

Atul
106996045

Ht-153 cm
Wt-35.4 kg
E-SA-

Division of Pediatric Oncology, Dept of Pediatrics
AIIMS, New Delhi

ALL - Relapse (Based on UKALL R3)

Name: ATUL Age: 12yr years Sex: M
UHID No: 106996045 POC No: 272/23
Date of Primary Diagnosis: October 2023
Age at Primary Diagnosis: 11 years
Immunophenotype: B-ALL
Cytogenetics/Molecular: FISH: negative / Karyotype: 46,XY
Protocol: 4CTG-GR
CRT during primary treatment: No
Date of treatment initiation: 01/10/2023
Date of treatment completion: not completed
Date of Relapse: 08/10/2024
Time to relapse since primary diagnosis: 1 year
Time to relapse since primary treatment completion: N/A
Sites of relapse: CNS
Cytogenetic and molecular evaluation at relapse: awaited
Final stratification: High risk
Treatment Strategy:
Matching:
HBsAg:
Mantoux:
Consultation:
Consultation:

24.				
25.				
26.				
27.				
28.				

Drug	Dose	Route
Dexamethasone	20mg/m ² /day – 2 divided doses Maximum dose: 40 mg/ day	Oral
Vincristine	1.5mg/m ² /dose (max - 2mg)	IV slow push
L-Asparaginase	10000 IU/m ² May replace with Pegylated L- asparaginase- 10000U/ m ² on day 3 and day 17	Deep im
Mitoxantrone	10 mg/m ²	Fast IV over 15 mins with saline flush
Idarubicin	10 mg/m ²	Slow IV over 4 hours
Intrathecal methotrexate	Age adjusted* < 2 years: 8 mg 2-3 years: 10 mg > 3 years: 12 mg	Diluted with max concentration 2.5 mg/ml

Notes:

* Mitoxantrone is the preferred anthracycline in induction. However, Idarubicin can be used if mitoxantrone is not available

** The timing of mitoxantrone/ Idarubicin may be altered based on the clinical condition after discussion.

*** Weekly Intrathecal therapy is continued in CNS positive disease till two consecutive CSF are negative for blasts.

- Ensure adequate hydration and allopurinol if there is setting of tumour lysis syndrome
- Prophylaxis for PCP and antifungal prophylaxis are mandatory. Cotrimoxazole is the preferred agent for PCP prophylaxis.
- Liposomal Amphotericin B @ 1 mg/kg/day given thrice weekly may be the preferred antifungal agent.
- Ensure adequate nutritional support, early NG feeding is encouraged.
- Take RT consultation for CRT/ testicular RT

Note: BMA and MRD assessment may be done post induction if counts have recovered. If counts have not recovered, proceed to consolidation week 1 (Dexa + vincristine) and do bone marrow examination for morphology and MRD post day 7 of consolidation.

2D echo - (N)

Division of Pediatric Oncology, Dept of Pediatrics

ADAMS-New Delhi

Phase I: Induction

Weight: 35.4 kg Height: 153 cm BSA: 1.85 m²

Hb 11.0 TSC 3230 Platelet count 1.47 lak

Urea/creatinine Bil Echo

Day	Dexamethasone	Vincristine	L-asparaginase	Mitoxantrone*	ITM
1.	23/10/24				26/10
2.					
3.		28/10	16/10		
4.					
5.					
6.		29/10	29/10		
7.					
8.					
9.				31/10	2/11/24
10.	8/11				
11.					
12.			5/11		
13.					
14.					
15.					
16.			8/11	8/11	10/11/24
17.					
18.					
19.					
20.					
21.		14/11	14/11		

Intermediate risk Consolidation

Week 6-10

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

ATUL

11y/M

106996045

Weight - 32kg

Height - 147.5 cm

B.S.A - 1.1

Day	Cyclophosphamide 1000mg/sqm IV 30mts 1100	Cytarabine 75mg/sqm IV 82mg	6-MP 60mg/sqm PO In evening	ITM (Age appr)
1	12/11			
2				
3				
4				
5				
6				
7				
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26				

Diagnostic Work UP & Risk Stratification

Asis: B-ALL /IR

Peripheral blood
FCM: CD19, CD10, CD20, CD58, CD22, CD38 +ve.
w/ blasts

Cytogenetics: R/A

Karyotype: R/A

D8 CSF - acellular

D8 PS - No blasts seen

FISH → Negative
karyotype → (55X4)

MRD OXO

EOI: MRD-Negative

Relapse

→ Very early isolated

→ BM :- 3% b
MRD-

→ Testis (N)

→ 2DEcho -

Name of treatment protocol ICLE (IR)

US4 tested: (N) study
(25/10)

Swat - 9654730783



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

UHID:	20096045	Sex:	Male
Patient Name:	Mr. ATUL.	Sample Received Date:	26-Oct-2024 10:45 AM
Age:	22Y 1m	Department:	Paediatrics
Lab Name:	Dept of Laboratory Medicine	Lab Sub Center:	Smart Lab New OPD Block
Reg Date:	26-Oct-2024 10:45 AM	Sample Collection Date:	26-Oct-2024 09:29 AM
Recommended By:		Lab Reference No:	2414703736

Sample Details : LH20102400097

Sample Type : Whole Blood

Report

HEMATOLOGY

Test Name (Methodology)	Result	UOM	Reference
Hb (ALK photometry)	9.90	g/dL	13.0 - 17.0
Hematocrit (Direct Measurement)	30.30	%	40 - 50
RBC count (Impedance)	2.73	$10^6/\mu\text{L}$	4.5 - 5.5
WBC count (Flow flow cytometry)	5.59	$10^3/\mu\text{L}$	4.0 - 10.0
Platelet count (Impedance)	408.00	$10^3/\mu\text{L}$	150 - 410
MCV (Calculated)	111.00	fL	83 - 101
MCH (Calculated)	36.30	pg	27 - 32
MCHC (Calculated)	32.70	g/dL	31.5 - 34.5
RDW-CV (Calculated)	17.30	%	11.6 - 14
Neutro (Flow flow cytometry)	81.90	%	40-80%
Lympho (Flow flow cytometry)	3.40	%	20-40%
Eosino (Flow flow cytometry)	0.00	%	1-6%
Mono (Flow flow cytometry)	14.70	%	2-10%
Baso (Flow flow cytometry)	0.00	%	0-1%
NRBC	0	%	
Neutro - Abs (Calculated)	4.58	$10^3/\mu\text{L}$	2.0-7.0
Lympho- Abs (Calculated)	0.19	$10^3/\mu\text{L}$	1.0-3.0
Eosino - Abs (Calculated)	0.00	$10^3/\mu\text{L}$	0.02-0.5
Mono - Abs (Calculated)	0.82	$10^3/\mu\text{L}$	0.2 - 1.0
Baso - Abs (Calculated)	0.00	$10^3/\mu\text{L}$	0.02 - 0.1

Remarks: Macrocytic anemia. Advice- 1.Serum folate/ Vitamin B12 assay 2.Reticulocyte count. Kindly correlate clinically.

—End of Report—

Dr. Sudip Kumar Datta
(MD Biochemistry)

Dr. Tushar Sehgal
(DM Hematopathology)

Dr. Sumrita Meena
(MD Microbiology)

Dr. Vidhi Patel
26-Oct-2024 13:18



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

UHID:	10096045	Sex :	Male
Patient Name :	Mr. ATUL	Sample Received Date :	23-Oct-2024 19:40 PM
Age :	12Y 1m	Department :	Pediatrics
Lab Name:	Dept of Laboratory Medicine	Lab Sub Centre:	Smart Lab New OPD Block
Reg Date :	23-Oct-2024 19:40 PM	Sample Collection Date:	23-Oct-2024 16:47 PM
Recommended By:		Lab Reference No:	241478034
Sample Details : LH23102401813		Sample Type : Whole Blood	

Report

HEMATOLOGY

Test Name (Methodology)	Result	UOM	Reference
Hb (Hb-photometry)	11.30	g/dL	13.0 - 17.0
Hematocrit (Direct Measure)	35.60	%	40 - 50
RBC count (Impedance)	3.16	$10^6/\mu\text{L}$	4.5 - 5.5
WBC count (Flow flow cytometry)	3.33	$10^9/\mu\text{L}$	4.0 - 10.0
Platelet count (Impedance)	167.00	$10^3/\mu\text{L}$	150 - 410
MCV (Calculated)	112.70	fL	83 - 101
MCH (Calculated)	35.80	pg	27 - 32
MCHC (Calculated)	31.70	g/dL	31.5 - 34.5
RDW-CV (Calculated)	18.30	%	11.6 - 14
Neutro (Flow flow cytometry)	50.50	%	40-80%
Lympho (Flow flow cytometry)	27.00	%	20-40%
Eosino (Flow flow cytometry)	4.50	%	1-6%
Mono (Flow flow cytometry)	17.70	%	2-10%
Baso (Flow flow cytometry)	0.30	%	0-1%
NRBC	0	%	
Neutro - Abs (Calculated)	1.68	$10^9/\mu\text{L}$	2.0-7.0
Lympho- Abs (Calculated)	0.90	$10^9/\mu\text{L}$	1.0-3.0
Eosino - Abs (Calculated)	0.15	$10^9/\mu\text{L}$	0.02-0.5
Mono - Abs (Calculated)	0.59	$10^9/\mu\text{L}$	0.2 - 1.0
Baso - Abs (Calculated)	0.01	$10^9/\mu\text{L}$	0.02 - 0.1

Remarks: Macrocytic anemia. Advice- 1.Serum folate/ Vitamin B12 assay 2.Reticulocyte count. Kindly correlate clinically.

—End of Report—

Dr. Sudip Kumar Dutta
(MD Biochemistry)

Dr. Tushar Sehgal
(DM Hematopathology)

Dr. Sumeeta Meena
(MD Microbiology)

Dr. Manisha Guliya (M.D.
Laboratory Medicine)
23-Oct-2024 23:32

17/10/24

- clinically all
counts (n)

Adv: needed to BHA @ flow

NGS/cyto. sample to
be preserved

Notes

BHA - but was $\rightarrow$ later
18/10

Diagnostic Work UP & Risk Stratification

Stain B. M. 11R

Peripheral blood
FCM: CD19, CD10, CD20, CD58, CD22, CD28 and
w/ blasts

Cytogenetics: R/A

Karyotype: R/A

Dx CSF - acellular

Dx PS - No blasts seen

FISH → Negative
karyotype → (55X4)

MM = OXO

EOI: MRD - Negative

Name of treatment protocol ICLE (IR)

Swati - 965477-783

10/24

B-ALL (IA). M2 cycle

08/10/24 → CSF → cytopspin shows few blasts
PS → No blasts

CSF Flow cytometry → 89% CD45 dim
blasts positive for CD19, CD10, CD38, CD56,
HLA-DR, CD123.

10.40 1.85 1.34
11.20 (L)

Child asymptomatic
No headache, vomiting,
blurring of vision

New onset Cervical LAP
No HSM

C/D/W Dr Rachna Ma'am

Dated on 17/10/24 from MCH-DC. → to get BMA+flow +NGS
[Comprehensive leuk panel]
→ VS G for Testis involvement

Adv

N/V on 19/10/24 c CBC, ~~LEF, RFT~~
- **STOP** T. GMP, MTX - cl. SEPTRAN
(Sat/Sun)



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



अगम्यता से अगम्य धूमपान न करें / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

रोगी विवरण / Patient
UHQ: 100996545



Regd No: 2000000000000000

ATUL

SID PRAHLAD SINGH
117 BAZAR, 100/100
RAMPOHIA THANA KURRA, SUGAON,
DIST NAWAULI, UTTAR PRADESH, INDIA
Ph: 9700000000 General No: 2
Follow Up Patient

कक्षा / Room
C-210
F49
Unit: Paediatric

OPR-5

D. Regn. No.

रोगी / Address



Reporting: 04/14/24
00000000

रोग / Diagnosis

रोग / Date

उपचार / Treatment

36.4g

TC- 12/6/24

CBC / Hb / RFT

for 1st

रोगी विवरण / Patient
UHQ: 100996545
ASHA
ashas1991@gmail.com
Dept No: 2000000000000000

ATUL

SID PRAHLAD SINGH
117 BAZAR, 100/100
RAMPOHIA THANA KURRA, SUGAON,
DIST NAWAULI, UTTAR PRADESH, INDIA
General No: 2
Follow Up Patient

कक्षा / Room
C-210
F32
Unit: Paediatric

SAT 10/10/24



Reporting: 08/10/24
00000000

F/V 7/8/24 = CBC

Signature



एन.बी.ओ. / N.B.O.
एन.बी.ओ. / N.B.O.

CLEAN AND GREEN AIMS / एन.बी.ओ. / N.B.O.
अंगदान जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE
O.N.B.O., AIMS, 26588360, 26593444, www.oibo.org Helpline - 1050 (24 hrs service)

मेरा अस्पताल
My Hospital
mainhospital@aiims.gov.in



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बहिरंग रोगी विभाग / Out Patient Department

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



उपचार/Unit

विभाग/Dept.

नाम/Name

उपचार/Unit
UNED 100000043



Dept No: 20230010025100

ATUL

SID PRAHLAD SINGH
11V BAHAD / BAHAD
KALPICHAN THAKA KURMA, BUDACH
DIST MANUPUR, LITAN PHACESH, INDIA
PH. 9720817267 General No. 2
Follow Up Patient

कमरा / Room
C-310
Queue /
बैठने F49
Unit-ID, Feeddate:



OPR-6

D. Regn. No.

पता/Address

रिपोर्ट/Diagnosis

दिनांक/Date

उपचार/Treatment

36.1K

TC- 12/6/24

ECBC / UFA RFT



CLEAN AND GREEN AIIMS / एक साफ़ और हरी संस्कृति, स्वच्छता से काय कल्प

अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE

O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)



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बहिरंग रोगी विभाग



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

आयतापत्रक में धूम्रपान मना है। SMOKING IS PROHIBITED IN HOSPITAL PREMISES



एन एम आई न्यूज



उपलब्ध है 15/05/2024
फोन नं. 011-26588171/72

अनुरोध

IPR-6

C-210

15/05/24

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011-26588171

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फोन नं. 111

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रिपोर्ट / Date

30

उपचार / Treatment

B-ALL (IR) = suspected leucocytosis

on D₃ steroid Prophylaxis
2D-ECHO > 60% clinically improved

on D₃ Meropenem
Clonidine
nigam

O/E - Chest - clear

P/A - soft

Mild
Pallor
(+)

CVS - S₁ S₂ (+)

CNS - WNL

(+) elbow
swelling decreased

Adv.

- R/V = CBC/LFT/KFT
in MCH-DC
today

- ct iv a/b/s

Moniker

- ct T PREDNISOLONE
SEPTRAN/ALLOPURINOL



CLEAN AND GREEN AIIMS / एक ठो सही स्थान, स्वच्छ न हवा ठो

अपदान जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE

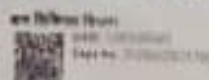
O.R.B.O., AIIMS, 26588360, 26593444, www.aiims.org Helpline - 1060 (24 hrs service)



meraseptel@aiims.gov.in



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



REG-0000

HOSPITAL PREMISES



एकक/Unit

विभाग/Dept.

C-210

Room No. 1-1

PHYSICIAN

OPD

pt No./O.P.D. Regn. No.

DATE/TIME

Attn

Dr. P. K. Singh

Dr. P. K. Singh

Dr. P. K. Singh

Dr. P. K. Singh

Dr. P. K. Singh



Dr. P. K. Singh

Dr. P. K. Singh

Dr. P. K. Singh

विभाग/Diagnosis

उपचार/Treatment

दिनांक/Date

C/O Suspected Acute Leukemia
Outside report - s/o CALL + Pontine
B-ALL

LHI385238100 106936845

LC1385238334 106936845

LC1385238334 106936845



ATUL

No h/o bleed from any site
Received PABC on 09/09/23
C/o body ache persisting

O/E

Severe Pallor
Vitals Stable

(L) elbow

P/A - soft HSM (+)

swelling

CNS

tender

R/S

WNL

no restriction
of movement

CNS

Lower
7838926783



CLEAN AND GREEN AIIMS / एक ही छत, एक ही चर, एक ही हवा
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बहिरंग रोगी विभाग / Out Patient Department

अस्पताल में अग्नयुक्त पदार्थों का प्रयोग: SMOKING IS PROHIBITED IN HOSPITAL PREMISES



एन. सिन्हा स्मृति
आर. विभागाध्यक्ष
आर. विभाग, अस्पताल

आर. विभाग

C.K-80976 OPR-6

C-218

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आर. विभाग

आर. विभाग, अस्पताल No. O.P.D. Regn. No.

आर. विभाग
Age

आर. विभाग
Address

पेश/ Diagnosis

उपचार/ Treatment

दिनांक/ Date

4/5

Newly Diagnosed Treatment Nausea B-ALL/
admitted & Fever Neutropenia / septic shock/
P. Aeruginosa sepsis

Received Piptay (Telicoplanin) x 14 days
Viral Markers - Negative

Mantoux - Negative
MRI dissection of D10 joint -
c/o fever x 1 day pending

No c/o cough / loose stools / vomiting

O/E -

HR - 110/min

Mild Pallor (+)

RR - 24/min

CR7L3i PP-gv



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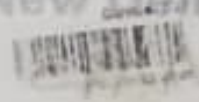
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India Institute of Medical Sciences, New Delhi

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110 MEDICALS
100 RAJPOHNA NAGAR, NEW DELHI-110029
HOSPITAL, UTTAM PRASTH, INDIA
Mob: 972017281 Fax: 972017282 Email: info@iimscs.org



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अतुल कुमार
Atul Kumar
जन्म तिथि/DOB: 02/05/2011
पुरुष/ MALE

Issue Date: 13/06/2017

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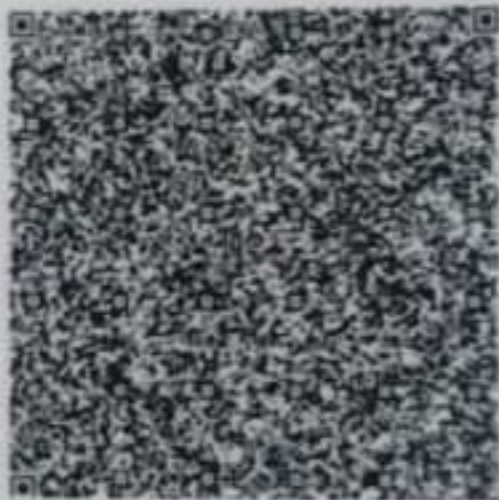


पता:

S/O Prahalad Singh, village rampichha, thana Kurra, Sugaon,
Mainpuri,
Uttar Pradesh - 205247

Address:

S/O Prahalad Singh, village rampichha, thana
Kurra, Sugaon, Mainpuri,
Uttar Pradesh - 205247



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प्रशांत सिंह

Prashant Singh

जन्म तिथि / DOB : 19/09/1989

पुरुष / Male



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एनयूआई, गेट नं० 42, इलाहाबाद रोड,
मुंबई, गेट नं० 42, 205047

Address:
S-3, Aayushman Prasad, Village
Sampurna, Duna Naha, Rupnagar,
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