

ONCOLOGY CLINICAL NOTE

Patient Name: Susan Lee
Date of Birth: February 14, 1960 (Age: 65)
Date of Note: November 18, 2025
Diagnosis: Diffuse large B-cell lymphoma, unspecified site (ICD-10: C83.30)

HISTORY OF PRESENT ILLNESS

Ms. Lee is a 65-year-old female with a diagnosis of Diffuse Large B-Cell Lymphoma (DLBCL). She has a history of prior systemic therapy (R-CHOP or similar immunochemotherapy regimen). She presents today for treatment planning based on recent immunophenotyping results.

LABORATORY & BIOMARKER RESULTS

Flow cytometry/immunohistochemistry was performed to evaluate cell surface markers. The results are summarized below:

| Biomarker / Test | Result | Clinical Interpretation |
|----------------------|----------|---|
| CD20 Surface Antigen | Positive | Tumor cells express CD20. Patient remains eligible for anti-CD20 monoclonal antibody therapy (e.g., rituximab). |

ASSESSMENT

The patient has CD20-positive Diffuse Large B-Cell Lymphoma. Based on the persistence of CD20 expression, she is a candidate for targeted B-cell depletion therapy.

TREATMENT PLAN

1. Pharmacotherapy

- Initiate Rituximab:** Administer anti-CD20 monoclonal antibody treatment.
- Pre-medication:** Administer acetaminophen and diphenhydramine (plus/minus corticosteroids) prior to infusion to mitigate hypersensitivity reactions.

2. Monitoring & Follow-up

- Infusion Safety:** Monitor vital signs closely during infusion for acute reactions (cytokine release syndrome, hypersensitivity).

- **Hematologic Profile:** Monitor Complete Blood Count (CBC) with differential regularly to assess for neutropenia, thrombocytopenia, and anemia.
- **Infectious Disease:** Monitor for signs of infection due to B-cell depletion; screening for Hepatitis B reactivation (if not already completed) is prerequisite.

3. Administrative & Coverage

- **Insurance Provider:** Cigna
- **Policy Number:** INS22334
- **Status:** Active (Coverage verified Jan 2025 – Dec 2025)
- *Action:* Submit authorization request for rituximab infusion services.

Electronically Signed By:

[Provider Name, MD/DO]

Department of Oncology/Hematology