

Patient: Dr. Fiona M. Kessler (08.06.74). **Patient ID:** SYN038

Stage IV EGFR-mutant NSCLC with bilateral pulmonary nodules (22.09.22)

Molecular Profile:

- **Driver Mutation:** EGFR Exon 19 deletion (confirmed by ddPCR and NGS)
- **PD-L1 Status:** TPS 25%, CPS 28, IC 2+ (22C3)

Treatment Course:

- Osimertinib 80 mg daily since 14.10.22
 - **Current Status:** Ongoing with sustained molecular response

Clinical Course: Dr. Kessler, a retired physician, presented with persistent cough and weight loss (8 kg). Imaging identified bilateral upper lobe masses and right hilar lymphadenopathy. Biopsy confirmed adenocarcinoma. Osimertinib initiated promptly. Tolerability was good, with self-limited Grade 1 acneiform rash and diarrhea.

Follow-up CTs at 3, 6, and 12 months showed tumor regression and stabilization. Brain MRI (Feb 2024) was negative. ctDNA (Guardant360, Jan 2025) undetectable for EGFR mutations. She remains ECOG 0 and continues professional engagement in part-time consultancy.

Comorbidities:

- Hyperlipidemia (atorvastatin 20 mg daily)
- GERD (pantoprazole 40 mg daily)
- Post-menopausal osteopenia (on calcium + vitamin D)

Plan:

- Continue osimertinib
- Consider rebiopsy or liquid biopsy for resistance mutations (e.g., T790M, MET amp) if progression
- Continue annual MRI brain due to high CNS tropism in EGFRm disease
- Repeat CT scan every 3 months

Date 15.02.25