

Chemotherapy Treatment Medical Report

Patient Information:

●
Name: Claire Thompson

●
Age: 52

●
Gender: Female

●
Date of Birth: May 12, 1972

●
Medical Record Number: 123456789

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Chemotherapy Regimen:

●
TAC Regimen

●
Docetaxel: 75 mg/m² IV infusion on Day 1 of each cycle

●
Doxorubicin: 50 mg/m² IV infusion on Day 1 of each cycle

●
Cyclophosphamide: 500 mg/m² IV infusion on Day 1 of each cycle

Treatment Course:

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Cycle 1: Started on March 20, 2024

●
Docetaxel: 75 mg/m² IV infusion administered over 1 hour

●
Doxorubicin: 50 mg/m² IV infusion administered as a rapid push

●
Cyclophosphamide: 500 mg/m² IV infusion administered over 1 hour

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Cycle 2-6: Subsequent cycles repeated every 3 weeks

Adverse Events and Management:

1. Neutropenia:

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Grade 3 neutropenia observed after Cycle 1.

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Granulocyte colony-stimulating factor (G-CSF) prophylaxis initiated for subsequent cycles.

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Neutropenic precautions advised, including regular monitoring of absolute neutrophil count (ANC).

2. Anemia:

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Mild anemia noted after Cycle 1, managed conservatively with iron supplementation.

■
Hemoglobin levels monitored prior to each cycle.

3. Nausea and Vomiting:

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Grade 2 nausea and vomiting reported after Cycle 1.

■
Ondansetron 8 mg administered orally 30 minutes before chemotherapy

and continued every 8 hours as needed for 2 days post-chemotherapy.

4. Fatigue:



Grade 2 fatigue reported intermittently throughout treatment.



Symptomatic management with adequate rest and supportive care.

5. Alopecia:



Significant hair loss observed after Cycle 2.



Supportive measures provided, including counseling and provision of head covering options.

Response to Treatment:



Clinical response assessed after completion of Cycle 3.



Partial response noted with reduction in tumor size on clinical examination and imaging studies.



Adherence to treatment regimen was satisfactory with minimal treatment delays or dose modifications.

Follow-up Plan:



Regular follow-up appointments scheduled every 3 weeks for chemotherapy administration.



Ongoing monitoring of hematological parameters, renal and hepatic function, and cardiac status.



Coordination with surgical and radiation oncology teams for comprehensive cancer care.

Signed By: Dr. Rebecca Carter, MD Medical Oncologist