

CAUSELESS HAPPINESS ORGANISATION-REGISTRATION FORM

SPONERSHIP FORM FOR FINANCIAL ASSISTANCE FOR MEDICAL TREATMENT

PATIENT REG NO : CHO/585/

DATE : 03-06-2023

BENEFICIARY DEMOGRAPHY

PATIENT'S NAME : SANDHYA

AGE : 11 YEARS

RELIGION : HINDU

GENDER : MALE ☐ FEMALE ☒ TRANSGENDER ☐



PATIENT'S FAMILY DETAIL (IN MIN 30 WORDS)

Sandhya is suffering with Life threatening disease of Ewing Sarcoma (A rare type of cancer that occurs in bones or in the soft tissue around the bones) and her treatment is going on AIIMS Hospital. Sandhya's father works as labour and hardly earns bread for the family. They are in very miserable situation currently, kindly help child for medications and cancer treatment

GUARDIAN 'S DETAIL :

FATHER'S NAME: MR. Satish Chand

AGE : 33

OCCUPATION : UNEMPLOYED

MOTHER'S NAME : Mrs.Indhu Devi

AGE : 30

SIBLING : BROTHER ☐ SISTER ☒ TRANSGENDER ☐

FAMILY INCOME: N/A

TREATMENT DETAILS:

PATIENT SUFFERING FROM : EWING SARCOMA (A rare type of cancer that occurs in bones or in the soft tissue around the bones)

TREATMENT PRESCRIBED : CHEMOTHERAPY

APPROXIMATE EXPENSE FOR WHICH FINANCIAL ASSISTANCE REQUIRED: 1,50,000/-

PARENT CONTRIBUTION : NA

TREATMENT IS DONE AT : AIIMS HOSPITAL

DECLARATION:

I HEREBY DECLARE THAT THE INFORMATION GIVEN ABOVE IS TRUE AND TO THE BEST OF MY KNOWLEDGE. I AM NOT IN THE FINANCIAL POSITION 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)



निवेदन पत्र :-

सेवा में :-

श्रीमान वृष्टि मद्योप्य जी

काजलेश हैपीनेश आगिनाइजेशन

सहोदय:

सविनय निवेदन है। कि मैं सतीश-चन्द गहम नगला मौजी पोस्ट-सेही, जिला-मथुरा, थाना-शेवगाढ, उत्तर-प्रदेश का रहने वाला हूँ। मेरे बच्चे को पैर में कैंसर है। जिसका नाम- इवनैंग सरकोमा, नाम का कैंसर है। ^{मेरे बच्चे का} जिसका नाम संध्या है। जिसकी उम्र ॥ वर्ष है और इसका इलाज रायस हास्पिटल में चल रहा है जिसका खर्च डाक्टर 1.50000 तक बताया है। जिसका भुगतान करने में असमर्थ हूँ। कृपया आपसे विनम्र निवेदन है कि आप हमारा इलाज में सहयोग करें आपकी बड़ी कृपा होगी जी। मैं सदैव आपका ऊभारी रहूँगा जी। "धन्यवाद"

आपका निवेदन

सतीश-चन्द

गहम - नगला मौजी

पोस्ट-सेही

जिला-मथुरा (उत्तर-प्रदेश)

Instruction to Patients :

1. Please bring DD/Pay order for Rs. 5000/7500 in favour of "DIRECTOR AIIMS" and write name of patient on reverse DD with date of scan. **Payment is to be made on the day of the test.**
For 2nd PET Scan charge are only Rs. 4000/-
2. **Charge for PET/CT film is Rs. 77/**
3. Patient may eat light breakfast before 7 am after that may take water only, no food for at least 4-6 hours.
4. Must bring all old records.
5. Study is subject to availability of **RADIOISOTOPE**
6. Report shall be available 24-48 hrs. after test.
7. Study may take whole day. have patience and co-operate with staffs.

Appointment Date :

02/06/23

Time :

4/4 = Recent chemo
9am
fatty
BEAM not
done
on 02/06/23

Payment :

W Body

Cardiac

Brain

Receipt No/DD No.

Amount

Dt.

drawn on

To do
on 09/06/23
8:30am
Dr. M. M. M.
22/AM

(2)



PET SCAN FORM

अखिल भारतीय आयुर्विज्ञान संस्थान / ALL INDIA INSTITUTE OF MEDICAL SCIENCES
नाभिकीय चिकित्सा एवं पी.ई.टी. विभाग / Department of Nuclear Medicine & PET



UHID: 105905941
Dept No: 20220030005236

कमरा / Room

10
Unit-III
Paediatric
Queue No: F15

03/05/2023

संख्या संख्या

SANDHYA

11YM 27D / F()
D/O SATISH CHAND

Add: SEHI BANGAR NAGLA M AUJI
MATHURA, UTTAR PRADESH, INDIA

Mob: 9834259837 Follow Up... General ☒ Reporting: 8 00 AM-9 00 AM

29 / Ansari Nagar, New Delhi-110029

91-11-26593210

Position Emission Tomography (PET) Scan
to be done if form is not properly filled)

Age : _____ Yrs. Sex : M F

Requisition Date : 3/5/23

Brief Clinical History:

early sarcoidosis of groin.

post NAC ✓

post surgery ✓

post RT ✓

on con solidation
for response asst.

Treatment History :

What you expect from PET / CT Scan :

Past History ☐ DM ☐ HT ☐ TB ☐ Renal Failure ☒ Previous Malignancies

Investigations :

Bld. Sugar

Fasting

PP

Random

Date :

Date : 2/6/23

Ultrasound/ECHO/CT/MRI/Plain/Contrast :

Whole Body PET

Previous Nuclear Medicine / PET : No. & Date

Indication of PET/CT : Initial Dx / Staging / Treatment Resp. Monitoring / Restaging / Prognostication

Desired Study: ☒ Whole Body PET (Eyes of thighs) ☐ Brain only ☐ Cardiac only

P.T.O.

DEPARTMENT OF PEDIATRIC SURGERY

ALL INDIA INSTITUTE OF MEDICAL SCIENCES

NEW DELHI-110029

DISCHARGE SUMMARY

NAME	Sandhya	AGE	10yrs	SEX	Female
FATHER'S NAME	Satish Chand	DOA	01/06/22	CR No.	H-327151-22
ADDRESS	Sehi Bangar, Nagla, Mauji, Mathura	DOO	01/06/22	UHID No.	105905941
		DOD	03/06/22	TELEPHONE	9634259837
DIAGNOSIS:	Rt labia majora mass- ?ESFT				
HISTORY & EXAMINATION:	H/o swelling over Rt labia majora- since 4 months- gradually progressive. No h/o pain/ itching/ bleeding/ discharge. No h/o fever/ similar swellings elsewhere. O/e- GC- fair, Vitals- stable. HR- 88/min, RR- 24/min, CVS/RS/Abd- WNL. L/e- 4*3 cm soft swelling noted protruding from Rt labia majora, non- tender, not fixed to underlying structures Urethral orifice, Vagina- normal.				
OPERATIVE PROCEDURE	Wide local excision of Rt labial mass (SA/KE/SP)				
Intra op findings	<ul style="list-style-type: none">- 4*3 cm soft, cystic swelling noted over lower aspect of Rt labia majora- Lesion present in subcutaneous plane. No infiltration of underlying structures- Wide local excision done and specimen sent for HPE.- Local advancement flap done for closure of wound.				
ADVICE ON DISCHARGE:	Laminate Discharge summary Maintain local hygiene. Tab A- Z 1 tab OD Tab Vitcofol 1 tab OD Tab PCM 500mg/ SOS Review in Peds casualty SOS Collect HPE report from room 1085 after 10 days (access no- 2220864)				
ADMISSION SR	Dr Nellai	MANAGING SR	Dr Keerthika		
CONSULTANT	Dr Sandeep Agarwala	FOLLOW UP VISIT	Review in OPD- IRCH on 09/06/2022 at 2 PM		

DATE: 03/06/22

SIGNATURE

डॉ. नेल्लै कृष्णन एस.
Dr. Nellai Krishnan S.
बाल रोग विशेषज्ञ / Senior Resident
सिनु मेमोरियल चिकित्सा विभाग / Department of Paediatrics
अ.भा.आ.सं. नई दिल्ली-29/A.I.I.M.S. New Delhi-29

माता चिकित्सा शिक्षा

कक्षा / Room

UHID: 105905941

Dept No: 20220030005236



10

Unit-III

Paediatric

Queue No: F17

24/05/2023

संध्या संध्या

SANDHYA

11Y 1M 18D / F()

D/OSATISH CHAND

Add: SEHI BANGAR NAGLA M AUJI
MATHURA, UTTAR PRADESH, INDIA

इप, शनि

Wed Sat/Sun



Mob: 9834259837

Follow Up...

General

0

Reporting: 10 00

AM-11 00 AM

H/U 04 7/6/23 C

CBC / LFT / RFT

3 37/9



अ० भा० आ० सं० अस्पताल/A.I.I.M.S. HOSPITAL बहिरंग रोगी विभाग /Out Patient Department



अस्पताल में धूम्रपान करना है। /SMOKING IS PROHIBITED IN HOSPITAL PREMISES

शरीरमाध्यं खलु धर्मसाधनम्

आम चिकित्सा विभाग



UHID: 105905941

Dept No: 20220030005236

कमरा / Room

OPR-6

एकक/Unit

विभाग/Dept.

नाम/Name

संध्या संध्या

SANDHYA

11Y 1M4D / F()

D/O SATISH CHAND

Add: SEHI BANGAR NAGLA MAUJI
MATHURA, UTTAR PRADESH, INDIA

Mob: 9634259837

Follow Up...

General



Reporting: 8 00

AM-9 00 AM

10

Unit-III

Paediatric

Queue No: F5

10/05/2023

O.P.D. Regn. No.

पता/Address

POC-210/22

निदान/Diagnosis

(R) कानां द्रव्य संक्रमण

दिनांक/Date

10

उपचार/Treatment

39.5

QW

o CBC, LCR, KCR

Next visit → 17/5/23

कानां



आम चिकित्सा विभाग

UHID: 105905941

Dept No: 20220030005236

कमरा / Room

10

Unit-III

Paediatric

Queue No: F3

17/05/2023

संध्या संध्या

SANDHYA

11Y 1M 11D / F()

D/O SATISH CHAND

Add: SEHI BANGAR NAGLA MAUJI
MATHURA, UTTAR PRADESH, INDIA

Mob: 9634259837

Follow Up...

General



Reporting: 8 00

AM-9 00 AM

Flu on 22/5/23 2pm
in POC

CBC 27-22/5/23

25

38.5



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प
अंगदान-जीवन का बहुमूल्य उपहार/ORGAN DONATION - A GIFT OF LIFE



DEPARTMENT OF RADIO-DIAGNOSIS

All India Institute of Medical Sciences (AIIMS)

Ansari Nagar, New Delhi - 110029

Patient Name: Sandhya

Sex: F

Age: 11Y

Patient ID: 105905941

Report state: Signed-off

OPD/Ward: Pediatrics Unit3/OPD

EXAMINATION DESCRIPTION:

PERFORMED ON:

CR No.:

MR Scan Pelvis

18.05.2023 16:42

Admitting diagnosis:

C/o Ewings Sarcoma of right perineal region, post NACT, post Surgery (01-06-22), post RT. On consolidation chemotherapy for response assessment.

Report:

MRI: PELVIS

IMAGING PARAMETERS

Axial: T1, T2, T2 FS & DWI, PG

Sagittal: T1 & T2 FS WIs. Post GAD (Dynamic 0,2, 3,4 mts)

Coronal: T2 WIs, PG

Findings:

T2 hypointense scar tissue seen in the right groin (site of previous tumor and surgery) showing no enhancement. No enhancing soft tissue lesion to suggest any recurrence.

UTERUS: Is normal in shape, size with normal signal intensity. Junctional zone is well visualized & is regular. Endometrial echoes are normal in thickness. Cervix is well visualized & normal in size with no obvious abnormal focal lesion. Parametrial fat planes are maintained.

ADNEXAE: 3.6cm x 3.3cm T1, T2 hyperintense lesion, non fat suppressible, seen in the right ovary showing T2 shading. No enhancement is seen on contrast administration. Left ovary is normal in shape, size and signal intensity.

URINARY BLADDER: Is well distended and normal in outline. No obvious mucosal irregularity / filling defect are seen.

Muscles of pelvic floor are normal in MR morphology & signal intensity with maintained intermuscular fat planes.

No significant lymphadenopathy is noted in pelvic region.

No free fluid is seen in cul de sac.

Visualized bones of pelvis are normal in outline with normal signal intensity of marrow.

Impression:

f/s/o post op and post chemo changes

No e/o any recurrence.

Right ovarian endometrioma.

Dr. Rishabh Jain

Dr. Devasenathipathy
Consultant

Report Signed Date/Time:

2023.05.19 18:03

38 kg
147 cm

$$BSA = 1.24 m^2$$

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	1/2/23	[Signature]
	2	D	2/2/23	[Signature]
2	1	V	8/2/23	[Signature]
3	1	IE	1/3/23	[Signature]
	2	IE	2/3/23	Fahul
	3	IE	3/3/23	Fahul
	4	IE	4/3/23	Fahul
	5	IE	5/3/23	Fahul
4				
5	1	IE	21/3/23	[Signature]
	2	IE	22/3/23	Fahul
	3	IE	23/3/23	[Signature]
	4	IE	24/3/23	[Signature]
	5	IE	25/3/23	[Signature]
6				
7	1	VC	12/4/23	um 12/4/23
8	1	V	missed, 12/4/23	
9	1	VDC	5/5/23	Chunayee
	2	D	6/5/23	Chunayee
10	1	V	missed, 10/5/23	
11	1	IE	25/5/23	Chunayee
	2	IE	26/5/23	Chunayee
	3	IE	27/5/23	Chunayee
	4	IE	28/5/23	um
	5	IE	29/5/23	[Signature]
12				
13	1	VC		
14	1	V		
15	1	IE		

PNET/Ewing Sarcoma Protocol (COG AEW51031)

Name SANDHYA Age 10y6 Sex Fch

Weight 37 Height 145.5 BSA 1.2 m² POC

Diagnosis Ewing Sarcoma Localised/Metastatic

Tumor location: Head & Neck /thorax /abdomen /pelvis /spine /extremity → Labia majora

Regional LAP (clinical/radiological): Yes No BMA grows → No evidence of metastasis

BM biopsy..... ECHO 228 LDH

CT/MRI findings..... grows mass, localized

PET CT findings..... grows uptake, localized

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

DOSAGE AND ADMINISTRATION:

Drugs	Doses	Infusion	Route
Vincristine (V) <u>1.8mg</u>	1.5 mg/m ² /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) <u>45mg</u>	37.5 mg/m ² /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) <u>1.45gm 1.45gm</u>	1200 mg/m ² /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/m ² /day or 24 mg/kg/day in <10 kg or <1 yr	Short iv over 15 min at 0, 4 and 8 hours of cyclophosphamide	IV
Ifosfamide (I) <u>2.15gm</u>	1800 mg/m ² /dose OR 60 mg/kg/dose for pt < 10 kg or < 1 yr	Normal Saline Infusion over 1 hour	IV
Mesna with ifosfamide	1080 mg/m ² /day or 36 mg/kg/day in <10 kg or <1 yr	@ 0, 4 and 8 hours of ifosfamide over 15 min	IV
Etoposide (E) <u>120mg</u>	100 mg/m ² /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) Q8H	30 min before chemotherapy	IV
Hyperhydration	3000 ml/m ²	Start 6 hours prior and 6 hours post CPM/Ifosfamide	IV
Growth Factor (G-CSF)	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 in weeks where vincristine is

10/12/22

4/5/11 RO-OPD

No major acute toxicities.

Tolerated RT well.

40 occ. itching over perineal region

Adv.

T. LCZ 5 mg HS x 5 days

Maintain locoregional hygiene.

Rev. after 2 months

on 11/03/23
R (4)
9 am

2

CBCT/US/USr/PET-CT Report + films
CE MRI Report + films

Continue chemo. ↓ Peds Med.

Sitz bath TDS

1
✓
5/12

11/3/23

4/5/11 RT-OPD

Adv. Complete chemotherapy

3 months Radiation
oncology review
File (3)
RW

Lab
In/In

given alone, without regard to vincristine administration. If the ANC has risen to $> 750/\mu\text{L}$ after the nadir but then falls the next cycle should be given despite ANC $< 750/\mu\text{L}$.

INDUCTION REGIME

BSA 1.2 m²

WEEK	DAY	CHEMOTHERAPY	DATE GIVEN	SIGNATURE
1	1	VDC	5/7	[Signature]
	2	D	6/7	[Signature]
2	1	V	12/7	[Signature]
3	1	IE	8/8/22	[Signature]
	2	IE	10/8/22	[Signature]
	3	IE	11/8/22	[Signature]
	4	IE	12/8/22	[Signature]
	5	IE	13/8/22	[Signature]
4				
5	1	VDC	24/8/22	[Signature]
	2	D	25/8/22	[Signature]
6	1	V	31/8/22	[Signature]
7	1	IE	5/12/22	[Signature]
	2	IE	6/12/22	[Signature]
	3	IE	7/12/22	[Signature]
	4	IE	8/12/22	[Signature]
	5	IE	9/12/22	[Signature]
8				
9	1	VDC	26/12/22	[Signature]
	2	D	27/12/22	[Signature]
10	1	V	23/1/23	[Signature]
11	1	IE	14/1/23	[Signature]
	2	IE	16/1/23	[Signature]
	3	IE	17/1/23	[Signature]
	4	IE	18/1/23	[Signature]
	5	IE	19/1/23	[Signature]
12				
13	Evaluation (CT/MRI)			
14	Local control (Surgery/RT)			

If radiation is the primary local control measure or will be given pre-operatively then consolidation

Vincristine weekly during RT

Blood gas done.

28/5/22 9.20 AM

Ph - 7.427

P_{CO2} - 34.5

P_{O2} - 67.4

HCO₃ - 23.4

Na/Hct - 130.9/4.1

iCa - 0.98

Lactate - 1.8

Adv.

Adv.

9. amoxic (4mg/tal) 1tal po qds x 5 days

9. pantop (4mg/tal) 1tal po qd x 5 days.

9. Pca (5mg/tal) 1tal po qds

R/W in ped emergency if fever spike.

J. Amf
affairs.

28/5/23 Please arrange →

hp Ifofamide (lg) → 2 vials

hp Mezna (200mg) → 22 vials

Shreyam

23/5/23
Gauri/Sis.
Dysmenorrhea R/V in OPD on 31/5/23
on Septan
Thrombocytopenia
Anovulatory cycle

Total lfs: 11g

Mezna: 200mg x 22

28/5/23

o/o Vomiting 4-5 episodes since yesterday evening.

o/o abdominal pain

o/o headache from today morning.

no o/o fever / loose stools

o/e child is alert, awake, afebrile
no signs of dehydration.

HR - 94/min

RR - 28/min

SpO₂ - 94% in RA

BP - 104/62 mmHg

Pulses - WP

CPS - 25

I/A: Soft,

non-tender.

kindly arrange

for 5 days

{
Enj. 4 LTR (300mg) — 3 vial
Enj. Clotrimazole (100mg) — 1 vial
Enj. Edo Surinide (1000mg) — 2 vial.
}

Diet Notes

Wt :- 33kg

Calories wt

Current intake - 1450 kcal & 40g P

Recommended intake - 1970 kcal and 65g P

Pentam up 1500g 300ml

DD.

JFL
24/05/2020

Please
always

- Ifosfamide (1g)

1 already arranged
⇒ 2 more needed

total 11 vials
[2.2 x 5 → 11g]

- Mesna 800mg TDS → 2400mg x 5
12000mg.

(200mg) → 60 vials.

• chew.

- Iy. Ifosfamide 2.2 g/200 uL NS N. @ 2 hrs.

- Iy. Etoposide 125 mg/300 uL NS N. @ 4 hrs

- Iy. Mequa 800 mg/100 mL N N @ 0, 3, 6 hrs

• post chew.

- Tab Dera 4g TDS.

- Tab Emet 4g TDS } x 3 days

- Iy. G-CSF 200 ug s.c. OD x 5 days

- Flv on 22/5/23 for early chew set

30/5/23 31/5/23 1/6/23

→ Didn't received last chew ok 11.
in view of febrile neutropenia

D5 Iy. piptaz/Amika

Afebrile x 4 days.

Blood c/s - Accepted.

Adv:

7.8/1340/420/1.60

LFT/RFT - (N)

- R/w c RN SR. ~~to be done~~ ^{afternoon} for follow up.
blood culture to stop antibiotics.

- Iy. G-CSF 200 ug s.c. OD x 3 days.

- R/w c ~~to be done~~

- chewdate (tentative) on 25/5/23.

TO check CBC in daycare for

ANC: >500. Echemo checked in last op.