

Primary Diagnosis:

- **Wild-type PD-L1-high NSCLC with bone and adrenal metastases** (diagnosis: 14/10/2023)
- **Driver Mutation:** WT for EGFR, ALK, ROS1, BRAF, RET, MET (broad NGS)
- **PD-L1 Status:** TPS 85%, CPS 90, IC 3+ (22C3, Dako)

Patient Information:

- **Name:** Theresa Yvonne Mancini
- **Patient ID:** SYN040
- **DOB:** 09/09/1963
- **Date of Diagnosis:**

Treatment Course:

- 03/11/2023: start of Pembrolizumab 200 mg IV q3w
 - **Current Status:** Ongoing (cycle 8)

Clinical Course: Ms. Mancini presented with new-onset back pain and fatigue. PET-CT demonstrated FDG-avid right adrenal lesion (SUV 11.3), right lower lobe mass, and thoracic vertebral metastases. Biopsy confirmed high PD-L1 adenocarcinoma, WT profile.

She experienced early tumor response with 40% shrinkage of the RLL mass by cycle 4. At cycle 5, she developed hypothyroidism (TSH 15 mIU/L) attributed to immunotherapy, managed with levothyroxine 50 mcg daily.

Comorbidities:

- Hashimoto's thyroiditis (new-onset)
- Degenerative disc disease
- Mild depression (sertraline 50 mg daily)

Plan:

- Continue pembrolizumab to cycle 35 or until progression
- Monitor thyroid function monthly
- MRI spine planned for next follow-up
- Bone-modifying agent (zoledronic acid) under consideration

Dr. Howard (signed on 28/04/2024)