

Note

Patient Name: Elena Cabonara (*1974-11-14) Patient ID: SYN121

Date of Diagnosis: May 9, 2023

Primary Diagnosis: Stage IV Non-Small Cell Lung Cancer (NSCLC), adenocarcinoma with liver metastasis Molecular Profile: MET exon 14 skipping mutation positive

PD-L1 Expression: TPS 75%, CPS 80, IC 8

1. Diagnostic Evaluation: The patient presented in April 2023 with early satiety, right upper quadrant discomfort, and fatigue. Imaging via contrast-enhanced CT abdomen revealed multiple hepatic lesions, the largest measuring 3.4 cm in segment VII. CT chest identified a spiculated 3.1 cm lesion in the right upper lobe. A liver biopsy confirmed metastatic adenocarcinoma, consistent with a primary lung origin (positive for TTF-1, CK7; negative for CK20). NGS testing identified MET exon 14 skipping mutation. PD-L1 immunostaining was high.

2. Treatment and Course: The patient began first-line targeted therapy with Capmatinib (400 mg orally twice daily) on May 31, 2023. Initial follow-up at 8 weeks revealed significant reduction in hepatic lesion burden (approx. 40% decrease), normalized liver function tests, and resolution of constitutional symptoms. Imaging at 16 weeks demonstrated partial response by RECIST v1.1.

Side effects have included Grade 1 nausea and transient Grade 2 peripheral edema, successfully managed with lifestyle modifications and intermittent diuretics. Patient continues to work part-time and maintains an ECOG performance status of 1.

3. Current Status and Plan: As of the most recent follow-up in April 2025, the patient remains on Capmatinib with continued partial response. Liver enzymes are stable, and there is no radiologic evidence of new disease. Continued surveillance with CT chest/abdomen/pelvis every 3 months, and consideration of clinical trials or second-line options in the future if resistance emerges.

Additional monitoring for renal function and potential ocular toxicity is ongoing.