TERMINAL CARE REPORT FOR ID SYN020

DIAGNOSIS

Metastatic non-small cell lung carcinoma (adenocarcinoma), wild-type, PDL1 TPS <1% (CPS not applicable)

Date of diagnosis: December 3, 2019

Metastatic sites: Adrenal glands (bilateral), Bone (T4, T7, T10 vertebrae, right iliac crest, left femoral head)

MEDICAL HISTORY

- COPD (40 pack-year smoking history, quit 2018)
- Coronary artery disease s/p CABG (2015)
- Chronic kidney disease (Stage III)
- Essential hypertension

ONCOLOGICAL TIMELINE

- First-line therapy: Carboplatin AUC 5 + Paclitaxel 175 mg/m^2 (q21d)
 - * Start date: December 28, 2019
 - * End date: June 25, 2020
 - * Best response: Partial response
 - * PFS: 6 months
- Second-line therapy: Docetaxel 75 mg/m² (q21d)
 - * Start date: July 15, 2020
 - * End date: October 29, 2020
 - * Best response: Stable disease
- Third-line therapy: Clinical trial XRT-290 (experimental MEK inhibitor)
 - * Start date: November 18, 2020
 - * End date: December 28, 2020
- * Reason for discontinuation: Disease progression and declining performance status
- Palliative care referral: January 2, 2021
- Date of death: January 19, 2021
- Overall survival: 15 months

PATHOLOGY

Initial biopsy (December 3, 2019):

Core needle biopsy of right upper lobe mass showed moderately differentiated adenocarcinoma of lung origin.

Immunohistochemistry: TTF-1 positive, CK7 positive, CK20 negative, Napsin A positive, p40 negative

Molecular testing:

- EGFR: Wild-type
- ALK: No rearrangement
- ROS1: No rearrangement
- BRAF: Wild-type
- KRAS: Wild-type
- NTRK: No fusions detected
- MET: No exon 14 skipping

- RET: No fusions detected
- PDL1 (22C3): TPS <1% (negative)

TERMINAL ADMISSION DETAILS

Admission date: January 10, 2021

Admitted to: St. Mary's Hospital Palliative Care Unit Primary concern: Severe dyspnea, fatigue, cachexia

ECOG performance status: 4

Management:

- Pain: Morphine PCA pump
- Dyspnea: Supplemental oxygen, morphine, and lorazepam
- Anxiety: Lorazepam and psychological support
- Secretions: Glycopyrrolate

Patient's condition steadily declined with progressive respiratory failure. Per previously established goals of care, comfort measures were prioritized. Patient passed away peacefully on January 19, 2021, at 03:27 with family at bedside.

FINAL MEDICATIONS

- 1. Morphine PCA pump
- 2. Lorazepam 0.5-1mg IV PRN q4h for anxiety/dyspnea
- 3. Glycopyrrolate 0.2mg IV g4h PRN for secretions
- 4. Haloperidol 0.5mg IV PRN q6h for agitation/delirium

SUMMARY

Mr. Donovan was a 67-year-old male with metastatic wild-type NSCLC with negative PDL1 expression who progressed through three lines of therapy with an overall survival of 15 months from diagnosis. Terminal care was provided with dignity and comfort measures in accordance with patient and family wishes. Family members were present at time of death and were provided with bereavement support.

Prepared by: Dr. Jessica Langdon, Palliative Care Attending Date: January 20, 2021

PATIENT INFORMATION

Name: Robert Donovan

Date of Birth: April 21, 1953
Date of Death: January 19, 2021

Next of kin: Mrs. Janet Donovan (spouse) Primary Care Physician: Dr. Samuel Watkins