

**Patient ID:** SYN139  
**DOB:** October 12, 1948  
**Name:** Peter Rodriguez

**Primary Diagnosis:** NSCLC Adenocarcinoma, Stage IV (first diagnosed December 13, 2019)  
**Metastasis Site:** Lung (contralateral lesions)  
**Driver Mutation:** Wild-Type, PDL1: TPS 90%, CPS 95, IC 3+  
**First-Line Treatment:** Pembrolizumab  
**Start Date:** January 6, 2020

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## 1. Clinical History

Mr. Rodriguez presented in late 2019 with worsening shortness of breath and unintentional weight loss (~8 kg). Imaging revealed a 5.6 cm mass in the left lower lobe and new right-sided nodules, suspicious for intrapulmonary spread. Biopsy confirmed adenocarcinoma, TTF-1+, with no actionable mutations on a 50-gene NGS panel. PD-L1 expression was high (TPS 90%).

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## 2. Therapy and Course

Pembrolizumab monotherapy was initiated in January 2020. The patient exhibited an excellent early partial response, with resolution of symptoms and radiographic shrinkage. He continued therapy until March 2021 (total of 17 cycles). At 14 months, CT demonstrated a 20% increase in bilateral nodular opacities, marking progression.

He transitioned to second-line carboplatin + pemetrexed, but treatment was poorly tolerated due to cytopenias and fatigue. After three cycles, he developed progressive dyspnea and pleural effusion, and was transitioned to best supportive care.

He died peacefully at home in July 2022, surrounded by family.

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## 3. Comorbidities and Supportive Management

- Coronary artery disease (stent 2015)
- Atrial fibrillation (on apixaban)
- Hyperlipidemia
- Osteoarthritis
- Chronic smoker (40 pack-years, quit in 2019)
- Mild cognitive impairment (later stages)

The patient had palliative services integrated from mid-2021 and hospice support from April 2022 onward. Durable benefit from pembrolizumab for over a year significantly extended his survival in the absence of actionable mutations.

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**Signed,**  
**Dr. Linh T. Nguyen, MD**  
Medical Oncology  
**2<sup>nd</sup> July 2022**