

Oncologic Care Summary

Patient ID: SYN161 **Patient Name:** Sandra Kudo
Patient Demographics: Female | DOB: 21 August 1974

Diagnosis: Non-Small Cell Lung Cancer – Adenocarcinoma
Date Diagnosed: 31 January 2023
Metastatic Site: Bone (left femoral head, L4 vertebra, right humerus)
Mutation: BRAF V600E (confirmed via NGS)
PD-L1 Status: TPS <1%, CPS 2, IC 0

Therapy: Dabrafenib 150 mg BID + Trametinib 2 mg QD
Therapy Initiation: 22 February 2023
Current Status: Ongoing treatment, sustained partial response

INITIAL PRESENTATION & DIAGNOSTICS

The patient presented with chronic lower back pain, intermittent night sweats, and limited range of motion in her right shoulder. A CT/PET revealed lytic lesions in the humeral head, sacrum, and lumbar spine. MRI spine further demonstrated L4 vertebral body involvement with minimal epidural extension, though without neural impingement.

CT thorax revealed a 3.7 cm LUL mass. Bone biopsy of the right humeral lesion showed metastatic adenocarcinoma. TTF-1+, CK7+, BRAF V600E detected via FoundationOne panel. PD-L1 was low at <1%.

THERAPEUTIC COURSE

She was promptly initiated on the BRAF/MEK inhibitor combination **dabrafenib + trametinib**, with dose modifications after the third cycle due to fevers and rigors. These were self-limited and managed with acetaminophen and temporary dose holds.

Efficacy:

- Partial response documented at 8-week evaluation (March 2023)
- PET-CT (November 2023): Near-complete metabolic resolution of bone lesions
- MRI spine (Jan 2024): Sclerotic change in L4, no active tumor signal

Toxicities:

- Grade 1 pyrexia (resolved)
- Grade 2 photosensitivity

- Mild LVEF decline (baseline 63% → 54% in December 2023; asymptomatic, monitored)

Adjunct Therapy:

- Denosumab initiated March 2023
- Orthopedic evaluation deferred surgical stabilization due to good response
- Physiotherapy ongoing for right shoulder mobility

OTHER MEDICAL HISTORY

- Mild asthma
- Hyperthyroidism (ablated, now hypothyroid on levothyroxine)
- No history of smoking or alcohol abuse
- Vegan diet – counseled on protein and calcium intake

LATEST ASSESSMENTS

Date	Scan	Result
Mar 2024	CT Chest/Abdomen	LUL lesion no longer visualized
Feb 2024	Bone scan	Increased sclerosis of prior lesions; no new uptake
Apr 2025	Echocardiogram	LVEF stable at 54%, no wall motion abnormality

CURRENT STATUS AND PLAN

The patient continues dabrafenib/trametinib with monthly labs and cardiac monitoring. Her quality of life is excellent (ECOG 0), and she is currently working part-time as a high school science teacher.

Monitoring Plan:

- CT/PET every 3 months
- Echocardiogram every 4–6 months
- Consider ctDNA at next visit to monitor for emerging resistance clones
- Discussion of long-term continuation vs intermittent treatment strategy pending upcoming scan

Author: Oncology Fellow, Targeted Therapy Unit

Attending Review: Consultant, Molecular Lung Oncology

Report Date: 14 April 2025