

- chems just given 1/14/24
- awaiting 7th cycle of chemo
- due for surgery
- next 1/21/24

would wait for last cycle as chemo
 relapse neuropath may interfere with
~~the~~ surgery M.
 last cycle may be given later post
 surgery.

4. the surgery

BLOOMING LIVES FOUNDATION

No new lesions
 Adv: - N/V on 24/02/24 - CBC/RFT/UT
 - KC discussion
 - Onipack discussion
 Shivani

Advice

- 21d Tobramycin 2° drops ^{qid} BIL eyes x 5d
- Ophthalmology consultation
- TO RLV on 01d flu is advised

23/2/24

@ Daycare

- address of BIL eyes x 3d
- no discharge / blurring of vision
 - no fever spikes / cough
 - no H/O headache / vomiting or other s/s
- Last chemo received - cycle 4 OJEC on 21/1/24
- Response assessment w/ly awaited

vitals - HR 102/min
 RR 20/min
 CR 1.35/pct

BIL conjunctival address
 no active discharge

systemic chx

20

DR. NISHU
 Senior Resident
 Pediatric Oncology
 Dept. of Pediatrics
 All India Institute of Medical Sciences
 New Delhi - 110029

24/2/24

Post-4 cycles → BMA - negative
 BR biopsy - awaited

- Post-4 cycles - KC discussion (CT) →
- primary mass size significantly reduced
 - \ominus Paraseptal nodes \oplus - awaiting \ominus recheck
 - NO interstitial extensions
 - Rese 3 surrounding structures
 Bones / lung - \ominus

21

BLOOMING LIVES FOUNDATION

Subcutaneous LN in Thorax & left neck
axillary

No e/o bony mets/pleural effusion

Bone Marrow → done on 9/2/24

CDW Prof RS

→ Urgent Peds Surgery opinion for resection

→ CT (post-contrast phase) for DIRC
intra-uterine

→ BM - oncopath & hematopath

→ Mother needs to go to hometown for funds (ASCT)

to decide about further plan by next week
if surgery delayed
to go home post #5 OPZ

Recd 9/2/24 10:30 AM 4350
ANC 2530

R/v in OPD on 17/2/24 - Peds
Surgery opinion & post RC discussion

To Cousins
Kindly extend accommodation
for three more weeks

Dr. Chiranjeev Singh SETHI
Junior Resident
Department of Pediatrics
AIIMS, New Delhi
DMC/R23108

Axis: Metastatic Neuroblastoma
(LN + BM) | MYC-N Amplification (+)

Ⓜ cycle 4 OSEC - 2011 - 21/1/24

Hematopath: No e/o metastases

Peds surgery opinion:

to review = MIBG | BM Bx | CT scan
w/ IRCH on 29/2/24

9/7380/3.0sl
480

(16/2/24)

RC discussion: To be discussed

Oncopath discussion: To be discussed

BLOOMING LIVES FOUNDATION

O/E =
- chest faint
HR - 100/-
RR - 30/-
CRT 20

P - E - C - E - E -
oral cavity - normal

RS - OK RE E, NOBS NO added sounds
no palpable mass
CNS/CR - NPS
CNS - no deficits

Plan: 9/16 Dr. Recheck in 1 am

- To expedite funds for Antileptans - estimate given
- To prepare CT - chest + abdomen in 10 days
↳ to EIU urgently (date for 20/2/24 → 10 prep work)
- To go ahead with BRAS - 5/6 on 9/2/24
- Can avoid PET-CT if CT report - comments on
LH/Prong with Recheck

Show



[3/2/24]

- post procedure of CT chest/abdomen - vitals stable
systemic exam (10)
- to R/W on EIU @ Sat OPD 10/2/24

1
a visit

Diet Notes

wt - 12kg
wt - 94cm
NURS - 12-5cm
(Miss Acute Medvet)

(loss of 1kg wt)

Current Intake - 530 kcal and 14g f
Recommended Intake - 1230 kcal and 32g f

- low intake as NFD till 2pm for procedure
- low appetite & early satiety
- Admin: Pedigree of 1/2 cup in 120 ml milk 8D.
- 4 hrs stop additional

Counselling Done
ONS re-introduced
Diet Plan revised

1/1/24

10/2/24 Seen in OPD

No fresh issues

CT done 5/2/24 → 2 lesions in (L) Supravrenal

location 1.5 x 1.5 x 1.4
8x9x18mm

2 calcification

- note planes marked 2 species kidney

Adrenal free

BLOOMING LIVES FOUNDATION

2/24/24

- no fever/cough/chest signs
- count acc veg @ (TLC/ANC)
 PLT 30K - no clotted

40 3.3
 1/2 726 10,500 ANC 7120
 PLT 30K

4.7 1.87 @

Blood clt: sterile

Advice

- Stop ANTIBIOTICS
- Stop G-CSF
- Adv on flu @ 090 sat 3/2/24

1
a nitro

3/2/24

- 2.1 Betadine goggles
- sick bath
- on Septem AD.
- No fresh complaint
- cycle 4 (OSEC) completed on 2/1/24
- Due for PET-CT and BMA.
- photocopy pending.

• Metastatic Neuroblastoma (LN + BM)
 MYC-N amplification ⊕

- Received cycle 4 OSEC - 20/1 - 21/1/24
- Had fever from 23/1/24 - 30/1/24 (neutropenia)
 Focus - Respiratory (fast walking, cough)

Current issues:

- cough - persistent, but better
- no fever / fast walking
- on cetuximab and docetaxel 30mg BP - 96/5.
- Severe lymphopenia - ongoing
- no bleeding manifestation

1/2/2024

10,590
 9.9
 H-67 L-2+
 ANC - 7120

PET-CT - 15/1/24
 CCT - 28/2/24 (chest/abdomen)
 BMA + imaging - 9/1/24

BLOOMING LIVES FOUNDATION

CANCERS

Kindly provide consultation to Zweely

[Signature]

11/12/2024 Aarti

(HA) NS / 1/2/24
Asis: E FN - Resp focus

Last chemotherapy received on
↓
cycle ④ 0320
11/12/24

• afebrile 2 weeks
cough @ sed in intensity
chest signs @ | no clo RD

• on a-csf x (DS today)

Piptax / ~~Amoxic~~ Teicoplanin (04)

29/11
• baseline ANC 300
TLC 1120
plt 346
Hb. 9.4

29/11
Blood clt: stable

CXR : hyperinflated
pneumothorax
infiltrate @

Resp panel : not sent

ON EXAM

vitals

HR 102/min
RR 20/min
SpO2 @ RA = 95%

Systemic chest A/E equal @
crepts / rhonchi in all lung fields
no retractions (R) 7 (L)

Rest (iv)

Advise and Plan

- ① TIS CBC today - w/ count recovery
↓
if @ue omit iv Antibiotics
and a-csf
- ② Primary disease assessment data taken

1
Aarti
(cse)

BLOOMING LIVES FOUNDATION

2/1/24
can go now

C/O HR-NB (N-myc amplified)
metastatic (LN & BM)

Last chemo cycle 3 → 27/12-28/12
OTEC.

17/1/24
Defer cycle 4
↓
CBC / FT / RFT

16/1
10.7 → 6/20 / 5.2 / 28 → 4.66L
U/A = 25/6.4
U/A = 3.4
K = 4.8
RD₄ = 5-6

C/O Dr. Prashanth Sin
Plan

↓
PET-CT (12/12/24)
↓
On Septorin
Oxalacetic (+)
2% betadine gargle
Sitz bath.

- ① Registration ↓ Ped. Surgery
RCH - Thursday
R.NO - 6
↓ Prof. Sandeep Aggarwal
- ② Plan BM biopsy + PMA
2 weeks after chemo - 4 cycle
- ③ Date for MIBG (dated 9/02/2024)
- ④ Funds (ESI) ↓ process.

o/e single grade I mucous ulcer on @ oral mucosa
NO other active issues

Refer to Ped (S)

18/1/24

Cycle 4 (OTEC).
BSA = 0.59
wt = 13kg
Inj emset 4mg } IV stat
Inj Dexam 4mg }
Cap. Aprelap 80/80/80
D1 D2 D3

8:00 AM
IVF DNS @ 1:100 KCE @ 75ml/hr x 6hrs.

- 2 Inj Cyclophosphamide 350mg + 100mg NS over 2hr
- 2 Inj Mesna 100mg → @ 0, 3h, 6h, 9h
- 2 Inj Vincristine 0.9mg IV slow push (fresh vials) @ 20/1
- 2 Inj Carboplatin 300mg in 100ml NS over 1hr @ 20/1
- 2 Inj Etoposide 120mg in 300ml NS over 4hrs @ 20/1

Post CT (T-emset (4mg) IT @ 8H)

- Syp. Emset (2mg/5ml) 10ml TDS (8H) } x 3 days
- T. Dexam (4mg) 1/2 Tab TDS (8H)
- T. Lamol Jr. 15mg - (IT) BFF 24HR } x 3 days
- T. SETRAN / SITZ BATH.
- 2 Inj GCSF 65ug s/c @ 24H. proph D2-D4 5 days

- * Visit Ped. Daycare on 20/01/2024 for chemo
- * R/v in Ped. oncology OPD on 07/02/2024 with CBC / FT / RFT.

To CarKids,
To provide accommodation in Kolkata for 3 months. Sharma
sr 10c

BLOOMING LIVES FOUNDATION

To continue,
To provide accommodation in Kolla for 3 months
Shivani

23/12/23 HR Metastatic NB - NMC amplified
(LN & BM) Port 2# chemo (last cycle 3/12/23)

MVAAC 14.5cm
wt gain ± 9.9
6610 / 2630 = 2.99L
LFT/RT (N)

Adv To go ahead = C# 3 cycle (d/f 27/12/23)

1
Dj: Emset + Dexam 3mg iv
Dj: Paclitax 15mg iv
Cap Apreap (80mg) 1/2 cap OD x 3 days.
↓
IVF DNS + 1:100 KCl + 0.2:100 MgSO₄ iv @ 70 ml/hr x 2 hrs.

24/12/23 Dj: Cisplatin 46 mg / 500 ml DNS + 1:100 KCl + 0.2:100 MgSO₄ iv over 6 hrs (D₁)

Dj: 20% Mannitol 30ml iv over 6 hrs.

25/12/23 VCR 0.9 mg iv slow push (D₁)

26/12/23 Dj: Cyclophosphamide 350 mg / 100 ml NS iv over 1 hr (D₁)

27/12/23 Dj: Mesna 150mg / 100 ml NS iv @ 0 & 2 hrs. (D₁)

Port hydr → IVF DNS + 1:100 KCl + 0.2:100 MgSO₄ iv @ 70 ml/hr x 2 hrs.

(D₂) Dj: Etoposide 115mg / 300ml NS iv over 3 hrs start
Part 2# Dj: GCSF 65ug sc OD from 02 till Ave recovery

T. Emset (4mg) 1 tab TDS
D. Dexam (4mg) 1/2 tab TDS
T. Lancel IR 15mg 1 tab BBT OD
x 3 days

Cont Septran / Site Laths → using 10% Betadine
PET form given for scan date
R. ECT cont + Abdo

N/V - 15/01/24 = CBC
A/B

Mixed appointment
N/V 17/01/24

WT - 12kg.
MVAAC - 14.5cm
HT - 93.5cm
SAM → well nourished

Current intake = 1100 kcal / 32.55 P
Recommended intake = 1260 kcal / 33.9 P
- Composition of meal improved
- Counselling done
- Thepter 3/day
9



Signature: [Handwritten]
SENIOR RESIDENT
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BLOOMING LIVES FOUNDATION

22/11/23

Case: HR-Neuroblastoma | OPEC [10/11-11/11]

Go: length (measuring)

No fresh issues

Adm: STOP Inj. GCSF

- Syc. cefixime (1c) 2.5ml to 50% x 7 days
- Cont. Sephan
- Cont. Lids bath / betadine gargle
- N/V on 29/11/23. \bar{c} CAC/UT/RT

Jinani

SENIOR RESIDENT
Department of Paediatrics
All India Institute of Medical Sciences
Anand Nagar, New Delhi 110029

No FC

Due for ~~next~~ OSEC (7.5) dose

Adm

29/11

8.4 / 115.8 / 68.30 / 30.3

WT = 11 kg

- Dietary flv.
- ~~2mg~~ 2mg Amiset 2mg } 1st start
- 2mg Diva 2mg
- C. Athercap 80/80/80
- D₁ D₂ D₃

Inj DNS \bar{c} 1:100 KCl 65ml/hr x 6hr

3/12/2023

Inj Cyclophosphamide 235mg + 100ml NS over 1hr

Inj Mequa 80mg + 50ml NS @ 0.3ml/hr

VCR 0.6mg slowly push

2mg Carboplatin 200mg + 100ml NS over 1hr

2mg Etoposide 80mg + 200ml NS over 1hr

Heat CT

- Syc. Amiset (2mg/5ml) 5ml TDS x 3d

- Diva (4mg) 1/2 tab 80

2mg GCSF 55mg s/c 100 x 5d for PC onwards

2mg Sephan as adm

Tentatively dated for 3/12/23

N/V 100% on 23/12/23 \bar{c} CAC/UT/RT

Dist Note

- WT gain - 12kg (sweated)
- Compliance to Supplement
- Intake has improved
- Compliance done

Ajli

29/11/23
SENIOR RESIDENT
Department of Paediatrics
All India Institute of Medical Sciences
Anand Nagar, New Delhi 110029

ALL MEDICINE RECEIVED
DATE: 29/11/23
SIGNATURE

Jinani

Dr. V. Indira
Director of DDU
All India Institute of Medical Sciences
Anand Nagar, New Delhi 110029

BLOOMING LIVES FOUNDATION

Consultations

POC discussion:

- cont: syp: Loperamide (40/5) 5ml po m alt. day
- Sitz bath & Betadine gargle.
- Antibiotic for diarrhea advice.
- w/v on 29/11/23 = CBC/Rft / Ufr
- Reassessment post 4# OPEC - PET
L BM

Shivani

Diet Note

wt- 10kg
 ht- 93cm
 MUAC- 11cm
 BMI- 11.44kg/m²
 (SAM)

Intake has improved from 4-5 days a/c to mother. Intake was very poor before that.

Current Intake - 800ml & 8g P.
 Recommended Intake - 1200ml and 35g P.
 Advise Pediasol 1/2 scoop in 120ml milk 3x.

like stop/die

Diet Plan given

Community Diet

To review in next 08d

[Signature]
 29/11/23

BLOOMING LIVES FOUNDATION

Patient Details

Name: Akshay

Age Gender: 3y 1f

CK 82424

Father's Name: parson

Address: musadobad up

Contact No: 9528686588

POC / PCSC No.: 84/23

Diagnosis: HE MIB

Remarks:

Diagnosis

HR- Nemo blastoma

Mass Biopsy: SRBCT
PHOX2B +ve.
N-Myc amplified.

BM Biopsy: SRBCT infiltration ±
synaptophysin ± PHOX2B +ve cells

MIBG :
(27/10)
MIBG-D- 51-2374-23

Non-MIBG - concentrating RPLN:
plevic mass - ± left suprarenal mass.

PET :
(9/11)

metabolically active @ suprarenal
mass ± B/L pleural effusion &
metastasis.

Name of treatment protocol HR NB
OPEC - OSEC.

BLOOMING LIVES FOUNDATION