**Patient**: Thomas Reynolds (DOB 1966-03-01)  
**MRN**: 683142  
**Admission**: 2024-03-05 | **Discharge**: 2024-03-22  
**Physicians**: Dr. J. Wilson (Hematology/Oncology), Dr. A. Gardner (Infectious Disease), Dr. M. Lawrence (Nephrology)

**Discharge diagnosis: AML t(8;21) in consolidation cycle III**

**1. Oncological Diagnosis**

* **Primary**: AML, FAB M2 with t(8;21)(q22;q22)/RUNX1-RUNX1T1 (Diagnosed 10/8/2023)
* **Histology**: Hypercellular marrow (90%) with 45% myeloblasts; CD34+, CD117+, CD13+, HLA-DR+, MPO+. CD3-, CD33-.
* **Cytogenetics**: 46,XY,t(8;21)(q22;q22)[18]/46,XY[2]
* **Molecular**: RUNX1-RUNX1T1 fusion (85% by FISH); KIT D816V mutation (VAF 15.3%)
* **Risk Classification**: ELN 2022 Favorable Risk

**2. Treatment History**

* **Induction** (11/1-7/2023): 7+3+GO regimen (cytarabine 100 mg/m² × 7 days, daunorubicin 60 mg/m² × 3 days) + Gemtuzumab ozogamicin 3.0 mg/m² IV day 1, 4 and 7
  + Day 28: Complete remission, MRD negative by flow, 3-log reduction in RUNX1-RUNX1T1
* **Consolidation I** (1/10-14/2024): HiDAC (3 g/m² q12h on days 1, 3, 5)
  + Complications: Grade 2 dermatitis, Grade 2 mucositis
  + Post-cycle MRD: RUNX1-RUNX1T1 0.01%
* **Consolidation II** (2/12-16/2024): HiDAC (3 g/m² q12h on days 1, 3, 5)
  + Complications: Grade 3 neutropenic fever, Grade 2 mucositis
  + Post-cycle MRD: RUNX1-RUNX1T1 <0.01% (undetectable)

**3. Current Treatment (Consolidation III)**

* **Regimen**: HiDAC - Cytarabine 3 g/m² IV q12h on days 1, 3, 5 (3/6, 3/8, 3/10)
* **Complications**:
  + Neutropenic fever (Day +5): Blood cultures grew MSSE (contaminant), treated with piperacillin-tazobactam
  + Grade 2 mucositis (Day +7): Required increased analgesia, IV hydration
  + Transient renal dysfunction: Creatinine 0.9 → 1.4 → 1.1 mg/dL

**4. Comorbidities**

* Essential Hypertension
* Dyslipidemia
* Paroxysmal atrial fibrillation
* Obesity (BMI 32)
* Prediabetes
* Allergies: Moxifloxacin (rash)

**5. Discharge Medications**

* Acyclovir 400 mg PO BID (continue through count recovery)
* Amlodipine 5 mg PO daily
* Atorvastatin 20 mg PO at bedtime
* Apixaban 5 mg BID
* Magic mouthwash 5-10 mL QID PRN
* Ondansetron 8 mg PO Q8H PRN
* Oxycodone 5 mg PO Q6H PRN
* Acetaminophen 650 mg PO Q6H PRN

**6. Follow-up Plan**

* **Oncology**: Dr. J. Wilson in 1 week (3/29/2024)
  + Bone marrow biopsy to assess MRD post-Consolidation III
* **Labs**: CBC, CMP twice weekly until count recovery, then weekly
* **Treatment Plan**:
  + Consolidation IV (final cycle) planned for early April 2024
  + Total of 4 cycles of HiDAC based on favorable risk profile
  + No allogeneic transplant indicated in first remission
* **Monitoring Plan**:
  + MRD monitoring with quantitative PCR for RUNX1-RUNX1T1 every 3 months (year 1), every 6 months (years 2-3)
  + Bone marrow evaluation 1 month after completion of consolidation

**Patient Education**

* Monitor temperature twice daily; report fever ≥38.0°C immediately
* Neutropenic precautions: avoid crowds, hand hygiene, food safety
* Continue oral care regimen for mucositis

**7. Lab Values (Admission → Nadir → Discharge)**

* WBC: 4.2 → 0.3 (Day +7) → 2.3 × 10⁹/L
* ANC: 2.8 → 0.0 (Days +6-8) → 1.7 × 10⁹/L
* Hemoglobin: 11.5 → 8.2 (Day +9) → 8.5 g/dL
* Platelets: 135 → 12 (Day +10) → 142 × 10⁹/L
* Creatinine: 0.9 → 1.4 (Day +6) → 1.1 mg/dL
* CRP: 1.5 → 35 (Day +5) → 8.5 mg/L
* Peripheral Blasts: 0% → - → 1%

**Electronically Signed By**:  
Dr. J. Wilson (Hematology/Oncology) - 2024-03-22 14:30  
Dr. A. Gardner (Infectious Disease) - 2024-03-22 13:45  
Dr. M. Lawrence (Nephrology) - 2024-03-22 12:15