

Patient Information Date: 25.07.2023

- **Name:** Evelyn Mariette Lavoie (born 02.07.1964)
- **Patient ID:** SYN056
- **Date of Diagnosis:** 21.01.2022
- **Primary Diagnosis:** Advanced NSCLC, wild-type, with hepatic metastasis

Molecular Profile:

- **Driver Mutation:** Negative (EGFR, ALK, ROS1, RET, BRAF, MET - NGS)
- **PD-L1 Status:** TPS 75%, CPS 80, IC 3+ (22C3 assay)

Treatment Course:

- 11.02.2022: Start of Pembrolizumab 200 mg IV q3w

Clinical Course: Mrs. Lavoie presented with vague upper abdominal discomfort and mild jaundice. Imaging identified a right lower lobe mass and two liver lesions, confirmed metastatic NSCLC on biopsy. No targetable mutations were detected. Due to high PD-L1 expression, monotherapy with pembrolizumab was initiated.

At 3 months, imaging showed a partial response (RLL mass decreased by 48%, hepatic lesions reduced by 36%). Tolerability was excellent, except for isolated transaminitis (Grade 1). TSH monitoring revealed rising levels after cycle 9, diagnosed as immunotherapy-related hypothyroidism, successfully managed with levothyroxine.

Recent scans (June 2023) show maintained PR. ECOG remains 1.

Comorbidities:

- Primary biliary cholangitis (diagnosed 2019)
- Mild mitral valve prolapse
- Seasonal allergic rhinitis

Plan:

- Continue pembrolizumab for a total of 35 cycles or until progression
- Monitor LFTs and TSH monthly
- Reimage every 12 weeks
- Consider transition to surveillance or rechallenge upon completion