

NOTE

Initial Diagnosis Date: 02/08/2021

Diagnosis: Metastatic NSCLC, WT, primary in the left upper lobe

Genetic and Immunological Profile:

- **Driver Mutation Analysis:** Wild-type status for EGFR, ALK, ROS1, RET, BRAF, MET.
- **PD-L1 IHC:** TPS 35%, CPS 42, IC score 2+ (SP263 platform)

Sites of Metastasis at Diagnosis:

- Lung parenchymal spread (contralateral nodules)
- No extrathoracic involvement

Treatment History:

- **1L Regimen:** Carboplatin + Pemetrexed + Pembrolizumab (standard triplet)
- **Initiated:** 25/08/2021
- **Total PFS:** 16 months

Treatment Course Overview: Mr. Mandel's case was initially discussed in thoracic tumor board following incidental discovery of a suspicious pulmonary lesion during evaluation for chronic cough. CT-guided biopsy confirmed TTF-1-positive adenocarcinoma. PD-L1 status of 35% opened the door to immunotherapy combination as per KEYNOTE-189 paradigm.

Early clinical benefit was significant—partial radiologic response (45% shrinkage) noted by cycle 4, and patient reported major improvement in dyspnea and fatigue. However, at 14 months, a solitary new nodule in the left lower lobe was detected. Biopsy confirmed recurrence.

Second-Line Therapy:

- **Docetaxel (75 mg/m² q3w)** was initiated but poorly tolerated due to severe fatigue and mucositis. Discontinued after 3 cycles.

Final Stage:

- Disease rapidly progressed by month 29, with new lesions in the right adrenal and mediastinum.
- ECOG worsened to 3; transitioned to hospice.

Date of Death: 04/03/2024

Cause of Death: Progressive pulmonary and mediastinal disease

Name: Elias Mandel

DOB: 14/09/1956 **Patient ID:** SYN069
