





23/10/23

on dexons septers

2x bedaku ganglu

situ bath  
kebu pending

10.3 5270 465  
4310

UFT/RFI - (w)

Echo - Dated for  
26/10

D+6 of 0-1 (7R)

due for lunar tomorrow.

Adv

24/10

24/10 Diji Lunara 4300 to dap 17M

25/10 - Diji VCR 0.3mg slow 1/2 push

25/10 Diji Doremban 11mg slow NS

25/10 Diji Eniset 2mg 1/2 stat

25/10 Diji Eniset (2mg/10mg) 5ml 805

25/10 Diji Eniset (2mg/10mg) 5ml 805

25/10 Diji Eniset (2mg/10mg) 5ml 805

25/10 Diji Eniset (2mg/10mg) 5ml 805

25/10 Diji Eniset (2mg/10mg) 5ml 805

25/10 Diji Eniset (2mg/10mg) 5ml 805

25/10 Diji Eniset (2mg/10mg) 5ml 805

25/10 Diji Eniset (2mg/10mg) 5ml 805

25/10 Diji Eniset (2mg/10mg) 5ml 805

28/10/23

on Septian

photo copy

Echo (w)

DP ongoing

beat case 12/hyper

N/V POPD on 28/10/23  
CBC / UFT / RFI

[Signature]

28/10/23

Δ: B-MU / ER / DL

- 40 wpts x 2 days ; odd 10/day
- no other complaints

of 2  
Hlab stable

PR = 26/h

H<sub>2</sub> RAXO  
condensed sounds ⊕

10.2 }  $\frac{4940}{1150}$  } 7-9/10/23

20clms - (R) 57ml  
BF = 69%

Wt / head (R)  
Rest - 100%

30/10/23

- oral care
- Sit bath
- on sephas AD
- Nails to cut
- mild cough

- (Dose) for Bi L-Asparaginase  
on 28/10/23  
L

inj. L-Asparaginase 4300U  
im stat.  
29/10

o - hyp. K<sub>2</sub> (smf / smf)  
2.5me ns.

- Mr 30/10/23 @ 4pm  
ELM / ER / LOT

fatigue  
hr.

4/10/23  
 - sphenoid  
 - hygiene measures  
 - 15 Septilin  
 - not taking oral antibiotics

B-ALL, IR, due for 5th dose of Capizzi MTX  
 VCR induced neurotoxicity, ptosis resolving.  
 (On 50% dose of VCR)

post 4th dose, neutropenia on D10  $< 150/mm^3$

\* did not take the oral antibiotic prescribed 5d ago,  
 clinically well now. no fresh complaints, safe to take

3/10/23

Adv

8.6  $\frac{6200}{1720}$   $\frac{5,72,000}{}$

dated on 6/10/23  
 in MCB  
 daycare

- 1) Inj. VINCRISTINE 0.3mg IV slow push  
 (Envid push, patent IV cannula)
- Inj. METHOTREXATE 80mg in 100ml NS  
 IV over 1 hour

06/10/23

7. Bil / AST / ALT / S. Alb =  
 0.12 / 45 / 30 / 3.9

2) CBC / RET / AFT on 17/10/23.

3) F/U in Fed 3 OPD on 18/10/23

4) Continue supportive care measures

Dr. K. Radhika Sagarika  
 Senior Resident  
 Palliative Care  
 Dept. of Pediatrics, Sree Siddhanta Hospital

18/10/23

imc completed

CBC / ✓  
 penicillin

B-ALL / IR / VCR induced ptosis - resolved  
 (received 50% dose)

I.M. completed

BC = 9.8  $\frac{7730}{2180}$   $\frac{2L}{}$

No active issues.

Adv To start DI Protocol

Diet notes

WT: 8kg.  
MURC: 12.5mm.  
WT: 76mm  
(MAM)

Microites resolved.

Current Intake - 450 kcal and 13.8g P  
Recommended Intake - 614 kcal and 20.2g P  
Target - 730 kcal and 24g P.  
Advice - Pedigold 1/2 scoop in 100ml milk  
TB.

Lycee - 2 stop 1 day  
Theptin - 2 day.

19/09/23

30/09/23

0.8 / 4170 / 131.1  
600  
Monocytes: 277.

D50 - Syt. Trisyr  
Syt. Teloplarin

RFI / CFI: WNL

Sis: B-ALL / IR / EM / FN  
Cough - Med - Abx x 7 days.

O/E: vitals - stable  
chem: B/L A/C equal  
nb added rounds

Key S/E: WNL

Adv:

STOP IV Abx

- Syt. Acyclovir 5 syt. cetirizine to continue.
- Syt. Argemone (200/5) 3.5ml po TDS QD X 7 days.
- N/V on 4/10/23 i. CBC/RFI/CFI.

Signature

Department of Pediatrics  
Division of Pediatric Oncology  
All India Institute of Medical Sciences, New Delhi

CRID-75610



LH1710230170 106680248  
LC1710230343 106680248  
SOURYAKUMAR

शरीरमाद्यं खलु धर्मसाधनम्

### Patient Note Book

45610  
CR 75610

Name : ..... *Sourya Kumar* .....

ID : ..... *106680248* .....

Diagnosis : ..... *B-Arc IIR* .....

HELY FOUNDATION

Patient Details

Name : Sourya ✓

Age / Gender : 19 m

Father's Name : Manoj

Address : Thakkara

Contact No : ✓

POC / PCSC No.: 115123

Diagnosis : B-Hc

Remarks :

- Hygiene explained
- Dengue signs explained
- Bld donation





# Diagnostic Work UP & Risk Stratification ✓

flow (blood) 2/14/27

92% CD45 dim blasts  
① CD34, CD10, CD19, CD199  
CD38, CD58, CD81, CD123  
CD304

② HPO, CD117, CD7, 3, CD17, CD33

B-ALL

Bone marrow (2/5/23)

karyotype - 46XY, trisomy 22

FISH - Negative for t(12,4), t(9,22), (1,19) & MLL-r

molecular - not done

D8 - ABE - ??

D8 - CSE - ??

BcrA → Perm 35 10 5

MDM2 → Neg

BCR → Neg

Name of treatment protocol

101CLG





Dear CK,

Kindly arrange Dr. Lunase 4500 IU

13/5/25

10/11

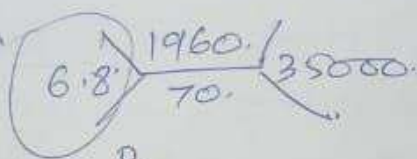
C/O B-AUL (IP) Induction Day 10

Dated on 17/05/23

D3 PS/CSF report not ready.

Molecular/FISH - sr may. ptz.

set too (19A)



Rx

- IV. L. aspergillase. 4500 IU im stat.

on 15/5/23

- Cont. Prednisone/Lanzol/septran

- FU on 17/5/2023 i.e. CBC, LFT/RFT. to

decide for next. antifungal

Shel

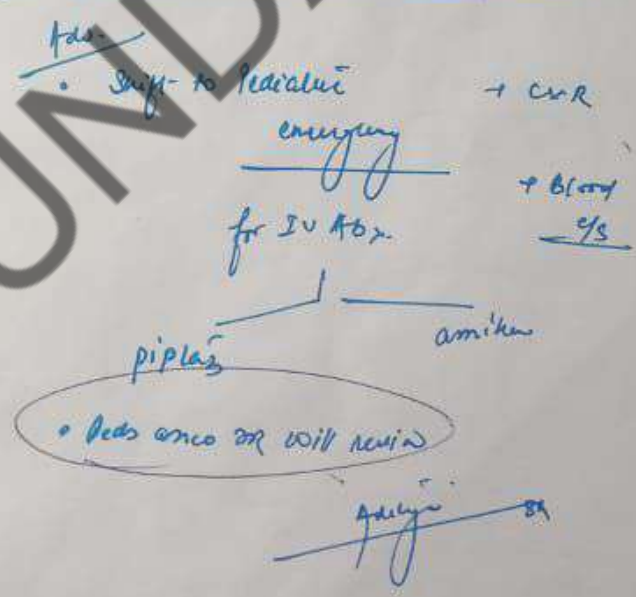
17/5/23

- ① To visit daycare for PRBC
- ② CBC/CAT/RET prior
- ③ DIS tomorrow

tomorrow } fav.

- Sig Viscerite 0.7mg in push
- by d-asp 4500 IU deep Jm.

completing of fever — 103°F  
 last one — 70



18/5/23

- No fever since morning
- w/rt Dexamethasone 7 NO profused necrosis.

To give Inj Vek 0.8mg strip  
(Lentose not changed)

R/w opd 20/05/23

27  
UH  
19/05/23

↓  
The Tokeide

Damo

sequely on conts

To go ahead & here.

20/5/23

Didn't receive IV Abs yesterday (20/5)

However, no fever.

was in emergency - single dose of IV ABX.

- 10.9 →  $\frac{750}{10}$  < (15,000)  
Received 20 RDP

Adv.:

Carlaids please help.

- Inj. Lincase 4500 IV deep Inj.
- post-chemo @ 8PM

to be given in

CBC R.no. 27

IV Abs  
After +  
Even.  
@ 4 Nagr.

R.no. 30.

20/5/23  
of the signs.  
Inj. Lincase 4500 IV 2M  
give 20/5/23  
for tests.

- Review tomorrow in Daycare for clinical follow

To WH DNR

ivc FN/profound Neutropenia.

→ on Monday (21/5/23) — R.no. 27 CBC i mening

- Inj. Lincaprylase 4500 IV deep Inj +  
Clinical review

24/05/23

- Child unwell on Meperin is Temporal  
febrile for past 12 hours.

- Nasal discharge is longer

↓

Continue [CBC, Urt / Ht  
on 24/05/23]

↓

Check for fever in day

↳ if fever persists  
will refer outpatients

MW

27/05/2023

24/05/23  
Sp. more 4500 deep in

fm

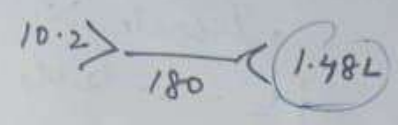
FLY FOUNDATION

at  
for  
th  
er  
s  
b  
→  
to  
to  
o

27/5/23

Aggravate x 5 days

Current CBC



Ave Pwd 10 → 180

Blood c/s : pending

R.no 50  
 Blood  
 c/s

Adv.

① continue IV Abx till c/s

② Nix 2-asparginase

9500IU

deep In

R.no. 30.  
 Nix  
 27/5/23

③ N/V — Monday p/c dpm

i/c

in morning

④ To visit D/c tomorrow

for

for Vinorelbine 0.8mg iv push

Nix  
Lepe  
28/5/23

already commenced treatment  
 for iv antibiotics.  
 fluid ed - forceful  
 unresd, no left  
 blood noticed.

→ see ongoing nix  
 early and further  
 to swelling noted  
 to extravasation.



29/5/23

ALL (IR) / Induction (D 24)

File - NA  
latest CBE - NA

FN

D7 - Mero + Telco

afebrile X 8-9 days

O/E - stable

Adv:

- Cont. IV - AB
- collect Bld C, CBC
- Font pred, septum & Lanzole
- inj L-Asparaginase 4500 IU IM on 28/5
- FU CTN - SR in day case on 31/5/23
- N/V on 31/5/23
- labs & file

~~pending~~

31/5/23

Clb

B. ALL (IR) / Induction day 25

11.9. 5130 A.70  
2000  
LFT/RFT (N)

Received: D10. Iy. Mero/Telco.

- One Daunorubicin pending.

Rx

- stop Iy. Mero/Telco.

- Iy. Daunorubicin 12mg/100ml NS. on 31/5/23.

- Iy. L-Asparaginase 4500 IU IM on 31/5

(Not taken) -> Iy. VCR. 0.8 mg N. prsh on 2/6

- ITM on 2/6/23.

- F/U on 3/6/23. E CBC, LFT/RFT. to start therapy.

Rel  
4/2/23

3/6/2023

Apixine / d# 28 / Induction

Adv

→ Eq. VINCRISTINE - 0.8mg IVP - (3/6)  
→ Syt Omnacartil forte (5ml/15mg) -  
3ml — 3ml x 2 day (3-4)  
↓  
3ml — 1.5ml x 2 day (5-6)  
↓  
1.5ml — 1.5ml x 2 days (7-8)  
↓  
1.5ml — 1.5ml x 1 day (9)  
↓  
stop

→ Dajil L-Asparagine - 4500 IV deep in on -  
→ 5/6

→ To take off BMA-MRD & ITM + GB on  
13/6/2023 (to check CBC)

→ N/U - 13/6/2023 i report

has  
Gibbs

5/7/23

- Oral Care

- Sitz bath

- On Septan Sat/Sun  
61M#

- C/O - loose stools  
3 episodes x 2 days.

5/7/23

IR/Consolidation day 6 / B/L ptosis, R/L lower limb weakness

Adv: T. Amlodipine 5mg  $\frac{1}{2}$  — 0 —  $\frac{1}{2}$ . — To taper on followup  
T. 6MP 50mg  $\frac{1}{2}$  tab PO OD

Inj Cytarabine 35mg IV 8/7/23-11/7/23

Date for ITM + CSF MCB, Day Care → 10/9/23 PG 1077

Next OPD 15/7/23 @ CBC/RET/LFT.

In case of fever, to review on ped cancellly for IV antibiotics  
Meant  
T.

To collect anti-ganglioside report.  
↳ Negative

Ped neuro review.

BP 100/60 mmHg.

Meant

15/7/2023

HB-89  
PC-4850  
PV-803 x 10<sup>3</sup>  
DNE-2570

14/7/2023

D B-ALL / IR / Consolidation /  
ICICLC

BLC proptosis - persisting  
lower limb weakness ⊕  
"

DD VCR induced  
neuropathy

MR1 brain (20/6/23) → (N) study

CSF - Acellular

Adw:

Shunyang  
18/7/23

- IV cyclophosphamide 450 mg to 100 ml NS over 30 min
- IV ARAC 35 mg IV 35 mg x 4 days (D16-D19)
- Tab G-MP 50 mg 1/2 tab OD
- IT METHOTREXATE 10 mg (D15)
- IV MESNA 150 mg w act d, 3 & 6 hrs 2 CPM
- T AMLODIPINE 5mg 1/2 - 0 - 1/2

TIC Septoria

Autoimmune panel: -

GM1  
GM2  
GM3  
GD19  
GD15  
GA15

} - Negative  
GM1

IC  
Adw

19/7/23

C10

B-ALL (IR)/consolidation Day 16

8.9  $\frac{4850}{2570}$   $\frac{203}{}$

- Has VCR induced ptyosis.
- No other complaints.

Adv.

- Iy. cytarabine 35 mg iv. push.

19/7/23 20/7 21/7 22/7 23/7

- cont. GMP. / septran / amlodip
- F/U on 26/7/23 @ CBC, LFT.

Adv  
3/2 po.

26/07/23

7.2  $\frac{1.56}{0.53}$   $\frac{180}{}$

LFT/KFT-(N)

B-cell ALL (IR) Consolidation

Clinically well

Vitals stable

Adv.

26/7/23  $\frac{1.56}{0.53}$   $\frac{180}{}$  Iy. CYTARABINE  
 27/7/23 35 mg iv SLOW  
 28/7/23 35 mg iv SLOW  
 PUSH

from 26.07.23 to 29.07.23.

29/7/23 - CT. 6 MERCAPTOPURINE

- CT. SEPTRAN / AMLODIPINE

- F/U on 02/08/23 @ CBC / LFT / KFT

16  
Mansoor

2/8/23

40 B-PH (32) / Consolidation

• no apyemia to 4 days

• blood  $\frac{1}{3}$  awaited

6.5 / 1450 / 560  $\leftarrow$  1.27 hrs.

Adv

- ~~STOP~~ To ct. IV antibiotics

- to collect blood  $\frac{1}{3}$

Blood  $\frac{1}{3}$   
|  
sterile.

Consider stopping antibiotics if culture sterile -

- to continue on ~~total~~ leptin as advised

- Mx 5/8/23 ~~CC~~

Salpas

6:00 PM

Blood  $\frac{1}{3}$  sterile

- STOP IV antibiotics

Satur

~~5/8/23~~ B-AU / IR / Coarctation D 32  
No fever or active issues.

4/8/23 5.7  $\left\{ \begin{array}{l} 2400 \\ 1260 \end{array} \right\}$  1.37L

Not in CHF  
No gallop  
Liver not palpable

Adv  
- PRBC transfusion - Daycare - 7/8/23

- Repeat CBC / LFT, RFT on 8/8/23

N/V Red II OPD on 9/8/23 - to start T.M. if @ Aves  
Platlets

- Cont Septuan  
Sitz bath



09/08/2023

9.6  $\left\{ \begin{array}{l} 5,380 \\ 3,910 \end{array} \right\}$  2.6L

Sis Timmy: Interm Manlio  
protocol please

To start:  $\rightarrow$  ITM + CF dab D,  
 $\swarrow$  14/08/2023

IRCM  
from NA, please  
RUC

15/08/2023  
D2 onwards : VCR & iv methohex  
↳ Toga @ 50%  
dose  
(horally)

~~15/8/23~~ onj VCR 0.3 mg iv  
slow push  
→ some  
100ml

~~15/8~~ onj Methohex 25mg in 100ml  
NS over 1 hour

~~oral hydral~~ 20mg 3 days  
plenty of oral feeds

16/08/2023

~~16/8/23~~

h km

16/8/23 B-AU / IK / I.M. - D3 today.

VCR given @ 50% dose

No ptosis / head lag

Not able to walk independently. <sup>19</sup>

VBLn → pH = 7.42  
K<sup>+</sup> = 4.3  
HCO<sub>3</sub><sup>-</sup> = 25.4  
CO<sub>2</sub> = 39.8

(2)



(N) tone & power of lower limb

$$14/8 = 9.7 \left\langle \begin{array}{l} 4000 \\ 2510 \end{array} \right\rangle 4.64L$$

Adv N/V Peds III OPD - 23/8/23 = CBC

Ceet. Septan



23/08/2023

Dio of I.M

$$8.2 \left\langle \begin{array}{l} 3.550 \\ 680 \end{array} \right\rangle 3.13L$$

M 12.4%

Dr. h. met Mellishet is 2 days; 25/08/2023

Plan: - 5mg Vch 0-3mg w/ sleepmed  
(sof. dose)

Handwritten  
25/8/23

5mg Mellishet 75mg r to come N/A over  
than.

- Plenty of oral fluids.<sup>20</sup>

- Dati fr ITM (no CSF)

m: 29/08/2028

Intrathecal  
methoprene  
12mg

R/w 2/09/2028 CSF

fr

by: Intrathecal methoprene 15mg/0.5ml - ①

Saliva

31/08/23

Miss

BAC/TK/EM (DIS)

fever x 5 days  
recorded 101-102° F, not afebrile  
cough - on 4/8, non productive

O/E:

chest:

B/L A/c present  
no added sounds

P/A: - soft, NT.  
No organomegaly.

Real #2: WNL

9 kg

B.B.  $\frac{9 \times 90}{0.20}$  1-7 d.

[25/8/20].

Adv:

1) CBC | RFT | LFT.  
PCT  
Blood-c  
chest X-ray.

2) Inj. Zosyn 900 mg / 20 ml NS IV 8hly.

3) Inj. Amikacin 135 mg / 10 ml NS IV 24hly.

4) Syp. PCM (250/5) 2.7 ml PO SOS.

5) Temp - charting 6hly.

6) Review 2 reports for follow-up in daycare every other day.

Shusmi:

31/8/23  
Wb - 96  
TLC - 4390  
R/S -  $153 \times 10^3$   
Ave 11:30

D-BALL/IR/IM/19000  
on IV Zosyn + Amikacin  
Genes - bottles

Adv  
o CBC  
• TLC IV antibiotics  
• TLC Septan

04/09/23

o Sir: B-ALL/IR/IM  
• Afebrile for 4 days  
on inj. Zosyn } DS  
inj. Amikacin }

Rest of E: WNL

Adv:

- R/W CBC  
- STOP IV Antibiotics after CBC

- Inj. VCR 0.3mg slow IV push.  
- Inj. Methotrexate 90mg in 100ml  
NS IV over 2hr.

- Cont: Septan.

- N/V in 4/9/2023 in POC

Shivani

BLOOD - C  
S

4/9  
 - Nails not cut daily  
 - Oral care / GDS  
 - acetaminophen  
 - mouth is febrile & vomited after eating x 2 days  
 - on Septan

B-ALL / IR / IM

No c/o fever x 4 days  
 ANC - recovered  
 Blood  $\leftarrow^c$  - sterile  
 LFT/KFT - (N)

Clinically well  
 vitals stable

Adv

- STOP IV antibiotics
- R/v on 09/09/23
- CBC / LFT / KFT
- Danger signs explained

revised

9/9/23  
 Poor hygiene  
 on Septan  
 CBC  
 LFT / KFT

9/9/23

chronically stable  
1st organ

(10)

FN record

3rd day of IV MT capillary reflow  
4/9/23.

6/9/23

8-5  
- 5-2 (2-1)  
- 1-8

CF7  
CF7 (2)

13/9/23

new c. repeat test

13/9/23

- NO oral calcs
- FVS (neoclonal tested)
- Thermometers
- Septicemia
- Poor hygiene

0/E

Respiratory  
inhalation ✓  
Ankle

flex

B- All / IRI / IM .

1 spike of fever at night  
running nose  
No cough / loose stools /  
loose stools / vomiting . .

0/E: Chest: 4/4 4/2 equal  
No added sounds

but 4/E: WNL

Adv:  
- Respiratory  
viral panel.

8:30 / 4070 / 62,000  
[14/9/23]

KFT/LFT:  
LFT: ALT/AST: 161/145  
(14/9/23)

Adv:  
- Syf. cetirizine (5mg/5ml) 5ml po OD HS →  
x 5d.  
on 14/9/23.

Adv:  
- Inj. VCR 0.3mg slow IV flush  
- Inj. Mersalate 105mg in 100ml NS  
over 1hr.

- plenty of oral fluids.  
- Damage signs explained  
- N/V on 23/09/23. → CBC/LFT/RFT.

- Zytex gel LA TDS.
- Candied MP LA ~~TDS~~ O/D
- Chlorhexidine MW ~~TDS~~ LA TDS

22/09/23

Child seen in MCH-DC.  
K/c/o B-ALL dx on IM.  
Start on D<sub>2</sub> Inj Piptazyl/Amibacter  
ANC-200

No fresh fever spikes  
Blood  $\left\{ \begin{array}{l} \text{C} \\ \text{S} \end{array} \right.$  awaited

Clinically well

- Adv.
- at I.V antibiotics
  - Review ± CBC,  
LFT, KFT on 25/09/23  
in AOC Clinic 2pm

Khande

25/9/23  
 8.8 | 1.85 | 25  
 No 200  
 LFT / RFT ✓

BK's report.  
 CBC on 26/9



cough (+)  
 No fever.  
 Chest clear

- syp Acyclovir to continue ✓
  - continue IV antibiotics
  - Review EBC's
  - syp Cetirizine 3.5ml OD x 5d
  - Review on 27/9/23 in OPD
- Aditi - Gupta

- 27/9/23
- 2.1. Betadine gargle
- Sitz bath
- on Septra 400
- NO fresh cough
- No fever / no Cough
- on 1/IV antibiotic.

obs: B-AE / IR / IM (DYS)  
 cough persisting.  
 Hctmle :: 4 days.  
 chest: R/L A/E equal  
           No added sounds  
 RFT 4E: WNL

- adv:
- cont. syp Acyclovir 5
  - syp. cetirizine
  - cont. IV Antibiotics
  - Review in Dept for  
   Ad review.
  - M/W on 30/09/23 ✓ CBC/

9.1 | 130 | 20.000  
 IR Blood c

Quian



T. Dexa (2mg) 1 tab po BD x 5 days Pain today

T. Kanzol IR 15mg 1 tab po BBF OD x 5 days

Ij. VCR 0.3 mg iv slow push stat (D1)  $\frac{\Delta}{2/10}$

Ij. Doxo 11 mg / 100 ml NS iv over 1hr (D1)  $\frac{\Delta}{2/10}$   
Ij. ciset 2mg iv

ITM - Methotrexate 10mg + CSF  $\rightarrow$  8am NPO Day 1  $\frac{\Delta}{2/10}$

Ij. Kevase 4300 u deep i.m. on D4 (2/10/23)

Port CT  $\rightarrow$  Syp. ciset (2mg/5ml) 5ml po TDS x 3 days

Cont Septeran  
872 bath

N/V - 23/10/23 - Monday 2pm = CBC  
LH/RH

To Cousins, Ij VCR 0.3mg  
please provide

*[Signature]*

SENIOR RESIDENT  
Department of Pediatrics  
All India Institute of Medical Sciences  
New Delhi, India - 110029

LH2110231198 106580248

LC2110231738 106580248

SOURYAKUMAR

~~30/10~~

Δ-B-ALL (7R) | D-1 | D-113

27/10

No FC

\* Check CBC  
Adv

10:2 } 4940 }  
1250 } 7.91 }  
LFT RFT @

- 7. Dova. (4mg) Y2 tab BD  
X/11-5/11/23.

- 2ij VCR 0.3mg slow IV push - 1/11/23

2ij Dova 11mg + normal NS over 1hr  
3/11/23

\* LECT - 2ij Amoxicillin 500mg stat

\* to come N.P.O on 1/11/23 @ 8am to MCB-PC

- 2ij Methotrexate 10mg Intra mecal - ①

@ Septum on advised

- N/V POPD 4/11/23 = CBC / LFT RFT

QUP

Sanya

wt = 8 kg

BSA = 0.45 m<sup>2</sup>

Intermediate risk Consolidation

Week 6-10

Eligibility ANC > 750/cumm, platelet > 75,000/cumm

Day	Cyclophosphamide 1000mg/sqm IV 30mts (450)	Cytarabine 75mg/sqm (35mg) IV (2000)	6-MP 60mg/sqm PO In evening (25mg)	ITM (Age appr)
1	28/6/23		27/6/23	
2		01/7	28/6	
3		27/6/23	01/7	
4		Kampanye 3/7		
5		09/7		
6				
7				
8	10/7/23			Stop decrease cell
9	10/7/23	11/7/23		10/7
10		Sampul 12/7/23		
11		Kampanye 13/7/23		
12		Kampanye 14/7/23		
13				
14				
15	18/7/23			18/7/23
16		19/7		
17		20/7		
18		21/7		
19		Kampanye 22/7		
20				
21				
22				

Shanaye

BSA 0.45

Intermediate risk

Interim maintenance Week 11-18:

Eligibility: ANC >750/cumm, Platelets > 100000/cumm

Day	VCR 1.5mg/sqm IV Max dose 2.0mg	IV MTx 100mg/sqm Escalate subsequent dose by 50mg/sqm	ITM (age appr)
1			<del>1/23/23</del>
2	(50%) <del>1/18/23</del>	<del>1/18</del>	
3			
4			
5			
6			
7			
8			
9			
10			
11			
12	(50%) <del>1/18/23</del>	<del>1/18</del>	
13		(75mg)	
14			<del>1/18/23</del>
15			
16			
17			
18			
19			
20			
21			
22	(50%) <del>1/18/23</del>	<del>1/18</del>	4/9/23
23		(90mg)	
24			
25			
26			
27			
28			
29			
30			
31			
32	(50%) <del>1/18/23</del>	<del>1/18</del>	
33		(105mg)	

Socureya 44 → 81cm

wt : 8.7kg

BSP →

0.43m<sup>2</sup>

Delayed Intensification

IRDI R2-A

Week 19-25

Eligibility ANC > 750/cumm, Platelets > 100000/cumm

50% dose

Day	Dexa 10mg/ sqm	VCR 1.5mg/ sqm(max dose 2.0mg)	ITM (age appr)	L asparginase 10,000units/ sqmIM	Doxa 25mg/sqm	Cyclophos phamide 1000mg/sqm	Cytosine arab. 75mg/sqm IV	6-MP 60mg /sqmPO
1.		1.5/10	2/10		25/10			
2.								
3.								
4.				2/10				
5.								
6.								
7.				2/10				
8.		1.5/10			25/10			
9.								
10.								
11.								
12.								
13.								
14.								
15.		1.5/10			25/10			
16.								
17.								
18.								
19.								
20.								
21.								
22.								
23.								
24.								
25.								
26.								
27.								
28.								
29.								
30.								



भारतीय विशिष्ट पहचान

Unique Identification

पता:

द्वारा: मनोज मोदी, विलेज - महुवार, टोला - मोदि  
बैधमारा, बोकारो स्टील सिटी, बोकारो,  
झारखण्ड - 827009

Address:

C/O: Manoj Modi, Village - Mahuwar,  
Modidin, Po - Baidhamara, Bokaro st  
Bokaro,  
Jharkhand - 827009

6083 63

VID : 9101



1947



help@uidai

भारत सरकार

Government of India



सोर्षा कुमार

Sorya Kumar

जन्म तिथि/DOB: 04/06/2021

पुरुष/ MALE

यह आधार 5 वर्ष की उम्र तक ही वैध है

XXXX XXXX 0219

VID : 9101 7332 3431 4749

मेरा आधार, मेरी पहचान