CAUSELESS HAPPINESS ORGANISATION-REGISTRATION FORM

SPONSERSHIP FORM FOR FINANCIAL ASSISTANCE FOR MEDICAL TREATMENT

PATIENT REG NO : CHO/585/ **DATE : 17/07/2023**

BENEFICIARY DEMOGRAPHY

PATIENT'S NAME :SWATI KUMARI

AGE: 08 Yrs 4 months

RELIGION : HINDU

GENDER :MALE ☐ FEMALE ☑ TRANSGENDER ☐

PATIENT'S FAMILY DETAIL (IN MIN 30 WORDS)

Swati Kumari is suffering with B-COR(+) Sarcoma and her treatment is going on AIIMS Hospital. Swati's father is currently working as labour and hardly earns bread for his family.
They are in very miserable situation currently, kindly help child for her chemotherapy and surgery treatment.

GUARDIAN 'S DETAIL :

FATHER'S NAME: Mr. Krishnanand sah

OCCUPATION: Labour

SIBLING : BROTHER ☐ SISTER ☐ TRANSGENDER ☐

FAMILY INCOME: NA

TREATMENT DETAILS:

PATIENT SUFFERING FROM : B-COR(+) Sarcoma
TREATMENT PRESCRIBED : CHEMOTHERAPY AND SURGERY
APPROXIMATE EXPENSE FOR WHICH FINANCIAL ASSISTANCE REQUIRED:10,000-15,000/-(Per month)
TREATMENT IS DONE AT :Aiims Hospital, New Delhi

DECLARATION:

I HEREBY DECLARE THAT THE INFORMATION GIVEN ABOVE IS TRUE AND TO THE BEST OF MY KNOWLEDGE.I AM NOT IN THE FINANCIAL POSTION TO ARRANGE FUNDS REQUIRED FOR THE TREATMENT OF MY CHILD.I AM FULLY AWARE OF THE FACT THE ORGANISATION WILL BE RAISING FUND FOR THE TREATMENT OF MY CHILD AND I HAVE NO OBJECTION WITH IT.

(SIGN OF THE FATHER/GUARDIAN)

सेवा में श्री मान जिला मजिस्ट्रेट जी
कल्याणपुर हेमपुरी नेत्र अस्पताल

महोदय

सविनय निवेदन है मेरा नाम कल्याणचन्द्र दास है
मै एक मजदूर हू मेरी बेटी का नाम स्वाती है
उसकी उम्र 8 साल है जिसमे BCOR आरकी माँ है
यह एक कैंसर है इसका इलाज दिल्ली के एम्स
अस्पताल मे चल रहा है जिसमे महिने का खर्चा
10000-15000- तक आता है- घर मे एक मजदूर आदमी है
यह खर्चा उठाने मे सक्षम नही हूँ इसलिये कई संस्थाओ से मदद ले रहा हूँ आप से निवेदन है की
मेरी बेटी का इलाज करवाने मे मदद कीजिये।

धन्यवाद
कल्याणचन्द्र दास
बेगूसराय बिहार

[illegible] S[illegible]vati [illegible] 6yrs [illegible] female

[illegible] 19 Kg Height 120 cm BSA [illegible]

Diagnosis BCOR (+) sarcoma [illegible]d/Metastatic

BSA 0.8m²

[illegible] (Head & Neck) thorax /abdomen /pelvis /spine /extremity
with intra-cranial extension

Regional LN (clinical/radiological) Yes / No BMA Not involved

BM biopsy No metastasis, ECHO 60% LDH ....

CT/MRI findings 4.4 X 3.5 X 5 cm lesion in left parapharyngeal space with intracranial extension for 3.2cm.

PET CT findings ....
Metabolically active left parapharyngeal mass with intra-cranial extension and bilateral cervical nodes.

*Local therapy planning to be initiated with surgical and radiation oncology team

DOSAGE AND ADMINISTRATION:

Drugs	Doses	Infusion	Route
Vincristine (V)	1.5 mg/m2/dose OR 0.05 mg/kg/dose for pt<10 kg or <1 yr(Maximum dose 2 mg)	IV push over 1 min	IV
Doxorubicin (D)	37.5 mg/m2/dose OR 1.25 mg/kg/dose for pt <10 kg or <1 yr **Cumulative dose**: 375 mg/m^2	Normal Saline infusion over 1 hour	IV
Cyclophosphamide (C)	1200 mg/m2/dose OR 40 mg/kg/dose for pt <10 kg or <1 yr	Normal saline infusion over 1 hour	IV
Mesna with cyclophosphamide	720 mg/m2/day or 24 mg/kg/day in <10 kg or <1yr	Short iv over 15 min at 0, 4 and 8 hours of cyclophoshamide	IV
Ifosfamide (I) 1440mg	1800 mg/m2/dose OR 60 mg/kg/dose for pt <10 kg or <1 yr	Normal Saline Infusion over 1 hour	IV
Mesna with ifosphamide	1080 mg/m2/day or 36 mg/kg/day in <10 kg or <1yr	@ 0, 4 and 8 hours ofIfosfamide over 15 min	IV
Etoposide (E) 80mg.	100 mg/m2/dose OR 3.3 mg/kg/dose for pt <10 kg or <1 yr	Normal Saline Infusion over 2 hours	IV
Ondansetron	0.15 mg/kg/dose (max. 8 mg) OSH	30 min before chemotherapy	IV
Hyperhydration	3000 ml/m2	Start 6 hours prior and 6 hours post CPM/ifosfamide	IV
Growth Factor (GCSF)	5 mcg/kg (maximum 300 mcg)	Till ANC is at least 750/μL	SC

Begin G-CSF support at least 24-36 hours after the last dose of chemotherapy. If given daily, then continue a minimum of 7 days and until ANC > 750/μL post nadir and discontinue at least 24 hours prior to next cycle of chemotherapy. If given daily, growth factor administration is to be continued [illegible]

B5B

0.8

chemotherapy should be initiated concurrently with the radiation therapy i.e. both radiation and consolidation Cycle 1 should start at the same time. Doxorubicin should not be given along with RT.

CONSOLIDATION REGIME

WEEK	DAY	CHEMOTHERAPY	DATE GIVEN	SIGNATURE
1	1	VDC Inj VCR 1.2 mg, Inj Doxo 30 mg, Inj Endoxan 900 mg c Mesna	Chikagcar 8/5	8/5/23 Chugm 8/5, Dr doxo
	(2)	(1)		
2	1	V ✓	7/6/2023	Kannpriya 7/6/23
3	1	IE ✓	21/6	DG 21/6
	2	IE ✓	22/6	Kannpriya 22/6.
	3	IE ✓	23/6	Chugm
	4	IE ✓	24/6	DG
	5	IE ✓	25/6	DG
4				
5	1	IE ✓	7/7/23	Shreyam 7/7/23
	2	IE ✓	8/7/23	Shreyam 8/7/23
	3	IE ✓	9/7/23	Kannpriya 9/7/23
	4	IE ✓	10/7/23	DG
	5	IE ✓	11/7	DG
6				
7	1	VC		
8	1	V		
9	1	VDC		
	2	D		
10	1	V		
11	1	IE		
	2	IE		
	3	IE		
	4	IE		
	5	IE		
12				
13	1	VC		
14	1	V		
15	1	IE		

OPD-6

पंजीकरण संख्या/O.P.D. Regn. No

आयु/Age

पता/Address

निदान/Diagnosis

दिनांक/Date

उपचार/Treatment

06/07/23
CBC

R/w 22/07/23
i CBC, LFT, RFT rept.

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली

All India Institute Of Medical Sciences, New Delhi

UHID:	105819421	**Sex :**	Female
Patient Name :	**Miss. SWATI KUMARI**	**Sample Received Date :**	04-Jul-2023 16:54 PM
Age :	8Y	**Department :**	Paediatrics
Lab Name:	Dept of Laboratory Medicine	**Lab Sub Centre:**	Smart Lab New OPD Block
Reg Date :	04-Jul-2023 16:54 PM	**Sample Collection Date:**	04-Jul-2023 10:45 AM
Recommended By:	Dr. S.K. KABRA	**Lab Reference No:**	2312616092

Sample Details : LH0407230833 **Sample Type : Whole Blood**

Report

HEMATOLOGY

Test Name *(Methodology)*	Result	UOM	Reference
Hb *(SLS-photometry)*	**10.40**	g/dL	11.5 - 15.5
Hematocrit *(Direct Measure)*	**33.50**	%	35 - 45
RBC count *(Impedance)*	**3.83**	10^6/µL	4.0 - 5.2
WBC count *(Fluo. flow cytometry)*	**1.27**	10^3/µl	5.0 - 13.0
Platelet count *(Impedance)*	**93.00**	10^3/µL	170 - 450
MCV *(Calculated)*	87.50	fL	77 - 95
MCH *(Calculated)*	27.20	pg	25 - 33
MCHC *(Calculated)*	31.00	g/dL	31 - 37
RDW-CV *(Calculated)*	**16.90**	%	11.6 - 14
Neutro *(Fluo. flow cytometry)*	31.50	%	23-53%
Lympho *(Fluo. flow cytometry)*	23.60	%	23-53%
Eosino *(Fluo. flow cytometry)*	1.60	%	1-4%
Mono *(Fluo. flow cytometry)*	**43.30**	%	2-10%
NRBC	0	%	
Baso *(Fluo. flow cytometry)*	0.00	%	0-1%
Neutro - Abs *(Calculated)*	**0.40**	10^3/µl	2.0-8.0
Lympho- Abs *(Calculated)*	**0.30**	10^3/µl	1.0-5.0
Eosino - Abs *(Calculated)*	0.02	10^3/µl	0.1 - 1.0
Mono - Abs *(Calculated)*	0.55	10^3/µl	0.2 - 1.0
Baso - Abs *(Calculated)*	0.00	10^3/µl	0.02 - 0.1

-----End of Report-----

Dr. Sudip Kumar Datta (Biochemistry & Immunoassay)	Dr. Tushar Sehgal (Hematology & Coagulation)	Dr. Suneeta Meena (Serology)	Dr Shafeeq Muhammed 04-Jul-2023 20:27

Attention: Please collect blood samples by puncturing the rubber cap of the vacutainers. Manual opening of caps and filling it must be avoided strictly. Lab reports are subjected to pre-analytical errors due to inappropriate patient preparation, phlebotomy practices, storage and transport. Please inform SMART Lab in case of any discrepancies with the expected results on the same day on Ext no. 2526

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
All India Institute Of Medical Sciences, New Delhi

UHID:	1068942	Sex :	Female
Patient Name :	Miss SWATI KUMARI	Sample Received Date :	06-Jun-2023 17:26 PM
Age :	7Y 11m	Department :	Paediatrics
Lab Name:	Dept of Laboratory Medicine	Lab Sub Centre:	Smart Lab New OPD Block
Reg Date :	06-Jun-2023 17:26 PM	Sample Collection Date:	06-Jun-2023 12:16 PM
Recommended By:	Dr. S. K. KABRA	Lab Reference No:	2312499774

Sample Details : LH0606231359 — Sample Type : Whole Blood

Report

HEMATOLOGY

Test Name (Methodology)	Result	UOM	Reference
Hb (CUS photometry)	12.70	g/dL	11.5 - 15.5
Hematocrit (Direct Measure)	43.70	%	35 - 45
RBC count (Impedance)	5.01	10^6/µL	4.0 - 5.2
WBC count (Flow cytometry)	**2.90**	10^3/µl	5.0 - 13.0
Platelet count (Impedance)	270.00	10^3/µL	170 - 450
MCV (Calculated)	87.20	fL	77 - 95
MCH (Calculated)	25.30	pg	25 - 33
MCHC (Calculated)	**29.10**	g/dL	31 - 37
RDW-CV (Calculated)	**17.00**	%	11.6 - 14
Neutro (Flow cytometry)	36.80	%	23-53%
Lympho (Flow cytometry)	29.70	%	23-53%
Eosino (Flow cytometry)	2.10	%	1-4%
Mono (Flow cytometry)	**30.70**	%	2-10%
NRBC	0	%	
Baso (Flow cytometry)	0.70	%	0-1%
Neutro - Abs (Calculated)	**1.07**	10^3/µl	2.0-8.0
Lympho- Abs (Calculated)	**0.86**	10^3/µl	1.0-5.0
Eosino - Abs (Calculated)	0.06	10^3/µl	0.1 - 1.0
Mono - Abs (Calculated)	0.89	10^3/µl	0.2 - 1.0
Baso - Abs (Calculated)	0.02	10^3/µl	0.02 - 0.1

-----End of Report-----

Dr. Sudip Kumar Datta
(Biochemistry & Immunoassay)

Dr. Tushar Sehgal
(Hematology & Coagulation)

Dr. Suneeta Meena
(Serology)

Dr Arvindra Rahul
06-Jun-2023 18:41

Department of Nuclear Medicine and PET
All India Institute of Medical Sciences, New Delhi, India.

^{18}F-FDG WHOLE BODY PET-CT STUDY

Patient Name: SWATI KUMARI		Age/Sex: 7Y/F
Study ID: FDG/24317/23	UHID: 105819421	Date: 01.06.2023

Indication: K/c/o sarcoma of left cheek. Post transcervical, transmandibular approach excision (Apr 2022) and left temporal craniotomy, zygomatic osteotomy with tumor debulking (Sep 2022), post induction chemo (last on 21.4.23), post RT (completed on 5.4.23). PET for disease status.

Procedure: PET-CT acquisition was done60 minutes after injection of 10mCi ^{18}F-FDG by intravenous route, from the level of orbits to mid-thigh. CT was done for attenuation correction and anatomical localization.

PET-CT Findings:

Head and Neck: *Evidence of left temporal craniotomy noted and left submandibular salivary gland is not visualized – status post surgery.* **FDG avid ill-defined soft tissue density lesion (~1.3x1.0 cm, previously~2.8x3.8cm) is noted in the left parapharyngeal region. Bony erosion of petro-squamous part of left temporal bone is noted.** *Left mastoid air cells are opacified.* **Few mildly FDG avid subcentimetric to centimetric bilateral level II, & III cervical lymph nodes (largest ~1.1x1.0cm – right level II) are noted.** Visualized larynx and thyroid do not show any abnormality on CT.

Thorax: *Few non FDG avid sub-centimetric bilateral axillary lymph nodes noted with preserved fatty hilum.* Physiological FDG uptake is seen in the myocardium. Lungs, large airways, pleura, heart, great vessels and other mediastinal structures appear normal on CT.

Abdomen-Pelvis: Normal FDG distribution is noted in the liver, kidneys, gastrointestinal tract and urinary bladder. Liver, biliary ducts, kidneys, stomach, adrenals, pancreas, retroperitoneum, bowel and urinary bladder appear normal on CT. No ascites is noted.

Musculo-Skeletal System: Physiological FDG distribution is seen in rest of the visualized axial and appendicular skeleton.

IMPRESSION:

- **Metabolically active left parapharyngeal lesion with bilateral cervical lymph nodes as described – residual disease.**
- **Compared to previous PET-CT (FDG/22093/22, dated: 19.11.22), there is reduction in the size and extent of the parapharyngeal mass-suggestive of partial response.**

B/W on PET CT only reviewed by ⊕

Dr. Ritwik N. Wakankar
Senior Resident

Prof. C S Bal
Consultant

Bed No. : OPD

All India Institute of Medical Sciences
Department of Pediatrics (Nutrition and Dietetics)

Name: Sowali kumari **Age/ sex:** 1.5y (1) **Date:** 20-03-2023.
Ht/ Wt: 18kg / 123.5cm. **Diagnosis:** B/L CoA Sinonasal **UHID:** 105819421
intracranial extension
MUAC - 14cm
Enteral Nutrition Plan
19kg (22-03-2023).
Current nutritional description:
1/4 scoop Pediagold with 1tsp cornflour + 1tsp sugar + 1ml oil in 100ml milk @ 3hrly
Indication: Mucositis Grade III
Nutritional plan: Feeds ↑ @ 2nd hrly to meet the required calories

Target	1500 kcal / 46.8g P
Recommended	1500 kcal / 46.8g P
Route of Feeding	NG

Feed plan:

S.No	Contents	Amount	Energy (kcal)	Protein (g)	Carbohydrate (g)	Fat (g)
1	Pediagold	1/4 scoop	23.7	0.1	3.11	0.9
2	Milk (Toned)	100ml	58	3.2	4.45	3
3	Cornflour	5gm.	17.7	-	4.4	-
4	Sugar	5gm	20	-	5	-
5	Cooking oil	1ml.	45	-	-	0.5
6						
Total	1 feed	110ml ml	128.4	3.9	16.9	4.4
	*12 feeds	1200 ml	1536	46.8	202.8	52.8
			98.9	12.1 %	52.6 %	34.3 %

Total Feeds:

Feeds to begin @ 82 hrly.

Calories /kg body weight	85 kcal/kg.
Calorie/ml	1.28
Protein/kg body weight	2.6 g P

Note:

All India Institute of Medical Sciences
Department of Pediatrics (Nutrition and Dietetics)

Name: Somati kumari Age/ sex: 7·5 y (F) Date: 13-03-2023.
Ht/ Wt: 123·5 cm / 18 kg Diagnosis: B-ALL OR Sarcoma ē UHID: 10581942
intracranial extension

Enteral Nutrition Plan

Nutritional Description current: Grade II Malnutrition

Nutritional Plan: NG + Oral feeds (Soft Diet).

Enteral Nutrition Plan: 1/4 scoop Pediagold with 2 levelled spoon of cornflour + 2 levelled spoon of sugar in 100 ml toned milk @ 3 hrly + 1 ml oil.

S.No	Ingredients	Amount	Energy (kcal)	Protein (g)	Carbohydrate (g)	Fat (g)
1	Pediagold	1/4 scoop	23.1	0.7	3.11	0.9
2	Milk (Toned)	100 ml	58	3.2	4.45	3
3	Cornflour	5 gm	17.1	-	4.4	-
4	Sugar	5 gm	20	-	5	-
5	Cooking Oil	1 ml	9	-		1
6						
Total	*1 feed	100 ml	128.4	3.9	16.9	4.9
	*8 feed	800 ml	1027	31.2	135.2	39.2
				12.1 %	52.6 %	34.3 %

98.9 %

Total Feeds:

Feeds to be given @ 3rd hrly

12 Feeds

Calories /kg /body weight	57 kcal/kg.
Protein/kg/body weight	1.7 g
Kcal/ml	1.2 ml

Note: Feeds to step up to 100 ml Feed @ 2 hrly
F/u in 3 days to check compliance & gradually step up.

13/03/2023.

Inj GCSF 100 mg

~~26/6~~ ~~27/6~~ ~~28/6~~ ~~29/6~~ ~~30/6~~

Kanimozhi
26/6/23

Please arrange

Inj GCSF (300 mg) — (2)

[illegible]

5/7/23

- nails not [illegible]
- oral ulcer resolving
- Zytee / [illegible] [illegible]
- ~~Replicas~~
- consolidation protocol ongoing.

On consolidated week 4
local and Surgery +
RT done.

~~Post~~ Due for week 5

10.4 > 1,270 / 400 < 93 K

Monocytes 43% → likely to recover soon.

Please check repeat, proceed if >750 ANC

To review: Cap Aprepitant 125 / 80 / 80 mg
Inj emset 4 mg + dexa 4 mg

D1 Kanimozhi 27/7/23

D2 28/7/23 Shreya

D3 Kanimozhi 29/7/23

D4 1/7

D5 D9

D1 - D5

IV f DNS 1:100 KCl @ 125 ml/hour
x 6 hours

after 2 hours: Inj Ifosfamide
1450 mg in 500 ml NS over 1 hour

Mesna 600 mg 0, 4, 6 hours

D1 - D5 [Inj Frusemide 80mg in 200ml NS over 2hours.

(D1) 7/7/23

D2 8/7/23

D3 9/7/23

Tab emset 4mg PO TDS }
Tab dexa 4mg PO BD } 5days.
Tab panlop 40mg PO OD

D4 10/7

D5 11/7

~~Inj GCSF~~ 100mg s.c OD x 5days.

To f/u on. 22 / 07 /23

(23/ 07 /23 Next chemo date tentatively.)