**Patient**: Noah Reiter (DOB 2005-12-21)  
**MRN**: 357802  
**Admission**: 2025-03-18 | **Discharge**: 2025-03-25  
**Physicians**: Dr. E. Morgan (Pediatric Oncology), Dr. J. Harrington (Orthopedic Oncology)

**Discharge diagnosis: Ewing Sarcoma, receving Cycle 6 IE neoadjuvant**

**1. Oncological Diagnosis**

* **Primary**: Ewing Sarcoma, right proximal femur (Diagnosed 2024-12-23)
* **Histology**: Small round blue cell tumor; CD99+, FLI1+; negative for desmin, myogenin, cytokeratin, LCA
* **Molecular**: EWSR1 gene rearrangement+; EWSR1-FLI1 fusion transcript (type 1)
* **Staging**: cT2bN0M0, Stage IIB
  + Tumor size: 9.3 × 7.2 × 6.5 cm with soft tissue extension
  + No metastatic disease (CT chest, bone scan, PET/CT negative)
* **Risk Factors**: Large tumor volume (>200 mL), extraosseous extension, elevated LDH (525 U/L)

**2. Current Treatment**

* **Regimen**: Alternating IE/VDC protocol - Cycle 6 (IE)
  + Ifosfamide 1800 mg/m² IV daily × 5 days (3/18-3/22)
  + Etoposide 100 mg/m² IV daily × 5 days (3/18-3/22)
  + MESNA 360 mg/m² IV with ifosfamide, then at 4 and 8 hours post-dose
* **Complications**:
  + Ifosfamide-induced encephalopathy (day 3): Resolved with methylene blue 50 mg IV
  + Trace hematuria (day 3): Resolved with increased hydration
  + Myelosuppression: Nadir ANC 0.8 × 10^9/L, platelets 92 × 10^9/L
  + Pegfilgrastim administered (3/23)

**3. Prior Treatment**

* **Cycles 1-5** (2025-01-05 to 2025-03-06):
  + VDC (cycles 1, 3, 5) and IE (cycles 2, 4)
  + Cyclophosphamide dose reduction to 1000 mg/m² from cycle 3 onward
  + 7.9 x 106 kg/KG CD34+ stem cells collected after cycle 4
  + Prior toxicities: Febrile neutropenia, anemia requiring transfusion, peripheral neuropathy, hemorrhagic cystitis
* **Response** (2/28/25):
  + 35% reduction in tumor volume (9.3 × 7.2 × 6.5 cm → 6.8 × 5.1 × 5.3 cm)
  + Decreased SUVmax (12.8 → 6.3)

**4. Comorbidities**

* Mild asthma
* Anxiety disorder
* Vitamin D deficiency

**5. Discharge Medications**

* Enoxaparin 40 mg SubQ daily
* Ondansetron 8 mg PO TID PRN
* Oxycodone 5 mg PO Q6H PRN (pain score >4)
* Acetaminophen 650 mg PO Q6H PRN
* Albuterol inhaler 2 puffs Q6H PRN
* Vitamin D3 2000 IU PO daily
* Sennosides 8.6 mg PO nightly PRN
* Docusate sodium 100 mg PO BID PRN

**6. Follow-up Plan**

* **Oncology**: Dr. E. Morgan on 3/28/25, then weekly until count recovery
* **Labs**: CBC with differential, CMP twice weekly; urinalysis weekly
* **Imaging**: PET/CT and MRI on 6/30/25 (post-cycle 9)
* **Treatment Plan**:
  + Cycle 7 (VDC): 4/6/25 pending count recovery
  + Complete 9 cycles of neoadjuvant therapy
  + Orthopedic oncology: Dr. J. Harrington on 6/15/25
  + Surgical resection: ~7/10/25 (post-cycle 9)
  + Post-operative radiation based on margins/response
  + Complete total of 14 cycles (adjuvant therapy post-surgery)
* **Supportive Care**:
  + Physical therapy 2×/week
  + Psychology: 4/5/25
  + Nutrition: 4/5/25

**7. Urgent Medical Attention Required For**

* Fever ≥38.3°C or ≥38.0°C for >1 hour
* Signs of infection
* Bleeding/unusual bruising
* Persistent vomiting
* Mental status changes
* Hematuria
* Severe uncontrolled pain

**8. Lab Values (Admission → Discharge)**

* WBC: 3.5 → 2.4 × 10^9/L
* ANC: 1.8 → 1.4 × 10^9/L
* Hemoglobin: 10.2 → 9.5 g/dL
* Platelets: 145 → 105 × 10^9/L
* LDH: 325 → 310 U/L
* Renal and liver function tests within normal limits

**Electronically Signed By**:  
Dr. E. Morgan (Pediatric Oncology) - 2025-03-25 14:30  
Dr. J. Harrington (Orthopedic Oncology) - 2025-03-25 13:45