**Patient**: Michael Bennett (DOB 1965-05-15)  
**MRN**: 795314  
**Admission**: 2025-03-10 | **Discharge**: 2025-04-02

**Discharge diagnosis: MCL IV, HD-BEAM+autoPBSCT**

**1. Oncological Diagnosis**

* **Mantle Cell Lymphoma** (Diagnosed September 2024)
* **Histology**: CD20+, CD5+, cyclin D1+, SOX11+, CD10-, CD23-, BCL6-, Ki-67: 25%
* **Molecular**: t(11;14)(q13;q32), NOTCH1 mutation, ATM mutation, Mutated IGHV, TP53 wild-type
* **MIPI**: 6.2 (High Risk), MIPI-c: 6.7 (High Risk)
* **Stage**: IV with bone marrow (30%) and GI involvement
* **Pre-transplant Assessment**:
  + PET/CT (February 2025): Complete metabolic response
  + Bone Marrow: MRD 0.01% by flow cytometry
  + GI Endoscopy: Complete resolution of lesions

**2. Previous Treatment**

* **Induction**: R-CHOP+Ibrutinib alternating with R-DHAP (3 cycles each, 9/2024-2/2025)
* **Stem Cell Collection**: 6.2 × 10^6 CD34+ cells/kg (2/25-26/2025)

**3. Current Treatment**

* **Conditioning**: BEAM (3/12-17/2025)
* **Transplant**: 4.8 × 10^6 CD34+ cells/kg on 3/18/2025 (Day 0)
* **Engraftment**:
  + Neutrophils: Day +11 (3/29/2025)
  + Platelets: Day +14 (4/1/2025)
* **Complications**:
  + Neutropenic fever (Day +7)
  + Blood cultures negative
  + CT chest: Fungal pneumonia
  + Treatment: Meropenem, Isavuconazole
  + Grade 3 mucositis, Grade 3 diarrhea, Grade 2 nausea/vomiting
* **Support**:
  + G-CSF from Day +5
  + TPN (Day +3 to +12)
  + RBC transfusions: 2 units
  + Platelet transfusions: 4 units

**4. Comorbidities**

* Ulcerative colitis (2012, in remission)
* Psoriasis (2016, controlled)
* Adult-onset asthma (2019, mild)
* Hereditary hemochromatosis (2017)
* Recurrent kidney stones (since 2015)
* Allergies: Contrast dye (anaphylaxis), Amoxicillin (urticaria), Shellfish (angioedema)
* Pre-ASCT workup: LVEF 62%, PFTs: FEV1 85%, DLCO 80%

**5. Discharge Medications**

**New**:

* Acyclovir 400 mg PO BID (continue 12 months)
* Trimethoprim-sulfamethoxazole DS 1 tablet PO 3×/week
* Isavuconazole 200 mg PO daily (for 6 weeks, then reassess)
* Pantoprazole 40 mg PO daily
* Ondansetron 4 mg PO q8h PRN
* Paracetamol 500 mg PO q8h PRN

**Chronic** (Resumed):

* Mesalamine 2.4 g PO daily
* Calcipotriene 0.005% ointment BID
* Albuterol inhaler PRN
* Potassium citrate 10 mEq PO BID

**6. Follow-up**

* BMT clinic: 4/5/2025 (3 days)
* CBC with differential: 2×/week for 2 weeks, then weekly until day +100
* CMP: Weekly until day +100
* PET/CT and bone marrow biopsy: Day +100 (6/26/2025)
* **Maintenance Plan**: Imatinib 400 mg daily for 2 years + Rituximab 375 mg/m² every 2 months for 3 years (begin day +90)

**Post-Transplant Instructions**

* Temperature monitoring 2×/day
* Strict hand hygiene
* Low microbial diet (3 months)
* Avoid crowds/sick contacts (3 months)
* No gardening/soil exposure (3 months)
* No swimming in lakes/public pools (6 months)
* No live pets (3 months)
* Mask in public until day +100
* **Vaccination**: Begin inactivated vaccines at 6 months post-transplant

**7. Lab Values (Pre-Conditioning → Nadir → Discharge)**

* WBC: 4.8 → 0.2 → 3.2 × 10^9/L
* ANC: 3.2 → 0.0 → 2.1 × 10^9/L
* Hemoglobin: 11.8 → 7.6 → 9.2 g/dL
* Platelets: 145 → 6 → 32 × 10^9/L
* Creatinine: 0.9 → 1.3 → 1.0 mg/dL
* Total Bilirubin: 0.8 → 2.4 → 1.2 mg/dL
* Direct Bilirubin: 0.2 → 1.1 → 0.4 mg/dL
* ALT: 32 → 68 → 45 U/L
* AST: 28 → 74 → 38 U/L
* Albumin: 4.0 → 2.8 → 3.2 g/dL
* CMV PCR: Negative → - → Negative

**Electronically Signed By**:  
Dr. K. Watanabe (Hematology/BMT) - 2025-04-02 16:30  
Dr. F. Nouri (Infectious Disease) - 2025-04-02 12:15  
Dr. S. Thompson (Gastroenterology) - 2025-04-01 10:30