burden as per RECIST 1.1. Surveillance CT from May 2023 showed emerging left adrenal thickening and new bilateral pulmonary nodules, consistent with progression.

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2. Comorbidities

- Type 2 Diabetes Mellitus (HbA1c 6.7%) – controlled on metformin
- Hypertension – on amlodipine 10 mg daily
- GERD – pantoprazole 40 mg daily
- Depression – managed with sertraline 50 mg PO daily
- Osteopenia – DXA T-score: -1.9 (2021)
- Hypothyroidism (post-thyroiditis) – on levothyroxine 75 mcg PO

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3. Treatment Transition and Current Plan

Following radiographic progression, triplet therapy was stopped. The patient had tolerability issues during therapy, including:

- Grade 2 anemia (nadir Hb 8.9 g/dL)
- Grade 1 rash (managed with topical corticosteroids)
- Mild immune-related thyroiditis (now stable)

As no targetable mutations were found and the disease progressed after immunotherapy + chemotherapy, she is now being transitioned to second-line:

Current Plan:

- Docetaxel 75 mg/m² IV q3wks + Ramucirumab 10 mg/kg IV q3wks
- Bone health: Zoledronic acid to start pending dental clearance
- MRI Brain (scheduled) to rule out asymptomatic CNS progression
- Palliative Care: Consult initiated for fatigue and psychosocial support

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4. Laboratory and Imaging Data

Baseline → Recent Labs:

- Hb: 12.3 → 9.2 g/dL
- WBC: 6.8 → 5.4 K/μL
- Platelets: 280 → 220 K/μL
- Creatinine: 0.9 → 1.0 mg/dL
- ALT/AST: WNL throughout
- LDH: 165 → 240 U/L
- CEA: 2.1 → 5.4 ng/mL
- PD-L1 IHC: TPS 35%, CPS 42, IC 1+

Most Recent CT (April 2023):

- Left adrenal gland enlargement from 2.2 to 3.1 cm
- New nodular infiltrates in LUL and RLL, largest 1.6 cm
- Mild pleural effusion (right)

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5. Discharge Medications

- Metformin 500 mg BID
- Amlodipine 10 mg daily
- Sertraline 50 mg PO daily
- Levothyroxine 75 mcg PO daily
- Pantoprazole 40 mg daily
- Calcium + Vitamin D
- PRN lorazepam for anticipatory nausea

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6. Follow-up Appointments

- Oncology Clinic – May 1, 2025 (Docetaxel initiation)
- Dental clearance for Zoledronic acid – April 20, 2025
- MRI Brain – Scheduled April 18, 2025
- Dietitian for weight loss (5 kg over past 6 months)
- Psych-oncology referral – in progress

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7. Prognostic Discussion

Though initially responsive to combination therapy, the patient has now transitioned to second-line systemic therapy. Lack of actionable mutations and progression on checkpoint inhibitors places her in a standard-risk category. Prognosis remains guarded, with future clinical trial eligibility to be reassessed pending tolerance to docetaxel/ramucirumab.

Signed Electronically,
Dr. Emily Tang, MD – Medical Oncology
June 14, 2023