

## Discharge Summary

**Name:** Johanna Eyler (June 28, 1965) **Patient ID:** SYN140

**Date of Diagnosis:** March 3, 2022

**Primary Diagnosis:** NSCLC, Adenocarcinoma, Stage IV with liver metastases

**Molecular profile:** MET exon 14 skipping mutation

**PD-L1 Status:** TPS 25%, CPS 30, IC 1+

**First-Line Treatment:** Tepotinib 500 mg PO daily

**Start Date:** March 25, 2022

**Current Status:** 2L Crizotinib

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### 1. Diagnostic Workup and Genomics

Patient presented with right upper quadrant pain and jaundice. Labs revealed elevated LFTs, with imaging showing a 4.6 cm left lower lobe mass and multiple hypodense liver lesions. Biopsy of a hepatic lesion confirmed adenocarcinoma of lung origin.

NGS (FoundationOne) identified a MET exon 14 skipping mutation. PD-L1 expression was intermediate (TPS 25%). Given her MET-driven disease, she was started on tepotinib.

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### 2. Clinical Course and Toxicities

The patient achieved a deep partial response at 12 weeks with >60% shrinkage of both lung and hepatic disease. Tolerability was fair, with some complications:

- Grade 2 peripheral edema (managed with furosemide PRN)
- Intermittent elevated LFTs (max ALT 145 U/L, returned to baseline)
- Mild nausea, resolved with ondansetron

At 15 months, surveillance CT revealed new left hepatic lesions, biopsy-confirmed progression.

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### 3. Second-Line and Surveillance

She was transitioned to **crizotinib** in July 2023. Although not formally approved for MET14, retrospective case reports and registry trials support its off-label utility. She remains clinically well, with stable disease as of last imaging (March 2025).

**Lab March 2025:**

- ALT/AST: 32/28 U/L
- CA 19-9: Normal
- CEA: Stable at 3.8 ng/mL

- MET RNA expression: Persistently high
  - No resistance mutations detected on ctDNA
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#### **4. Comorbidities**

- GERD
  - Depression (on duloxetine)
  - Hypokalemia (chronic, on supplementation)
  - Iron-deficiency anemia (oral iron)
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#### **5. Current Plan**

- Continue crizotinib pending ongoing benefit
  - ctDNA every 3 months
  - Imaging Q8-10 weeks
  - Monitor for visual disturbances, QT prolongation
  - Consider clinical trial if progression occurs (e.g., savolitinib or antibody-MET conjugates)
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**Signed,**  
**Dr. Rami Hassan, MD**  
Thoracic Oncology  
**April 14, 2025**