

Patient Information:

- **Name:** Lionel David Perez (*16/01/1958)
- **Patient ID:** SYN057
- **Date of Diagnosis:** 06/09/2021
- **Primary Diagnosis:** EGFR-mutated NSCLC with lung-to-lung and adrenal metastases

Molecular Profile:

- **Driver Mutation:** EGFR L858R (confirmed by Cobas v2, 62% allele frequency)
- **PD-L1 Status:** TPS 18%, CPS 24, IC 2+ (22C3 Dako)

Treatment Course:

- **First-Line Therapy:** Osimertinib 80 mg daily since 28/09/2021

Clinical Course: Mr. Perez was diagnosed after developing a chronic cough, worsening dyspnea, and fatigue. PET-CT showed bilateral pulmonary nodules and an adrenal lesion. Osimertinib led to radiographic PR within 4 months. Side effects included manageable rash and mucositis.

At 18 months, a small pleural effusion was detected, but thoracentesis was negative for malignancy. ctDNA (March 2025) remains positive for EGFR L858R but no resistance mutations have emerged.

Comorbidities:

- Chronic gastritis
- Past heavy smoker (30 pack-years, quit 2010)
- Gout (on allopurinol)

Plan:

- Continue osimertinib
- Brain MRI every 6 months
- Liquid biopsy every 3 months
- Reassess with tissue biopsy upon progression for resistance mechanism