DATE

ADMIT NOTE DICTATED ☐ YES ☐ NO

ATTENDING PHYSICIAN'S ADMIT NOTE: HAMILTON, KATHY
January 6, 1993

On 1/6/93 I held a family conference with Kathy Hamilton. Also present at the conference were Kathy's husband, her two children, her brother, her primary care nurse, and the fellow caring for Kathy - Diana Sabath, M.D. Details of Kathy's prior history and previous treatment are included in the fellow's note covering this admission. In short, Kathy is a 48-year-old woman with Stage IV breast cancer who has failed multiple therapies and is now admitted to undergo high-dose chemotherapy followed by peripheral stem cell transplantation. I explained to Kathy that she would be treated with busulfan 4.5 mg/kg/day for four days, followed by cyclophosphamide 50 mg/kg/day for each of three days followed by a day of rest after which her peripheral blood stem cells will be reinfused. I explained to Kathy that the inevitable consequences of the preparative regimen were nausea and vomiting, alopecia, severe mucositis, and the production of profound and prolonged pancytopenia. I explained that the pancytopenia carried with it the risks of bleeding and infection. I further explained other organs which might be damaged by the preparative regimen include her heart, bladder, her liver in the form of venoocclusive disease, and her lungs in the form of interstitial pneumonia. I further explained that less commonly, very high-dose chemotherapy can cause seizures, renal damage, and toxicity to the gastrointestinal tract. I explained that in order to decrease the toxicities of the preparative regimen that Kathy would receive ciprofloxacin and pentoxifylline during the period of her preparative regimen. I further explained in an effort to diminish the period of pancytopenia she would receive GM-CSF during the first 21 days posttransplant. I also explained that she would receive acyclovir in an effort to decrease the possibility for developing CMV disease and that if everything goes well, during the posttransplant period, she would be eligible to receive IL-2 as part of protocol 759. I explained that with autologous transplants, late complications were uncommon but that in some cases graft failure has occurred, second malignancies have been seen, and even if these do not prove to be complications, she could recur with her disease. I explained the nature of the protocols she will be treated on, including protocol 681.1 and protocol 759. It is my belief that Kathy and her family understand the risks and potential benefits of autologous transplantation for metastatic breast cancer and that they understand the nature of the ancillary investigative protocols. Finally, it is my view that they are prepared to proceed at this time.

Frederick R. Appelbaum, M.D.
FHCRC Inpatient Attending
d. 1/6/93 t. 1/7/93 jrb

NAME PLATE

HAMILTON, KATHY

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