



• chew.  
- Iy. Ifosphade 2.2g/200 ul MN. @ 2hs.

Dras/5  
Chugger

- Iy. Etoposide 125 mg/300 ul NS N. @ 4hs  
- Iy Mequa 800 mg/100 ml N10 @ 0, 3, 6hs

Dras/5  
26/5  
KPK

• Post chew.  
- Tab Dera 4hs TDS }  
- Tab Erest 4hs TDS } x 3 days

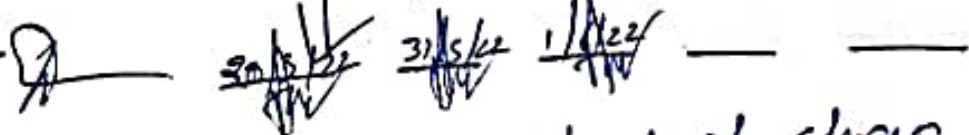
Dras/5  
Chugger

- Iy. G-CSF 200 ug sc. OD x 5 days.

Dras/5  
Lum

- FlU on 22/5/23. for early chew set

Dras/5  
Anwar  
29/5  
24/5/23



→ Didnt 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)  $\frac{1340}{420}$  1:60 LFT/RFT - (1)

- R/w c RN SR. ~~tomorrow~~ <sup>afternoon</sup> for follow up.  
blood culture to stop antibiotics.

- Iy. G-CSF. 200 ug sc. OD x 3 days.

→ R/w c - ~~check~~

- chemo date (tentative) on 25/5/23.

TO check CBC in daycare for.

... .. in last OPD.

near 42  
kindly arrange

For 5 days

- Inj. 4612 (300mg) — 3 vial
- Inj. Etopenide (10mg) — 10 vial
- Inj. Eco 4mm (1000mg) — 9 vial.

~~SR~~

Diet Notes

WF :- 3kg

Crain in wt

Current intake - 1450 kcal & 40g P

Remained intake - 1970 kcal and 65g P

Pentam up 100mg 300ml  
OD.

JLE  
24/05/2023

Please  
always

Hyosfamide (1g)

9 already arranged  
⇒ 2 more needed

total 11 vials  
[2.2 x 5 → 11g]

Mesna 800mg TDS

→ 2400mg x 5  
12000mg.

(200mg) → 60 vials.

25/5/23

Please arrange →

kg Ifeandu (lg) → 2 wale.

kg Meena (200mg) → 22 wale.

Therapy

25/5/23

Grade 5/5  
- hypernatraemia  
- Septic  
- Anemia  
- Acute renal injury

in OPD on 31/5/23

Total lfos: 11g

Meena: 200mg x 22

hr ✓

28/5/23

of vomiting 4-5 episodes since yesterday evening.

of abdominal pain

of headache from today morning.

no of fever / loose stools

of child is alert, awake, afebrile  
no signs of dehydration.

HR - 92/min

RR - 25/min

SpO2 - 94% on RA

BB - 106/62 mmHg

1/A: Soft,

non-tender.

Blood gas done

28/5/22 9.30 AM

Ph - 7.427

P<sub>CO2</sub> - 34.5

P<sub>O2</sub> - 67.4

HCO<sub>3</sub> - 23.4

Na<sup>+</sup>/Cl<sup>-</sup> - 130.7/4.1

icea - 0.98

Lactate - 1.8

Adv

Adv:

9. curaxol (Amox/tal) 1 tab po tds x 5 days

9. pantop (Eonyl/tal) 1 tab po oad x 5 days.

9. PCN (Eonyl/tal) 1 tab po bds

R/W in ped emergency if fever spike.

J. Burf  
9/2/22

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 m<sup>2</sup>

WEEK	DAY	CHEMOTHERAPY	DATE GIVEN	SIGNATURE
1	1	VDC	5/7	[Signature]
2	1	D V	6/7	[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]
6	2	D	25/8/22	[Signature]
	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)			

week 7

UCR

7/9/22  
UCR

15/10/22  
UCR 1.80

22/10/22

UCR  
29/11  
# 1.80

UCR  
15/11

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

PCR-CI → CR  
MRI → Residual disease

10/12/22

C/S/1 Ro-OPD

No major acute toxicities.

Tolerated RT well.

4% occ. itching over perineal region

Adv.

T. LCZ 5 mg HS x 5 days

Maintain loco-regional hygiene.

Rev. after 3 months

11/03/23

R(4)

9 am

CD/CA/KFR/PET-CT report + films

CE MRI report + films

Continue chemo. + Peds. Med.

Sitz bath TDS

1  
Vc  
5/12

11/3/22

C/S/1 RT-OPD

Adv. Complete chemotherapy

3 months

Radiation

oncology review

File (3)

RW

1  
Vc  
5/12

Ewing Sarcoma Protocol (COG AEW1031)

Name SANDHYA Age 10y6 Sex Feb

Weight 37 Height 145.5 BSA 1.2 m<sup>2</sup> POC

Diagnosis Ewing Sarcoma Localised/Metastatic

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

Regional LAP (clinical/radiological): Yes (N) No BMA (R) No evidence of metastasis

BM biopsy..... ECHO (N) LDH 228

CT/MRI findings (R) groin mass, localized

PET CT findings (R) groin 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 <sup>2</sup> /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 <sup>2</sup> /dose OR 1.25 mg/kg/dose for pt <10 kg or <1 yr Cumulative dose: 375 mg/m <sup>2</sup>	Normal Saline Infusion over 1 hour	IV
Cyclophosphamide (C) <u>1.45gm 1.45gm</u>	1200 mg/m <sup>2</sup> /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 <sup>2</sup> /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 <sup>2</sup> /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 <sup>2</sup> /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 <sup>2</sup> /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 <sup>2</sup>	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

33 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	1/2/22	[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	lona 14/4/23
8	1	V	missed	
9	1	D	12/4/23	[Signature]
	2	D	14/4/23	[Signature]
10	1	V	10/5/23	[Signature]
11	1	IE	25/5/23	Chwayee
	2	IE	26/5/23	lona
	3	IE	27/5/23	Chwayee
	4	IE	28/5/23	lona
	5	IE	29/5/23	[Signature]
12				
13	1	VC		
14	1	V		
15	1	IE		

## DEPARTMENT OF RADIO-DIAGNOSIS

All India Institute of Medical Sciences (AIIMS)

Ansari Nagar, New Delhi - 110029

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Patient Name: Sandhya	Sex: F	Age: 11Y
Patient ID: 105905941	Report state: Signed-off	
OPD/Ward: Pediatrics Unit3/OPD		
EXAMINATION DESCRIPTION: MR Scan Pelvis	PERFORMED ON: 18.05.2023 16:42	CR No.:

---

### 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



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



शराब पीने से बचना / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

एकक/Unit \_\_\_\_\_  
विभाग/Dept. \_\_\_\_\_  
नाम/Name \_\_\_\_\_

उप-विभाग/Unit  
UWD: 10520941  
Dept No. 202203000236

कक्षा/Room

OPR-6

10  
Unit-3  
Patient  
Queue No: 85  
10/5/2023

J.P.D. Regn. No. \_\_\_\_\_

पता/Address \_\_\_\_\_

डॉ. संजय शर्मा  
SANDHYA  
F11/11/110 / F10  
D/O SATISH CHAND  
Add: SEH-BANGAR NADLA MALL  
MATHURA, UTTAR PRADESH, INDIA  
Mob: 9634208811 Follow Up ... General: 8-8 Reporting: 8-10  
AM: 8:30 AM



POC-210/22

रिपोर्ट/Report

(R) क्लॉसिंग एवंगिंग सर्वेकंस

दिनांक/Date

39.5

उपचार/Treatment

QW

o CBC, LFT, KFT

Next visit → 17/5/23

अज्ञात



उप-विभाग/Unit  
UWD: 10520941  
Dept No. 202203000236

कक्षा/Room

10  
Unit-3  
Patient  
Queue No: 73  
17/5/2023

डॉ. संजय शर्मा  
SANDHYA  
F11/11/110 / F10  
D/O SATISH CHAND  
Add: SEH-BANGAR NADLA MALL  
MATHURA, UTTAR PRADESH, INDIA  
Mob: 9634208811 Follow Up ... General: 8-8 Reporting: 8-10  
AM: 8:30 AM



Flu on 22/5/23 2pm  
in POC

(CBC) 27 - 22/5/23

25

38.5

UHD: 105906941  
Dept No: 20220050005236

Room / Room

10  
Unit-3  
Paediatric  
Queue No: F17  
24/05/2023

संस्था संख्या  
SANDHYA  
11Y 1M 18D / F /  
DIPATI SHOMANO  
Age: 5EH BANGAR NAOLA M AJJI  
MATHURA, UTTAR PRADESH, INDIA  
Mob: 9834268837 Follow Up... General B B Reporting 10 00  
AM-11 50 AM



F/U Di 7/6/23 C  
CAC / LFT / RFT

3 37kg

22-20864  
Deepak

## 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:	<b>Rt labia majora mass- ?ESFT</b>				
HISTORY & EXAMINATION:	<p>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.</p> <p>O/e- GC- fair, Vitals- stable. HR- 88/min, RR-24/min, CVS/RS/Abd- WNL.</p> <p>L/e- 4*3 cm soft swelling noted protruding from Rt labia majora, non- tender, not fixed to underlying structures</p> <p>Urethral orifice, Vagina- normal.</p>				
OPERATIVE PROCEDURE	<b>Wide local excision of Rt labial mass (SA/KE/SP)</b>				
Intra op findings	<ul style="list-style-type: none"> <li>- 4*3 cm soft, cystic swelling noted over lower aspect of Rt labia majora</li> <li>- Lesion present in subcutaneous plane. No infiltration of underlying structures</li> <li>- Wide local excision done and specimen sent for HPE.</li> <li>- Local advancement flap done for closure of wound.</li> </ul>				
ADVICE ON DISCHARGE:	<p>Laminar Discharge summary</p> <p>Maintain local hygiene.</p> <p>Tab A- Z 1 tab OD</p> <p>Tab Vitcofol 1 tab OD</p> <p>Tab PCM 500mg/ SOS</p> <p>Review in Peds casualty SOS</p> <p>Collect HPE report from room 1085 after 10 days (access no- 2220864)</p>				
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. नीलम कृष्णन एम.एस.  
 Dr. Neelam Kishan M.S.  
 Pediatric Surgeon  
 Department of Pediatric Surgery  
 All India Institute of Medical Sciences, New Delhi-29



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

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

UMD 105805041 Dept No 212203010029

10 Unit-3 Panel No: F15 Queue No: F15 03/05/2023

संभव शर्मा SANDHYA 11X M 270 (F) DR. SATISH CHANDR



Brief Clinical History:

cto  
Early sarcinoma of groin.

Treatment History:

baron  
To do Do AKH 02/06/23

on con adjuvant for response assess.

What you expect from PET / CT Scan :

Past History  DM  HT  TB  Renal Failure  Previous Malignancies

Investigations :

Bid. Sugar

DEPARTMENT OF NUCLEAR MEDICINE  
EXEMPTION VERIFIED (ANY STUDY)  
EXEMPTION PP. (9) Random Date: 2/6/23

Ultrasound/ECHO/CT/MRI/Plain/Contrast: None

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

Somy Pray  
R10  
R20  
Sx0  
D10  
Dr Akhul  
JRM

P.T.O.

**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 :

02/6/23

Time :

1/10 received chems  
9am  
fajeli  
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  
D. R. M. S.  
22/12/23