# **Tumor Board Case Summary**

Patient name: Cornelius Samwa Patient ID: SYN238 DOB: 6 Decemer 1959

**Tumor Board Date**: 14 April 2025

Presenter: Dr. K. Sharma, MD, EGFR-Mutant Lung Cancer Expert Panel

#### **Case Overview**

Patient: lifelong non-smoker

**Diagnosis**: EGFR L858R-positive lung adenocarcinoma with pleural dissemination

**PD-L1 TPS**: <1%

**Date of Diagnosis**: 27 August 2021

**Therapy Initiated**: Osimertinib 80 mg QD (17 September 2021)

**Duration of Therapy**: ongoing

## **Initial Presentation & Diagnostic Workup**

- Symptoms: Worsening dyspnea, dull chest pain, 2.5 kg weight loss
- CT (Aug 2021): RUL mass 5.3 cm, nodular pleural thickening, trace effusion
- Thoracentesis: Adenocarcinoma cells, TTF-1+, CK7+, Napsin A+
- Biopsy: Micropapillary-predominant adenocarcinoma, Ki-67 40%
- Molecular:
  - o EGFR L858R (Exon 21)
  - o No T790M, ALK, MET, KRAS, or HER2
  - o PD-L1: 0%, TMB 3.0/Mb
- Baseline MRI brain: No metastasis

## **Imaging & Labs Summary**

### Latest Imaging (March 2025):

- CT Chest:
  - o RUL mass: 1.7 cm (was 5.3 cm at diagnosis)
  - o Pleura: No new nodularity or effusion
- PET-CT: No new uptake; prior sites metabolically inactive
- MRI Brain: Normal
- Labs (April 2025):

Test	Value	Normal Range
Hemoglobin	11.4 g/dL	13.5–17.5 g/dL
WBC	$6.8 \times 10^{9}/L$	$4-11 \times 10^{9}/L$
Platelets	$182 \times 10^{9}/L$	150–400 ×10 <sup>9</sup> /L
Creatinine	0.94 mg/dL	0.6–1.3 mg/dL

# Test Value Normal Range

ALT/AST 24 / 28 U/L <40 / <40 U/L

EGFR plasma ctDNA Negative —

### **Clinical Issues**

- Osimertinib well tolerated: managed paronychia, mild anemia, and dry cough
- ECOG 1, walks 3 km daily
- No CNS involvement to date
- Plasma NGS negative for resistance mutations (T790M, C797S, MET ampl.)

#### **Panel Recommendation**

- Continue Osimertinib
- Monitor cardiac function (QTc stable at 465 ms)
- Re-image Q3 months
- If resistance develops, rebiopsy for tissue NGS
- Consider 2L planning: Amivantamab, Lazertinib, or combination trials
- Patient is a strong candidate for eventual clinical trial participation

**Approved by Tumor Board**: Yes

Follow-up Plan: Next review in 6 months or upon progression

### Chair, Molecular Tumor Board:

Dr. K. Sharma, MD

Thoracic Oncology & Molecular Therapeutics