Patient: Finchley, Gerald T. ("Gerry")
MRN: SYN081 **DOB:** 1951-05-20
Date of Dx: 2020-01-06
Date of Death: November 10, 2021
Prepared By: Dr. K. Tanaka (Oncology)
Date Prepared: Nov 30, 2021 (For departmental M&M review)

Case Summary: Mr. Finchley was a 70-year-old male with Stage IV NSCLC (Adenocarcinoma NOS) diagnosed Jan 2020 after presenting with SOB and flank pain. Staging revealed LUL primary, bilateral adrenal metastases, and R malignant pleural effusion. Brain MRI neg. PMH notable for mild COPD, HTN. Smoker x 50 yrs (quit 2019). ECOG PS 1 at diagnosis.

Molecular & PD-L1:

- NGS Panel (Pleural fluid): Wild-Type (EGFR/ALK/ROS1/BRAF/KRAS/MET/RET neg).
- PD-L1 IHC (22C3): **TPS 10%, CPS 15, IC Score 1/+**.

Treatment Course:

1. **First-Line Therapy:** Based on PD-L1 1-49% and non-squamous histology, initiated **Carboplatin (AUC 5) + Pemetrexed (500 mg/m2) + Pembrolizumab (200 mg) IV q3 weeks** starting Jan 29, 2020.
    - Required therapeutic thoracentesis x1 prior to C1.
    - Completed 4 cycles induction. Tolerated reasonably well initially (Gr 1 fatigue, Gr 1 nausea).
    - Transitioned to Pemetrexed/Pembrolizumab maintenance therapy (May 2020).
    - **Response:** Achieved Stable Disease on initial restaging (Apr 2020). Maintained SD through summer 2020.
    - **Progression:** Surveillance CT C/A/P in late November 2020 (approx. 10 months from treatment start) showed significant enlargement of bilateral adrenal masses and development of new small liver lesions. Therapy discontinued.
2. **Second-Line Therapy:** Started **Docetaxel 75 mg/m2 IV q3 weeks** in December 2020.
    - Tolerability was poor: Experienced Grade 3 febrile neutropenia after C1 requiring hospitalization. Subsequent cycles dose-reduced to 60 mg/m2 with Pegfilgrastim support. Developed worsening Grade 2 peripheral neuropathy and debilitating fatigue. ECOG PS declined to 2-3.
    - **Response:** Restaging scans after 3 cycles (Mar 2021) showed further progression in adrenals, liver, and new bone metastases (ribs). Docetaxel discontinued due to lack of efficacy and toxicity.
3. **Best Supportive Care:** Transitioned Mar/Apr 2021. Enrolled in home hospice program June 2021 due to rapidly declining PS (ECOG 4), increasing pain (adrenal, bone), dyspnea (worsening pleural disease despite no large effusion), cachexia, and anorexia.

Terminal Phase: Managed by hospice at home. Required increasing doses of opioids for pain, oxygen for dyspnea. Experienced progressive weakness and lethargy. Passed away peacefully at home Nov 10, 2021.