

Summit Oncology Group - End of Life Summary

Patient: Abernathy, Thomas Frederick

MRN: SYN021

DOB: 1959-02-11

Date of Diagnosis: 2020-11-25

Date of Death: 2023-01-15

Final Diagnoses:

1. Metastatic Non-Small Cell Lung Cancer (Adenocarcinoma), EGFR L858R mutation positive.
2. Respiratory Failure secondary to progressive pulmonary metastatic burden and lymphangitic carcinomatosis.
3. Carcinomatous Meningitis (diagnosed late-stage).
4. Cancer Cachexia.
5. Pathologic Fractures (T7 vertebra, Right 7th rib – diagnosed Nov 2020).

Oncologic History Summary:

Mr. Abernathy was diagnosed with Stage IV Lung Adenocarcinoma in November 2020 after presenting with severe thoracic back pain. Initial PET/CT revealed a 2.5 cm RUL primary lesion and extensive FDG-avid osseous metastases throughout the thoracic spine, ribs, and pelvis. No other sites of disease initially. Brain MRI negative at diagnosis. Biopsy of T7 lesion confirmed adenocarcinoma, TTF-1+. Molecular testing (NGS) identified an **EGFR L858R mutation**. PD-L1 testing (IHC 22C3) showed **TPS 65%, CPS 70, IC Score 2/+**.

He commenced first-line **Osimertinib 80 mg daily on December 16, 2020**. He experienced an excellent initial response with significant improvement in bone pain (discontinued opioids) and radiographic partial response/stabilization of bone lesions. He tolerated Osimertinib well for nearly two years, with only mild Grade 1 dry skin and occasional diarrhea.

Disease Progression & Subsequent Management:

- **First Progression (December 13, 2022):** Surveillance CT C/A/P revealed new pulmonary nodules, growth of the primary RUL lesion, and subtle worsening of bone lesions. Osimertinib discontinued. Plasma ctDNA testing sent – results pending at time of therapy change, later returned negative for common resistance mutations (e.g., C797S, MET amp).
- **Second-Line Therapy (January 2023):** Initiated standard platinum-doublet chemotherapy with **Carboplatin (AUC 5) + Pemetrexed (500 mg/m²)** on January 5, 2023.
- **Rapid Decline:** Shortly after receiving Cycle 1 Day 1, Mr. Abernathy developed rapidly progressive dyspnea, confusion, and severe headaches. He was admitted to Metropolitan General Hospital on January 10, 2023. Workup revealed extensive new pulmonary infiltrates concerning for lymphangitic spread. Lumbar puncture performed due to neurological decline confirmed **carcinomatous meningitis** with adenocarcinoma cells present in CSF. Despite high-dose steroids and supportive care, his respiratory and neurological status continued to deteriorate rapidly. Goals of care were transitioned to comfort measures only per patient's prior expressed wishes and family agreement.

End of Life Care:

Mr. Abernathy was transferred to inpatient hospice care on January 13, 2023, for terminal symptom management. He received palliative care focused on managing dyspnea (morphine drip, supplemental O2), agitation (lorazepam), and ensuring comfort. He passed away peacefully with family present on January 15, 2023.

Prepared By: Vivian Wells, MD (Medical Oncology) – Summary for patient record.
