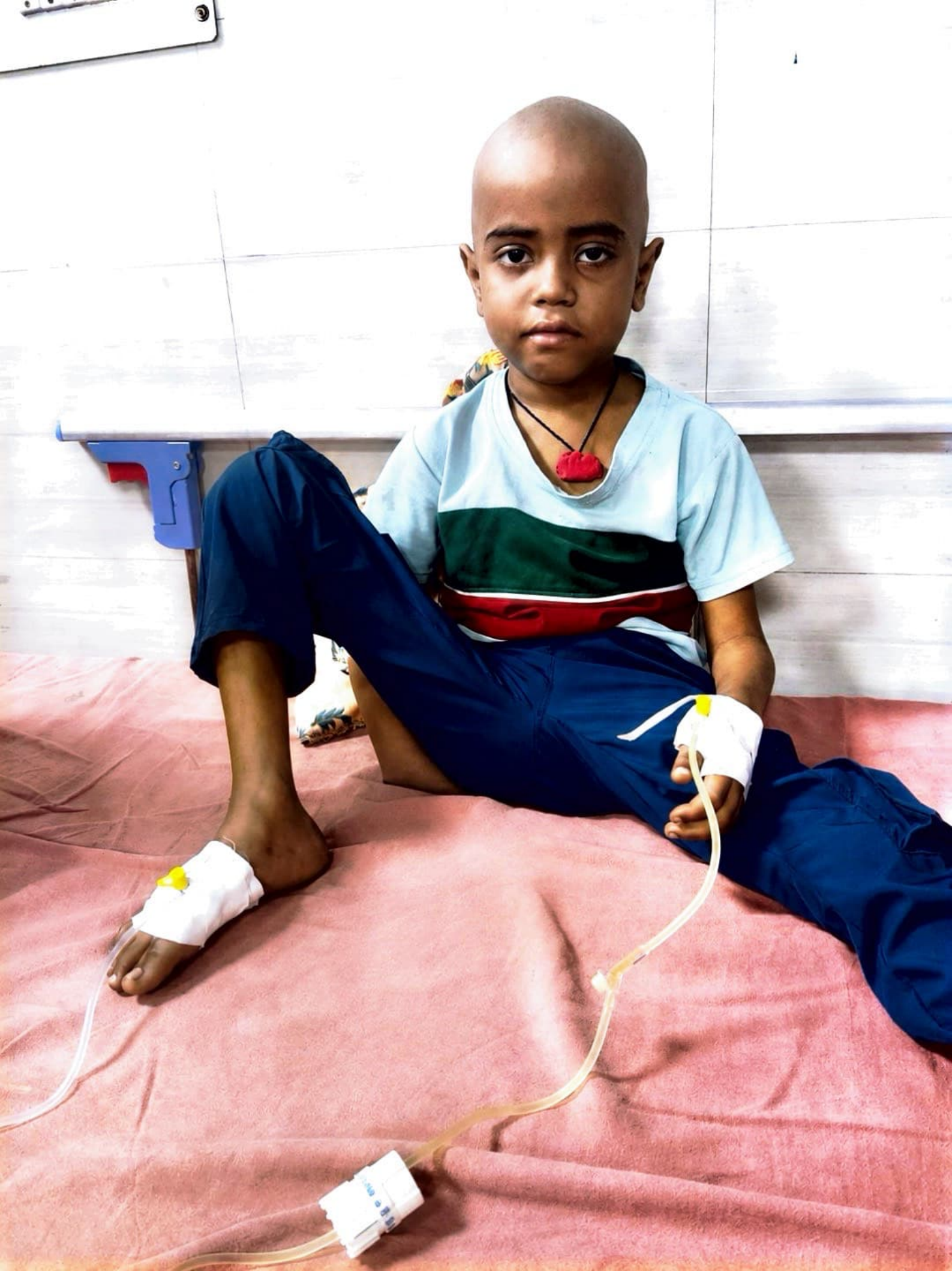


T cell ALL

Acute lymphoblastic Leukaemia

Name Ikash **Age at Diagnosis** 8y/M **Gender** ____

Presentation: fever.

Initial TLC: 10,680

LAP: **Bulky Yes/No**

CXR: >1/3 **Yes/No**

Liver: Bulky **Yes/No**

Spleen: Bulky **Yes/No**

B/L testis: normal/Enlarged

Bone Marrow/Peripheral Blood: BM → 70% blast

Flowcytometry/IPF: S/O T cell ALL
(+) CD3 & Tdt

Cytogenetics: Negative. BCR ABL

Karyotyping:

1st CSF: TLC/DLC/RBCs 5 cells/cu. mm / blood / lymph no

Malignant cells No Atypical cells.

Day 8 Absolute Blast Count: → 8034 cells/mm³

Day 35: Bone Marrow ~~[illegible]~~ - morphological remission

MRD → Neg

EOC (T-ALL/Refractory): Bone marrow

MRD ~~Neg~~

Initial Risk HR

Resp System

CVS

Provisional/Clinical Diagnosis T

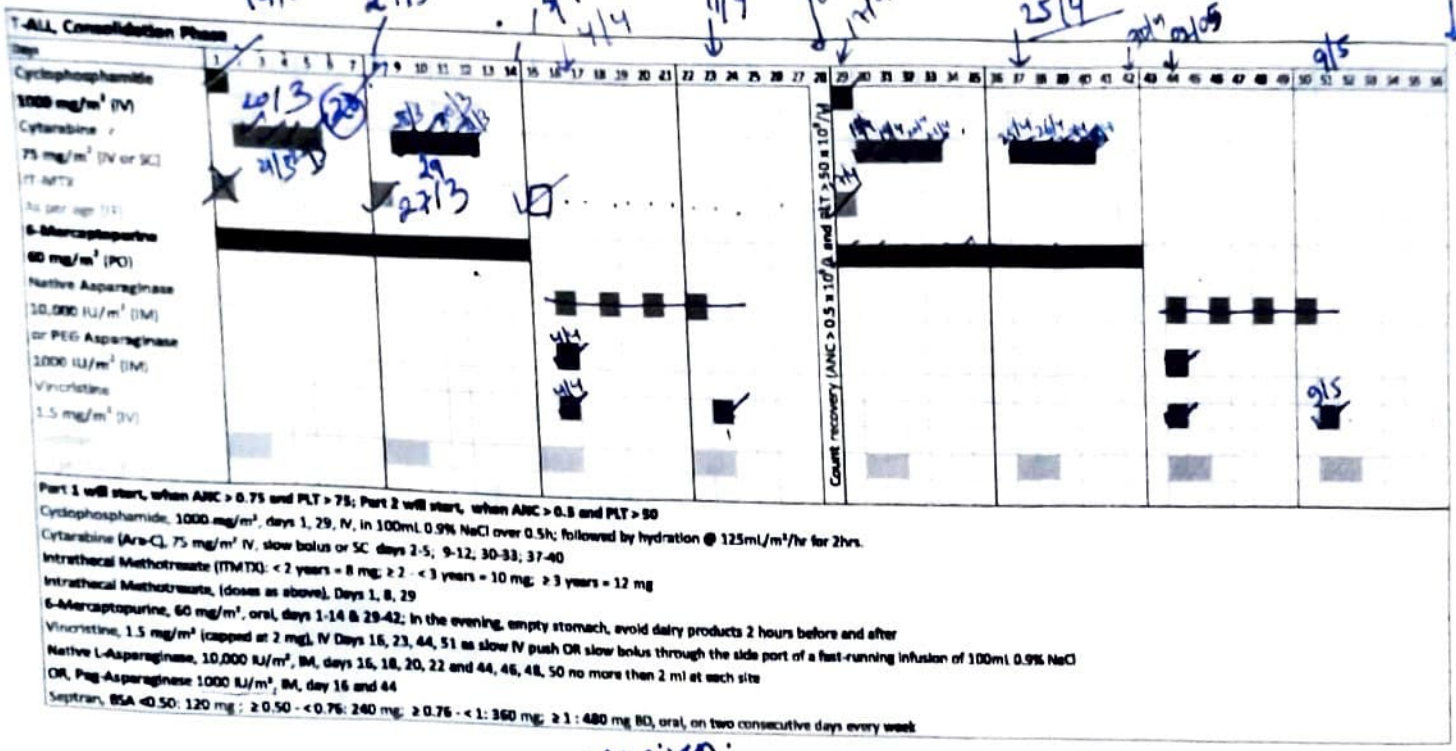
Basic Hematology Data (At admission)

- Hb 9.8 gm/dl
- TLC 5300 /mm3
- DLC:N 2 % L 96 % E ...% M ...% B ...% Myleo ...%Meta ...% Blasts ...% n RBC ...../100wbc
- Platelets 13k /mm3
- Smear Exam NCNC/ ..reactive lymphocytosis/ shows immature and reactive lymphs

- BMA (No) --- Report outside
  Hemodiluted bone marrow show 20% blasts s/o acute leukemia
  - Morphological Subtype
  - Special Stains
    - MPO
    - PAS
    - Peroxidase
    - Other
  - Immunophenotyping - Blasts +ve for CD3 TdT s/o T-cell acute lymphoblastic leukemia
  - Chromosomal studies
    - Numerical
    - Structural
    - BCR-ABL
- BM biopsy (No) Imprint report
- BM Biopsy report
- CSF _____ CNS Status _____
- FNAC (No _____)

T-Cell, Consolidation Phase

BSA. 0·67



Part 1 will start, when ANC > 0.75 and PLT > 75; Part 2 will start, when ANC > 0.5 and PLT > 50

Cyclophosphamide, 1000 mg/m², days 1, 29, IV, in 100mL 0.9% NaCl over 0.5h; followed by hydration @ 125mL/m²/hr for 2hrs.

Cytarabine (Ara-C), 75 mg/m² IV, slow bolus or SC days 2-5; 9-12; 30-33; 37-40

Intrathecal Methotrexate (ITMTX): < 2 years = 8 mg; ≥ 2 - < 3 years = 10 mg; ≥ 3 years = 12 mg

Intrathecal Methotrexate, (doses as above), Days 1, 8, 29

6-Mercaptopurine, 60 mg/m², oral, days 1-14 & 29-42; in the evening, empty stomach, avoid dairy products 2 hours before and after

Vincristine, 1.5 mg/m² (capped at 2 mg), IV Days 16, 23, 44, 51 as slow IV push OR slow bolus through the side port of a fast-running infusion of 100mL 0.9% NaCl

Native L-Asparaginase, 10,000 IU/m², IM, days 16, 18, 20, 22 and 44, 46, 48, 50 no more then 2 ml at each site

OR, Peg-Asparaginase 1000 IU/m², IM, day 16 and 44

Septran, BSA <0.50: 120 mg ; ≥ 0.50 - < 0.75: 240 mg; ≥ 0.75 - < 1: 360 mg; ≥ 1 : 480 mg BD, oral, on two consecutive days every week

19/3 · 27/3 · 4/4 4/4 11/4 18/4 25/4 30/4 02/05 9/5

post consolidation BM/MRD 14/5

25/4/26

5.7 > 440 / 250 < 1.69L.

PRBC given. 13/5

6.7 / 21.3 > 730 / ANC=140 < 99K

Date:- 30/03/2026

Adv.- 70% diet intake < RDA recommended

28/4 10.5 / 31.7 > 520 / ANC: 220 < 82K.

14/5 CD/W Dr. Mukesh as MRD in Induction Phase negative No need of MRD in consolidation.

NG recommendation: Dr Abhishek Soni

Diagnosis: T-cell ALL..

HEMATOLOGY CASE RECORD
DIVISION OF PEDIATRIC HEMATO-ONCOLOGY
KALAWATI SARAN CHILDREN'S HOSPITAL, DELHI

Name Sheetal
Father's Name Suran Singh   Age/Sex 3y/m
Address Jilla Bhind Gram Kalyanpura Madhya Pradesh   Date of Admission

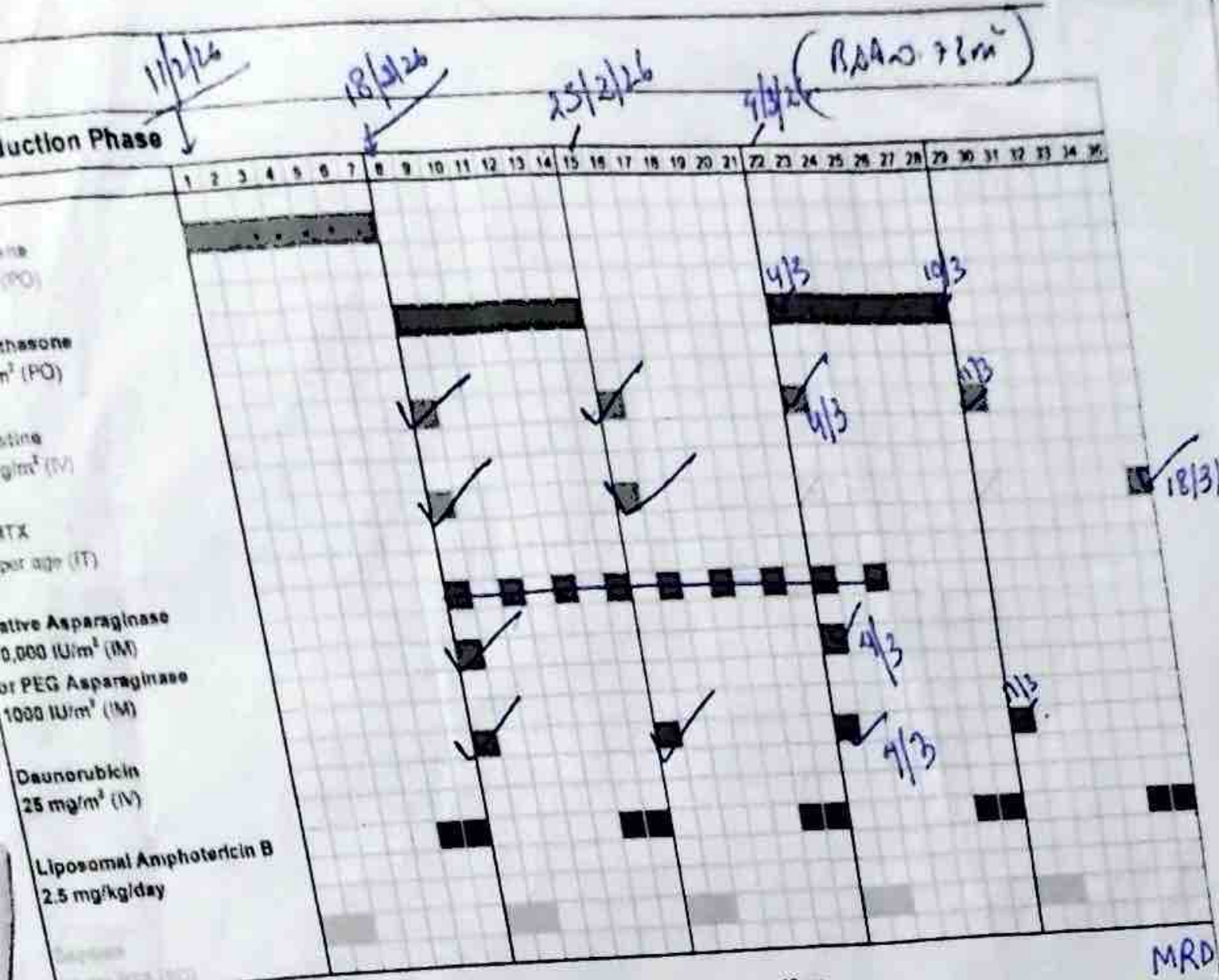
Ph./ Mob.: 97136 44708
Blood Group ______ Weight 16.5kg Height 112cm Surface Area 0.23m²

SYMPTOMS: (mention duration of each symptom)

Fever.... (+)
Pallor.... (+)
Skin bleeds.. (-)
Epistaxis.... (-)
Other bleeds....
Lymphadenopathy.... (+)
Bone pains....] (-)
Joint pain....]
Eye Swelling...... (-)

SIGNS

Pallor.......... (+)
Bony Tenderness......
Gum Hypertrophy......
Skin bleeds......
Lymphadenopathy (size/ sites). (+) .... cervical LN - 2x1cm | axillary 1x1cm inguinal ...
Joint swelling.......... (-)
Liver (cms) ....> mid-umbilicus...yes/ no..........
Spleen (cms) ....> mid-umbilicus yes/no.......
Other lump(s)........ (-)
Testes........ (-)
Meningeal sings/Focal Neurological Deficit...... (-)
Fundus........ (-)



Intrathecal Methotrexate (ITMTX): < 2 years = 8 mg; ≥ 2 - < 3 years = 10 mg; ≥ 3 years = 12 mg
Intrathecal Methotrexate, (doses as above), days 8,15, 35 (CNS disease -ve); X additional IT's for CNS2/3

Prednisolone, 60 mg/m², oral, in three divided doses (capped at 120mg per day) day 1-7

Dexamethasone, 10 mg/m², oral in two divided doses (capped at 20mg per day) days 8-14 and 22-28

Vincristine, 1.5 mg/m² (capped at 2 mg per dose), IV Days 8, 15, 22, 29 as slow IV push OR slow bolus through the side port of a fast-running infusion of 100mL 0.9% NaCl

Native L-Asparaginase, 10,000 IU/m², IM, days 8, 10, 12, 14, 16, 18, 20, 22, 24 no more than 2 ml at each site
OR, Peg-Asparaginase 1000 IU/m², IM, day 8, 22

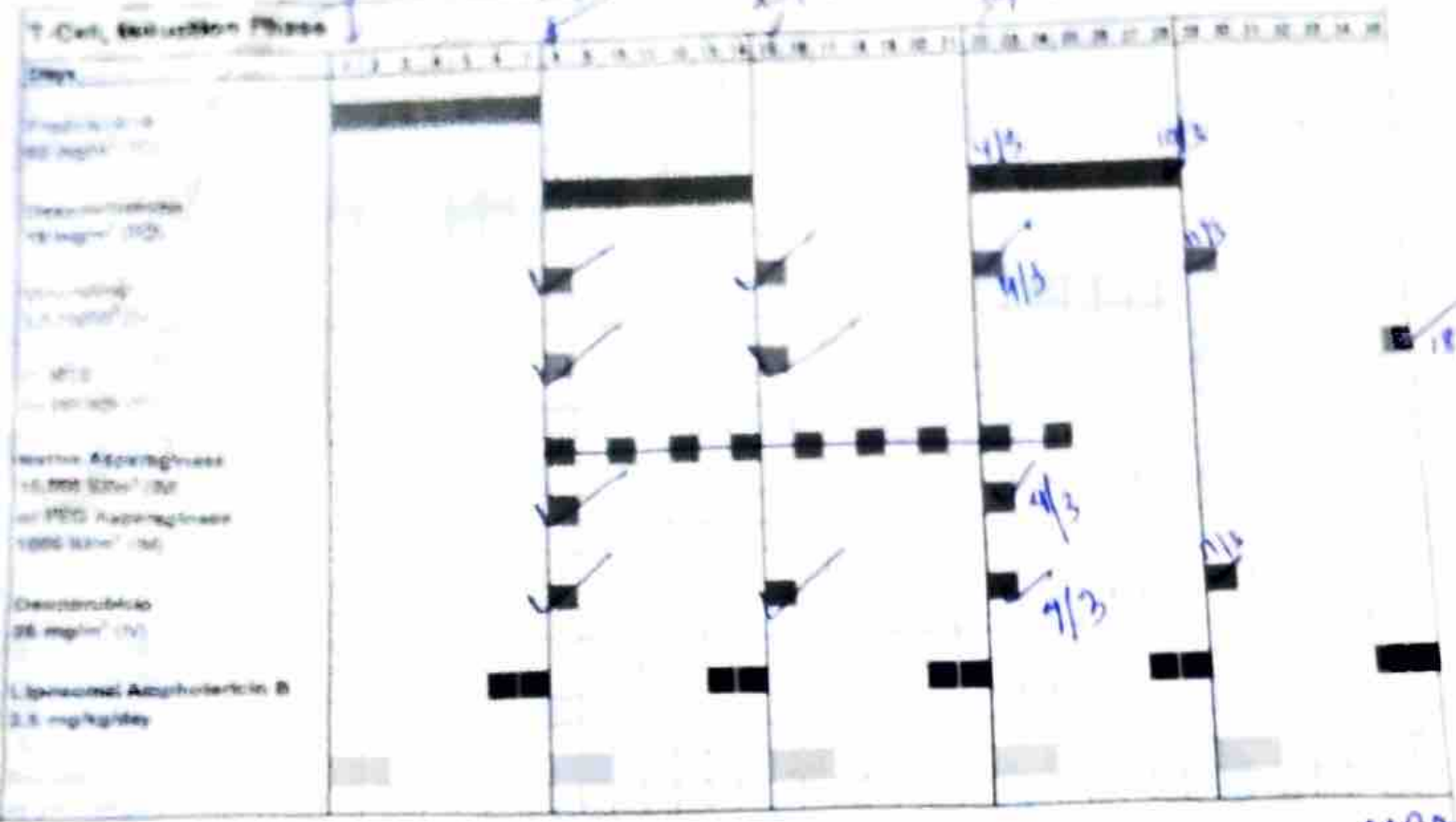
Daunorubicin, 25 mg/m², IV, in 100mL 0.9% NaCl infused over 1 hour, days 8, 15, 22, 29

Septran, BSA <0.50: 120 mg ; ≥ 0.50 - < 0.76: 240 mg; ≥ 0.76 - < 1: 360 mg; ≥ 1 : 480 mg BD, oral, on two consecutive days every week

Antifungal prophylaxis is recommended during this phase
Liposomal amphotericin B 2.5 mg/kg/day, IV, in 5% dextrose over 1 hour, twice a week

•Please note: antifungal prophylaxis is recommended in this phase; administration as per site practice

25/2 9.3 3640 / ANC 910 1.042



Intrathecal Methotrexate (ITMTX): < 2 years = 8 mg; ≥ 2 - < 3 years = 10 mg; ≥ 3 years = 12 mg
Intrathecal Methotrexate (doses as above): days 8,15, 35 (CNS disease -ve); X additional IT's for CNS2/3

Prednisolone, 60 mg/m², oral, in three divided doses (capped at 120mg per day) day 1-7
Dexamethasone, 10 mg/m², oral in two divided doses (capped at 20mg per day) days 8-14 and 22-28

Vincristine, 1.5 mg/m² (capped at 2 mg per dose), IV Days 8, 15, 22, 29 as slow IV push OR slow bolus through the side port of a fast running infusion of 100mL 0.9% NaCl

Native L-Asparaginase, 10,000 IU/m², IM, days 8, 10, 12, 14, 16, 18, 20, 22, 24 no more than 2 ml at each site
OR Peg-Asparaginase 1000 IU/m², IM, day 8, 22

Daunorubicin, 25 mg/m², IV, in 100mL 0.9% NaCl infused over 1 hour, days 8, 15, 22, 29

Septran, BSA <0.50: 120 mg ; ≥ 0.50 - < 0.76: 240 mg; ≥ 0.76 - < 1: 360 mg; ≥ 1 : 480 mg BD, oral, on two consecutive days every week

Antifungal prophylaxis is recommended during this phase
Liposomal amphotericin B 2.5 mg/kg/day, IV, in 5% dextrose over 1 hour, twice a week

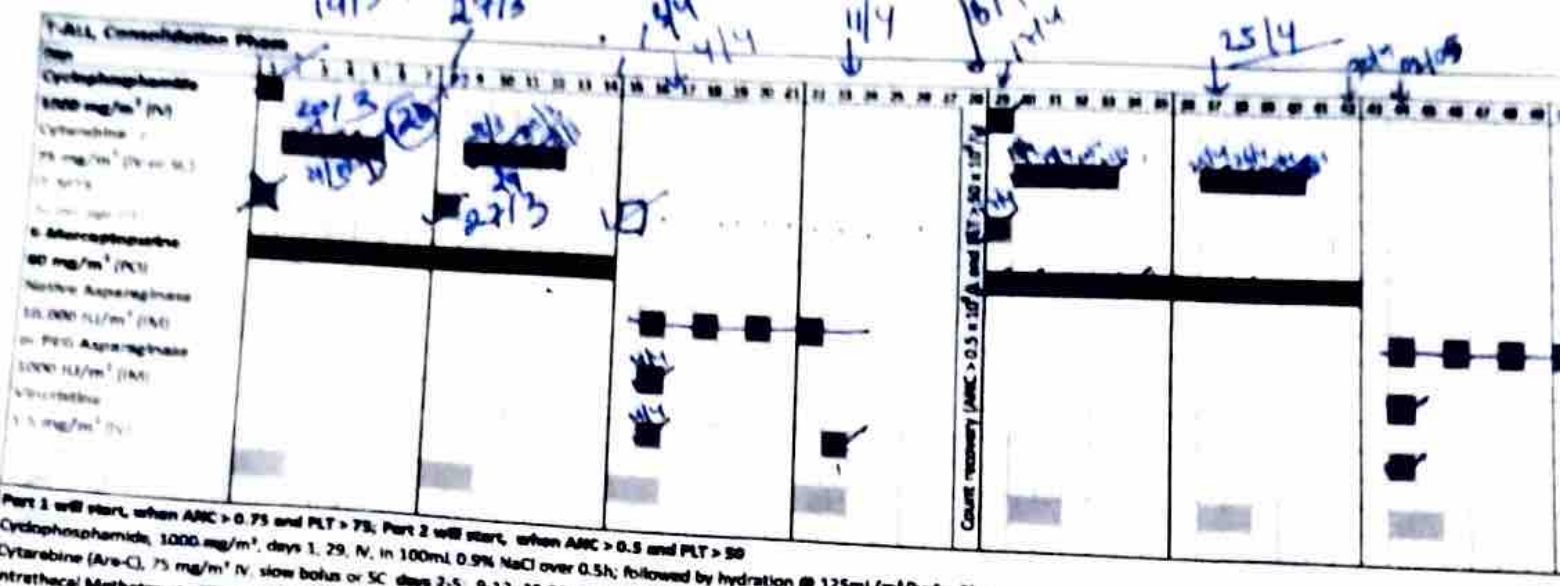
Please note: antifungal prophylaxis is recommended in this phase; administration as per site practice

25/2 9.3 3640 Anx 910 1.422

T-Cell, Consolidation Phase

BSA 0·67

19/3 29/3 4/4 11/4 18/4 25/4



Part 1 will start, when ANC > 0.75 and PLT > 75; Part 2 will start, when ANC > 0.5 and PLT > 50

Cyclophosphamide, 1000 mg/m², days 1, 29, IV, in 100mL 0.9% NaCl over 0.5h; followed by hydration @ 125mL/m²/hr for 2hrs.

Cytarabine (Ara-C), 75 mg/m² IV, slow bolus or SC days 2-5, 9-12, 30-33, 37-40

Intrathecal Methotrexate (IT MTX): < 2 years = 8 mg; ≥ 2 - < 3 years = 10 mg; ≥ 3 years = 12 mg

Intrathecal Methotrexate, (doses as above), Days 1, 8, 29

6-Mercaptopurine, 60 mg/m², oral, days 1-14 & 29-42; in the evening, empty stomach, avoid dairy products 2 hours before and after

Vincristine, 1.5 mg/m² (capped at 2 mg), IV Days 16, 23, 44, 51 as slow IV push OR slow bolus through the side port of a fast-running infusion of 100mL 0.9% NaCl

Native L-Asparaginase, 10,000 IU/m², IM, days 16, 18, 20, 22 and 44, 46, 48, 50 no more than 2 ml at each site

OR Peg-Asparaginase 1000 IU/m², IM, day 16 and 44

Dexamethasone, BSA <0.50: 120 mg; ≥ 0.50 - < 0.75: 240 mg; ≥ 0.76 - < 1: 360 mg; ≥ 1 : 480 mg BD, oral, on two consecutive days every week

5/4/26

5.7 — 440 / 250 — 1.69L.

PRBC given. 13/5

6.7 / 21.3 — 730 — ANC=140 — 99K

Adv.- 70% dil

<

14/5

4 10.5 / 31.7 — 520 — ANC: 220 — 82K.

9D/W Dr. Mukesh

as MRD in Induction phase negative

No need of MRD in consolidation.

NG recom

Dt A

9.1 — 1100 — ANC=490 — 15K — ADR given

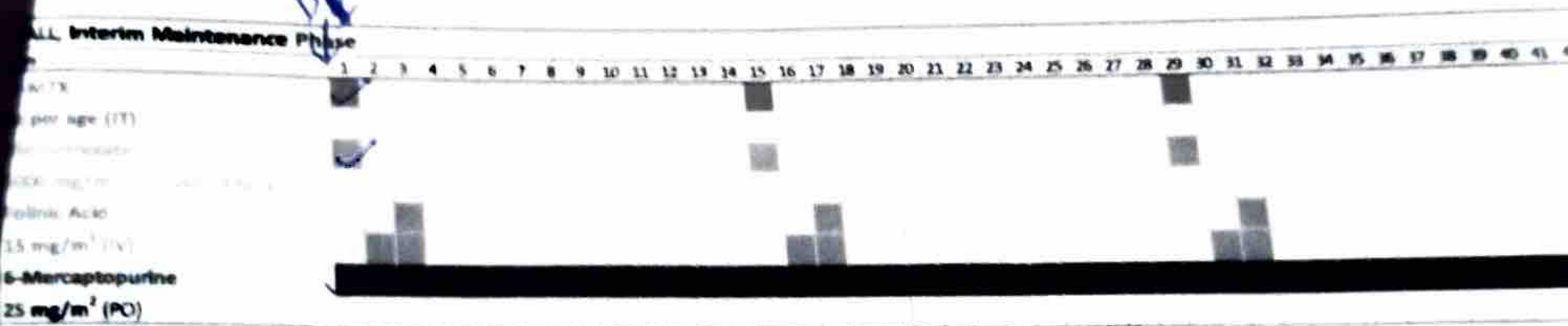
14/5

II, Augmented BFM Consolidation Phase

10.2 / 31.1 — 930 — ANC = 160 — 104

uration of therapy: Days 1 – 56 *Inclusive*

T-Cell, Interim Maintenance Phase



Protocol will start, when ANC > 0.75 and PLT > 75

Intrathecal Methotrexate (ITMTX): < 2 years = 8 mg; ≥ 2 - < 3 years = 10 mg; ≥ 3 years = 12 mg

Intrathecal Methotrexate, (doses as above), days 1, 15, 29, 43

Methotrexate 5000 mg/m², IV, on days 1, 15, 29, 43, infused over 24 hours

Folinic Acid 15 mg/m², IV, 42 hrs from start of each methotrexate infusion, and then 48 and 54

6-Mercaptopurine 25 mg/m²/day, po days 1-49; ; in the evening, empty stomach, avoid dairy products 2 hours before and after

No Cotrimoxazole, 1 week prior, during this Phase. Restart day 48

20/5/26

2 (2790) 2.03L → RW after 4 days (25/5/26)

ANC - 210.

Mob. : 9821233869

JEEVAN CARE FOUNDATION

Address:- 697, Village Madanpur Khadar, New Delhi 110076
Mail- Jeevancarefoundation@gmail.com

Reg No. 92

Ref. No. ..... Date .....

दिनांक :- 31-07-2026

सेवा में
श्री मान
संस्थापक महोदया
जीवन केयर फाउन्डेशन
मदनपुर खादर
महोदया,

सविनय निवेदन यह है कि बच्चे कुश को (Blood Cancer) है जिस वजह से मेरे बच्चे की हालत बहुत खराब है मेरा बच्चा 8 वर्ष का है (Blood Cancer) जैसी गंभीर बीमारी से जूझ रहा है मैं अपने बच्चे की मदद नहीं कर पा रहा हूं। क्योंकि हमारी आर्थिक स्थिति इतनी अच्छी नहीं है मेरे बच्चे की जान बचाने के लिए हमारी सहायता करें आपका छोटा सा सहयोग मेरे बच्चे की जान को स्वस्थ जीवन देने में महत्वपूर्ण भूमिका निभाएगा कृपया करके आगे बढ़कर मेरे बच्चे की बच्चा लिजिए आपकी अति कृपा होगी

Reg. No. 92

प्रार्थी
संजय सिंह