Death note (December 6, 2022)

Patient Name: Peter Graham (born 1950-12-12)
Patient ID: SYN097

Diagnosis: Stage IV Non-Small Cell Lung Cancer (NSCLC), wild-type EGFR and ALK, with moderate PD-L1 expression (TPS 35%, CPS 45, IC 10). Date of Initial Diagnosis: February 11, 2020

Clinical Summary: Patient initially presented with progressively worsening dyspnea, chronic productive cough with occasional hemoptysis, notable fatigue, and unintended weight loss (approximately 20 lbs over three months). Medical history significant for controlled hypertension, type 2 diabetes mellitus managed on lisinopril 10 mg daily and metformin 1000 mg twice daily. Initial chest imaging demonstrated extensive bilateral pulmonary infiltrates suggestive of metastatic disease, with additional CT and PET scans confirming multiple hepatic metastases with maximum SUV uptake of 9.1 in the largest liver lesion (3.7 cm). Liver biopsy confirmed poorly differentiated adenocarcinoma. Comprehensive genomic testing showed no actionable mutations in EGFR, ALK, ROS1, or BRAF. PD-L1 testing indicated moderate expression levels.

Treatment Course: Initiated first-line combination chemotherapy and immunotherapy regimen with Carboplatin AUC 5, Pemetrexed 500 mg/m², and Pembrolizumab 200 mg intravenously every three weeks, beginning March 4, 2020. Patient achieved stable disease with notable symptomatic relief, including improved respiratory function and partial radiographic response observed after initial cycles. After approximately nine months, follow-up imaging demonstrated progressive hepatic and pulmonary lesions, prompting discontinuation of chemotherapy. Pembrolizumab monotherapy was attempted as maintenance therapy but was discontinued shortly thereafter due to disease progression.

Subsequently, patient received second-line therapy with Docetaxel 75 mg/m² and Ramucirumab 10 mg/kg every three weeks, achieving temporary disease stabilization and modest symptomatic control for an additional six months.

Current Status: Recent imaging confirms further progression with increased size and number of hepatic lesions, worsening pulmonary involvement, and symptomatic decline, including exacerbated dyspnea and significant weight loss despite nutritional support.

Given the extent of disease progression and declining functional status, patient has transitioned to palliative care with hospice support, prioritizing symptom management, comfort measures, and quality of life enhancement. Continuous

supportive care and regular evaluations by hospice and palliative care team were in place. Patient died on December 6, 2022