NORTHSIDE UNIVERSITY HOSPITAL DEPARTMENT OF ONCOLOGY

DISCHARGE SUMMARY

PATIENT INFORMATION: Name: Florian Buklow (MRN SYN187) Sex/DOB: Male / 10-15-1951 Admit Date: 04-03-2022 Discharge Date: 04-14-2022 Attending: Dr. Marshall (Oncology) Consulting: Dr. Bennett (Palliative Care)

DISCHARGE DIAGNOSIS: Primary: Malignant pleural effusion with respiratory compromise due to progressive metastatic NSCLC Secondary: Malnutrition, chronic pain syndrome, depression

ONCOLOGIC HISTORY: Patient was diagnosed with metastatic NSCLC in January 2020 after presenting with back pain and cough. Disease initially diagnosed at stage IVB with bone and brain metastases.

HISTOPATHOLOGY (01/03/2020):

- Specimen: CT-guided left upper lobe core needle biopsy
- Gross: Three cores of tan-white tissue measuring 0.8-1.2cm
- Microscopic description:
  - Poorly differentiated non-small cell carcinoma with solid growth pattern (80%)
  - Focal acinar architecture (15%)
  - Areas of comedo-type necrosis (5%)
  - Tumor cells with marked nuclear pleomorphism, prominent nucleoli
  - High nuclear-to-cytoplasmic ratio
  - Abundant mitotic figures (18/10 HPF) including atypical forms
  - Desmoplastic stromal response at invasive front
  - Angiolymphatic invasion present
  - No keratinization or intercellular bridges identified
- Immunohistochemistry:
  - TTF-1: Positive (moderate intensity, 60% of cells)
  - Napsin A: Weakly positive (focal)
  - CK7: Strongly positive (diffuse)
  - p40: Negative
  - CK5/6: Negative
  - CD56: Negative
  - Synaptophysin: Negative
  - Chromogranin: Negative
  - MUC1: Positive
  - MUC5AC: Negative
- Molecular profile:
  - Next-generation sequencing panel:
    - No targetable driver mutations (EGFR, ALK, ROS1, BRAF, MET, RET, NTRK negative)
    - TP53 R158L mutation (VAF 56%)
    - CDKN2A homozygous deletion

        - KRAS wild-type
        - STK11 frameshift mutation (p.K78fs, VAF 48%)
    - PD-L1 (22C3): TPS 35%, CPS 40, IC 15%
- Final diagnosis: Poorly differentiated lung adenocarcinoma, solid predominant subtype

TREATMENT COURSE:

- First-line therapy: Carboplatin/Pemetrexed/Pembrolizumab (01/24/2020-10/28/2020)
    - Initial response followed by progression
- Second-line therapy: Docetaxel (11/2020-02/2021)
    - Stable disease for 4 months, then progression
- Third-line therapy: Gemcitabine (03/2021-08/2021)
    - Progressive disease after 3 cycles
- Fourth-line therapy: Phase I clinical trial (10/2021-01/2022)
    - Withdrawn due to toxicity and no response
- Best supportive care since 01/2022
- Palliative radiation to painful bone metastases (T8, L2, left hip)
- Currently surpassed expected survival of 22 months since diagnosis

CURRENT HOSPITAL COURSE: Patient presented with progressive dyspnea, hypoxemia, and right-sided chest pain. Chest imaging demonstrated large right pleural effusion with compression atelectasis and mediastinal shift. Thoracentesis yielded 1.8L of malignant effusion with temporary symptomatic improvement. Pleural fluid cytology confirmed malignant cells with identical IHC profile to original biopsy.

Due to rapid reaccumulation within 48 hours, PleurX catheter was placed for intermittent drainage. Initial drainage volumes were 800-1000mL daily, decreasing to 400-500mL by discharge. Progressive hypoxemia improved with effusion control, and oxygen requirements decreased from 6L to 2L NC at rest.

Comprehensive palliative care consultation addressed pain control, nutrition, psychosocial needs, and goals of care. After multiple family meetings, patient elected DNR/DNI status but desired continued aggressive symptom management.

Patient succumbed with low symptom on 04-14-2022.

Electronically signed by: Stephen Marshall, MD Department of Oncology Date: 04/14/2022