**Patient**: Richard Thompson (DOB 1956-06-14)  
**MRN**: 728391  
**Admission**: 2024-03-10 | **Discharge**: 2024-03-30  
**Physicians**: Dr. M. Garcia (Hematology/Oncology), Dr. L. Chen (Neurology), Dr. S. Williams (Infectious Disease), Dr. J. Patel (Cardiology)

**Discharge diagnosis: Multiple myeloma, CAR-T cell therapy (Carvykti)**

**1. Oncological Diagnosis**

* **Primary**: Multiple Myeloma, IgA Kappa, Triple-Class Refractory
* **Initial Diagnosis**: June 2021 (40% clonal plasma cells, IgA kappa 3.2 g/dL, multiple lytic lesions)
* **Cytogenetics**: t(4;14)(p16;q32), Gain 1q21 (3 copies) - high risk
* **Staging**: R-ISS Stage II, ISS Stage II
* **Prior Therapies**:
  + First-Line: VRd → ASCT → Lenalidomide maintenance (relapsed Nov 2022)
  + Second-Line: DKd × 8 cycles (relapsed Aug 2023)
  + Third-Line: IsaPd × 4 cycles (relapsed Dec 2023)
  + Bridge Therapy: SVd (progressive disease)
* **Pre-CAR-T Status**: 45% clonal plasma cells, BCMA+ (>80%), progressive disease

**2. Current Treatment**

* **CAR-T Therapy**: Carvykti (ciltacabtagene autoleucel) 0.75 × 10^6 CAR+ T cells/kg (3/12/2024)
* **Lymphodepletion**: Fludarabine 30 mg/m² + Cyclophosphamide 300 mg/m² × 3 days (3/8-10/2024)
* **Complications**:
  + Grade 2 CRS: Tocilizumab 8 mg/kg IV × 2 doses (3/14, 3/16), Dexamethasone 10 mg IV × 1 (3/16)
  + Grade 1 ICANS: Self-resolved
  + Grade 3 neutropenia: G-CSF × 3 doses (3/21-23)
  + Grade 2 thrombocytopenia: Nadir 42 × 10^9/L, no bleeding
  + Hypogammaglobulinemia: IVIG 400 mg/kg (3/28)
* **Initial Response**: M-protein decreased from 2.8 g/dL to 1.2 g/dL

**3. Comorbidities**

* Hypertension (2010)
* Type 2 Diabetes Mellitus (2015)
* History of DVT (2021)
* Moderate osteoarthritis, GERD

**4. Discharge Medications**

* Acyclovir 400 mg PO BID (continue ≥12 months)
* Posaconazole 300 mg PO daily (continue until day +90)
* Trimethoprim-sulfamethoxazole 800/160 mg PO 3×/week (until CD4 >200/μL):
* Metformin 500 mg PO BID
* Lisinopril 10 mg PO daily
* Pantoprazole 40 mg PO daily
* Apixaban 5 mg PO BID
* Calcium carbonate 600 mg PO daily
* Vitamin D3 2000 IU PO daily
* Zoledronic acid 4 mg IV q4w
* Acetaminophen 650 mg PO Q6H PRN
* Ondansetron 4 mg PO Q8H PRN
* Lorazepam 0.5 mg PO Q8H PRN

**5. Follow-up Plan**

* CAR-T clinic: 4/2/2024 (day +21)
* Labs: CBC, CMP, immunoglobulins 2×/week for 4 weeks
* Response assessment: SPEP, UPEP, immunofixation, sFLC at day +28
* Monitoring: Daily temperature checks, weekly CBC/CMP for 8 weeks
* Long-term: Monthly visits for 6 months, IgG monitoring Q3 months, bone marrow at 3 months if response
* Vaccinations: Inactivated vaccines at ~12 months post-CAR-T

**6. Urgent Medical Attention Required For**

* Fever ≥38.3°C (101°F)
* New/worsening confusion, difficulty speaking, altered mental status
* New/worsening shortness of breath or chest pain
* Persistent headache, dizziness, blurry vision
* Shaking chills, severe fatigue

**Activity Restrictions**

* No driving for 8 weeks
* Avoid crowds/infections for 3 months
* No heavy lifting (>10 lbs) for 2 weeks
* Low-microbial diet for 3 months

**7. Laboratory Data (Pre-Lymphodepletion → Pre-Discharge)**

* WBC: 4.8 → 3.2 × 10^9/L
* ANC: 3.1 → 2.1 × 10^9/L
* Lymphocytes: 0.9 → 0.6 × 10^9/L
* Hemoglobin: 10.2 → 9.6 g/dL
* Platelets: 120 → 78 × 10^9/L
* IgG: 680 → 350 mg/dL
* IgA (M-protein): 2800 → 1200 mg/dL
* Kappa FLC: 62.5 → 28.2 mg/L
* K/L Ratio: 4.11 → 1.91

**Electronically Signed By**:  
Dr. M. Garcia (Hematology/Oncology) - 2024-03-30 15:30  
Dr. S. Williams (Infectious Disease) - 2024-03-30 14:45  
Dr. L. Chen (Neurology) - 2024-03-30 14:00