

Question 1

In the case of gynecologic cancer patients, chemotherapy is usually performed every 3 weeks.

When a patient is hospitalized for chemotherapy, anemia was corrected through blood transfusion according to serum Hb levels.

To reduce blood transfusion, what is the most efficient and appropriate timing for administering ESAs and iron (IV or oral) in advance between chemotherapy cycles?

Question 2

For patients who do not respond to ESA, what are the work-up list to evaluate the etiologies of this?

Question 3

After major surgery with massive blood loss, I think appropriate blood transfusion is necessary.

What is the criteria for postoperative blood transfusion?

And I think using Iron supplements and blood transfusions properly together helps in correcting postoperative anemia.

How to combine iron supplementation and blood transfusion?