CASE SUMMARY

Name: Maximilian Hofer (ID: SYN147)

Date of Birth: 17 October 1950 **Date of Death**: 29 July 2023

1. Clinical Timeline

The patient, a 69-year-old male with a history of controlled hypertension and hyperlipidemia, was found to have extensive bilateral pulmonary nodules and right hepatic metastases on imaging during workup for unintentional weight loss and anorexia in early 2020.

Transbronchial biopsy confirmed NSCLC adenocarcinoma. Molecular studies were negative for targetable alterations. PD-L1 expression was high (TPS 90%), prompting treatment with single-agent pembrolizumab.

2. Oncologic Course

Initial Diagnosis Date: 27 February 2020

Primary Malignancy: Non-Small Cell Lung Cancer – Adenocarcinoma, Stage IVB

Metastatic Sites: Right hepatic lobe, bilateral pulmonary nodules

Molecular Profile: Negative for actionable mutations (WT for EGFR, ALK, KRAS, ROS1,

MET, RET)

PD-L1 IHC (22C3): TPS 90%, CPS 92, IC 2+

The patient responded remarkably well during the first year of treatment, with symptom resolution, weight gain, and radiologic partial response (~65% tumor burden reduction by June 2021).

Disease Timeline:

- March 2020 November 2021: Pembrolizumab
- December 2021: Radiologic progression with new segment VII hepatic lesion
- **January 2022 onward**: Second-line chemotherapy (carboplatin + pemetrexed × 4 cycles), followed by maintenance pemetrexed
- August 2022: Further progression; patient declined third-line systemic therapy

3. End-of-Life and Supportive Measures

The patient was transitioned to supportive care in late 2022 due to declining performance status (ECOG 3). Hospice was involved from May 2023. He died at home in July 2023.

End-of-life issues addressed:

- Cachexia and appetite loss
- Fatigue and emotional lability
- Palliative care involved early (from January 2022)
- Advance directive documented

4. Medical Comorbidities

- Hypertension (on losartan)
- Hyperlipidemia (atorvastatin)
- Mild chronic kidney disease (baseline creatinine 1.3 mg/dL)
- Osteoarthritis (managed with acetaminophen)
- Ex-smoker, 35 pack-years (quit 2005)

5. Summary and Prognostic Reflection

Despite the absence of actionable oncogenic drivers, this patient benefited significantly from checkpoint inhibition. He maintained meaningful quality of life for the majority of this period.

Final review performed by: Oncology Service – Lung Cancer Team

Date: 14 April 2024