



# Jan Sanjeevni Trust

*Soch Hamari Suraksha Aapki*

Jan Sanjeevni Trust Registration No: 1061/2017

Jan Sanjeevni Trust PAN No: AADTJO816E

Jan Sanjeevni Trust Website : [www.jansanjeevnitrust.org](http://www.jansanjeevnitrust.org)

Jan Sanjeevni Trust E-mail : [contact@jansanjeevnitrust.org](mailto:contact@jansanjeevnitrust.org)

PATIENT NAME	<u>Umar Faruk</u>
PATIENT FATHER NAME	<u>Imran Alam</u>
D.O.B. AND SEX	<u>09-Feb-2020, Male</u>
DISEASE NAME	<u>B-All Blood Cancer</u>
TREATMENT HOSPITAL	<u>AIIMS</u>
UHID NO	<u>106317984</u>
DEPARTMENT NAME	<u>Hematology</u>
TREATMENT COST	<u>6 Lakh</u>
PATIENT FATHER OCCUPATION	<u>Farmer</u>
PATIENT ADDRESS	<u>Sugauli East Champaran Bihar</u>

Department Of Hematology AIIMS New Delhi

Name : MD Umar Faruk      Age/sex : 3yr/M      UHID : 106317984  
Ward : OPW3/512      Date of admission : 15/5/23      Date of discharge : 30/5/23  
Address : Gram BDA Vedha PO Subhav Than Sugoli Champaran (Bihar)  
Phone Number : 7281076841  
Height : 90 cm      Weight : 12 kg      BSA : 0.55 m<sup>2</sup>

**Diagnosis :**

Precursor B ALL (Ph Negative CD20 positive)

CNS 1

3<sup>rd</sup> HD MTX (16/05/23)

**Brief History :** The patient has no active medical complaints and was admitted for HD MTX administration.

**Examination :**

At admission : Temp : Normal

Pulse-90/min. BP-82/58 mm Hg

RR-20/min. Spo2- 99% on room air

No Pallor, icterus, clubbing, cyanosis, lymphadenopathy or edema.

CA: soft non tender

CS: Normal vesicular breath sounds bilaterally with no added sounds

CS- S1, S2 heard normally with no murmur

CS- conscious, alert, playful

**Course of illness during stay :**

The patient was admitted for high dose methotrexate administration. His baseline CBC, liver and renal function were within normal limits. The parents were counselled regarding the risks and benefits of chemotherapy.

On 16/5/23, after informed consent from parents, the patient was started on iv prehydration with strict I/O and urinary pH monitoring. After urinary pH was 8, iv methotrexate infusion of 12.5 mg/m<sup>2</sup> was started as per UKALL 2011 protocol (16/5/23, 05:30 PM) and IT methotrexate 10 mg was given and CSF sample sent for cytospin analysis (under midazolam and ketamine sedation). Urinary pH was monitored 4 hourly and sodium bicarbonate infusion was monitored accordingly. The patient received iv fluids at rate of 125 ml/m<sup>2</sup>/hr.

HRCT [chest (9/5/23)] - NO evidence  
of infection seen  
in B/c lung

Department Of Hematology AIIMS New Delhi

IV folic acid @ 15 mg/m<sup>2</sup> ie 8 mg was given at 42 hours, 48 hours and 54 hours  
Serum methotrexate levels were checked periodically as per protocol.

24 hours : 66 umol/l

42 hours : 3.5 umol/l

48 hours : 0.26 umol/l

The patient tolerated chemotherapy well.

Condition on discharge :

Patient is vitally stable and playful

Hemogram : Hb-9.7g/dl, TLC-3710 (ANC-260), platelet-7.2 lac

LFT : bilirubin (T/D/D)-0.5/0.5/0, ALT-23, AST-44, ALP-210, Albumin-4

RFT : urea-6, creatinine-0.2, sodium-137, potassium-4.7, calcium-8.8 uric acid-3.0

19/5/23  
Hb - 9.6 g/dl, TLC - 3130  
ANC - 960

PLT - 6.64 lac

BUN/Cr - 7/0.3

OT/PT - 49/23

BUN/Cr - 0.21  
D 0.15

Na<sup>+</sup>/K<sup>+</sup>  
- 137/4.5

Plan : To get admitted in private ward on 29/5/23 for 4th HD MTX

Advice on discharge :

T Acivir DT (200 mg) 1 BD

~~T Voriconazole (80 mg) 1 BD~~

Tab ME12 1/2 tab OD

Tab EMP 10mg OD

Follow up in Hematology OPD after 7 days with CBC, LFT, RFT

PICC line care explained : (1) Change dressing every 7 days or when visibly dirty (2) flush with 10 ml Normal saline every other day (3) watch for local pain/swelling/redness and report immediately

To report to AIIMS Pediatric Emergency immediately in case of fever, bleeding or breathlessness

Consultant Incharge: Dr M Mahapatra /Dr. Tulika Seth/Dr.RishiDhawan/ DrMukul Aggarwal  
Dr Pradeep Kumar

Senior resident in charge of patient: Dr. Deepika Yadav

Deepika  
Signature



अखिल भारतीय आयुर्विज्ञान संस्थान / ALL INDIA INSTITUTE OF MEDICAL SCIENCES

अंसारी नगर, नई दिल्ली-110029 / ANSARI NAGAR, NEW DELHI - 110029

फैसलीट (भर्ती एवं छुट्टी रिकॉर्ड) / FACESHEET (ADMISSION AND DISCHARGE RECORD)



Payment Linking with Main Hospital Billing Section

NON-MLC

कॉ.पं.सं.  
C.R. No.

H-444119-23

घाब / बिस्तर नं. /  
WARD / BED NO. Private Ward -III  
(Seventh Floor)/710

27/04/2023  
DATE

11:45 am

नाम / NAME

MR. MD UMAR FARUK

उम्र / AGE

3 Y 2 M 18 D

लिंग / SEX

M

पिता/पति का नाम / FATHER / HUSBAND NAME

S/O IMRAN ALAM

राष्ट्रियता / NATIONALITY

Muslim

धर्म / RELIGION :

Single

माता का नाम / MOTHER NAME

शादी का स्थिति / MARITAL STATUS :

व्यवसाय / OCCUPATION Other

एडमिशन नं. / ADMISSION NO. / ICMIS NO.

स्थानीय पता अथवा नजदीकी रिश्तेदार एवं उसका पता

संपर्क नं. / CONTACT NO. 7281076841

LOCAL ADDRESS OR NEXT OF KIN WITH ADDRESS :

आधार नं. / AADHAR NO. :

स्थायी पता / PERMANENT ADDRESS :

राज्य / STATE

पिन / PIN

राज्य / STATE

पिन / PIN

GRAM BDA VEDHA PO SUBHAV THAN SUGOLI

DISTRICT: BUDAPELWARAN

INDIA

विभाग का विवरण / DEPARTMENT DETAILS

विभाग / DEPARTMENT :

यूनिट / UNIT :

यूनिट प्रमुख / UNIT HEAD :

आने की तिथि / DATE OF ADMISSION :

परामर्शदाता / CONSULTANT : Hematology

छुट्टी की तिथि / DATE OF DISCHARGE :

ऑपेरेटिंग / क्वार्टर नं. / OPD / CASUALTY NO.

DR. PRADEEP KUMAR

क्यूटी पर सेवा देने वाले स्टाफ का नाम / NAME OF CAO STAFF ON DUTY :

27/04/2023

11:45

ड्यूटी पर तैनात कॉ.भ.का. स्टाफ के हस्ताक्षर  
SIGN. OF CAO STAFF ON DUTY :

निदान एवं अन्य / DIAGNOSIS & OTHERS

अस्थायी निदान / PROVISIONAL DIAGNOSIS :

प्रेविसिंग डॉ. नं. / PREV. C.B. NO.

CAC MEANIL KUMAR

टिप्पणी / REMARKS

संवेदनहीनता / ANAESTHESIA

दिनांक / DATE

समय / TIME

रीमण कुमार  
MOUSHAN KUMAR  
N. 11130 - 11130  
S. 03/04/2023  
Add: KATOLIA, KOLKATA - 700016

Phone No: 98765  
Course No: 123  
1104/2023



Web: 011-23456789 Follow Us

21/4/2023

23

10-A/2590/44000/Arc 910/12  
Wes/Act 35/0.5

Immune A platelet anemia

2

Railway  
hand  
concern

① Cop Cyclosporine

9:10 AM (9:AM)

② T. Renalade/ Enoxaparin

5:00 PM (8:PM)

IS MY 10 00 - take empty  
Stomach.

(S) R  
A

② months 2 CBC  
LFT  
KFT

*[Signature]*

Dr. M. S. Ghosh  
11130 - 11130  
KATOLIA, KOLKATA - 700016

- Pulmonology R/W along c  
HRCI chest repair ✓

Meet Dr. Amiya - Transfuse to maintain Hb > 8  
PIL 720000 (from HCC)

- R/W CBC/RET/LET  
after 2 wks

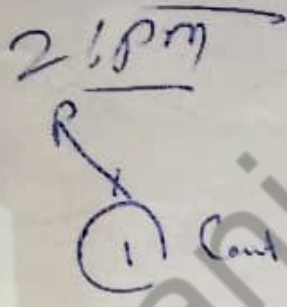
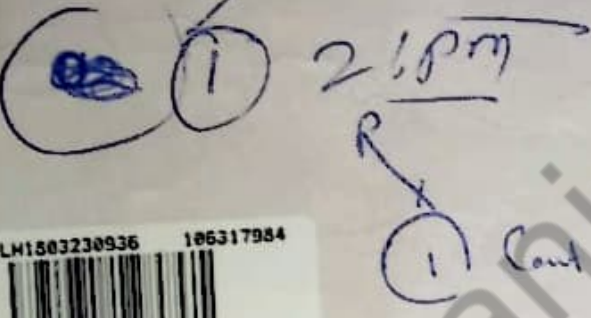
Dr. R. K. Sen, Senior Resident,  
Jawahar Institute, Dept. of Hematology,  
A.I.I.M.S., New Delhi-110029

- Bring the child to OPD.

Hemto  
106317984

Dr. R. K. Sen, Senior Resident,  
Jawahar Institute, Dept. of Hematology,  
A.I.I.M.S., New Delhi-110029  
MEDICINE RECEIPT  
Date: 14/3/23  
Signature: [Signature]

MD LIA FARUK  
P. No. 1078  
S. No. 1078  
13632023  
Barcode  
MD\_LIA FARUK  
196317984



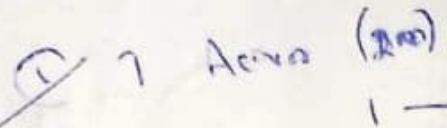
Syr. VAcqul  
1mg



T Filvac (5mg) 1mg x 7 days



T Verzal 8mg po bid



T Acova (2mg)

18/4/2023

Admit in Pul ward on 26/4/2023  
High dose MTX - Shotadumma

Dr. RISHU CHANAN  
Assistant Professor  
Department of Hematology  
A.I.I.M.S., New Delhi-110029

Dr. Manoranjan Mahapatra  
Professor & Head  
Department of Hematology  
A.I.I.M.S., New Delhi-110029

# Department of Hematology, AIIMS, Delhi

Name : MD Umar Farid

Age/sex : 3/M

UHID : 106317984

Ward : PW3/103 Date of admission : 8/4/23 Date of discharge : 16/4/23

Address : Gram BDA Vedia PO Subhav Than Sugoli Champaran (Jharkhand)

Height : 89 cm

Weight : 11 kg

BSA : 0.52 m<sup>2</sup>

## Diagnosis :

Precursor B ALL

CNS I

Ph Negative CD20 positive

D7 Bone marrow : M2

Fungal pneumonia

On augmented BIM wt: 23.1 : 22

**Brief History** The patient has no active medical complaints and was admitted for HD MTX administration.

## Examination :

At admission : Temp : 37.8°C

Pulse-90/min. BP-110/70 mm Hg

RR-20/min. SpO<sub>2</sub> 98% on room air

Pallor - Absent

No icterus, clubbing, cyanosis, lymphadenopathy or edema.

P/A: NAD

R/S: Normal vesicular breath sounds bilaterally with no added sounds

CVS- S1, S2 heard normally with no murmur

CNS- conscious, alert, pupils

## Baseline investigations :

RFT : urea-7 creatinine-0.2 sodium-134 potassium-3.8 calcium-8.8 uric acid-3.4

Plan : To get admitted in private ward on 26/4/23 for 2<sup>nd</sup> HD MTX

Advice :

T Acivir DT (200 mg) 1 BD 1-1

~~T Septran SS on M/W 1-1~~

T Voriconazole (80 mg) 1 BD 1-1

Ⓡ Not to give Septran

Follow up in Hematology OPD after 7 days with CBC, LFT, RFT

PICC line care instructions: (1) Change dressing every 7 days or when visibly dirty (2) flush with 10 ml Normal saline every other day (3) watch for local pain/swelling/redness and report immediately

To report to A.P.N.S. or Nurse Emergency immediately in case of fever, bleeding or breathlessness

Please contact in case of any queries

Consultant : Dr. M. Maheshwari, Dr. Rishi Dhawan, Dr. Pradeep Kumar, Dr. Tanika Seth, Dr. Mukul Aggarwal

Senior resident in charge of OPD : Dr. Rachit Agrawal



Signature





DEPARTMENT OF HEMATOLOGY  
हिमेटोलोजी विभाग  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
अखिल भारतीय आयुर्विज्ञान संस्थान  
ANSARI NAGAR, NEW DELHI - 110029  
अंसारी नगर, नई दिल्ली-११००२९  
TELEPHONE : 011-26594670

TO WHOM IT MAY CONCERN

This is to certify that

Patient Name Vonar Babu

Age : 2 Gender : male

S/o/D/o/W/o \_\_\_\_\_

UHID No. 106317984

is suffering from Diagnosis Acute Lymphoblastic Leukemia

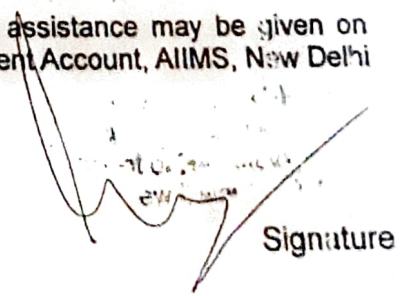
and is under treatment from Department of Hematology, AIIMS.

It is proposed to treat the patient with Chemotherapy/Immunomodulation/Bone marrow transplantation/Other therapy. This treatment is potentially life saving for a serious hematological illness. The family is poor and cannot afford the treatment.

The approximate cost of the total treatment amount to Rs. 6,00,000/-. An approximate breakdown is given under the subheadings listed below. The cost under one subheading may exceed the projected estimate and the excess would then be used from the other subheading.

1. Chemotherapy	<u>4,00,000/-</u>
2. Antithymocyte globulin	<u>50,000/-</u>
3. Antibiotics	<u>50,000/-</u>
4. Blood component kits and tests	<u>50,000/-</u>
5. Growth factors	<u>50,000/-</u>
6. Room charges for Isolation	<u>        </u>
7. Post Transplant Immunosuppression	<u>        </u>
8. Miscellaneous charges	<u>50,000/-</u>
9. Total	<u>6,00,000/-</u>

This certificate is being issued to avail financial assistance only. Financial assistance may be given on humanitarian grounds. The cheque is to be issued in favour of Patient Treatment Account, AIIMS, New Delhi

  
Signature

Priority Date

# A.I.I.M.S. HOSPITAL

Subject : Private Ward booking / registration

Patient's Name : Mr. & Mrs. Faruk

Treating Faculty : Dr. Pradeep Kumar

Department : Neurology

\*\*\*\*\*

Dear Sir / Madam,

Ref. advice / recommendation of your treating faculty regarding private ward inpatient hospitalization, it is informed that your name has been booked/ registered for admission on 31/3/2023. Every effort will be made to admit you on the given date. However, albeit rarely, at times due to circumstances beyond control, it may not be possible to allot you the private ward on given date. In that case, you will be accommodated at the earliest possible.

Payment can be deposited by Cash/Debit or Credit Card / Demand Draft for Rs. 22,000/- or Rs. 32,000/- (for B Class / A Class room respectively) in favour of Director, AIIMS, New Delhi towards room rent advance of 10 days & hospitalization charges on the given date and please contact telephonically at Tel. No. 26594708 for getting the admission slip from Room No. 6A, M.S. Office, AIIMS Hospital between 12:30 p.m. to 1:00 p.m. The patient may not come personally and instead an attendant can come to obtain the admission slip. The patient may be brought within 4 hours of getting admission slip & completing admission formalities.

Thanking you,

revised room rent rates are :

"B" Class - Rs. 33000/- for 10 days  
or  
"A" Class - Rs. 66000/- for 10 days

22/3  
P.S. to Medical Supdt.



children in need around

JAN SANJEEVNI TRUST  
Your contribution are eligible  
for tax benefit under section 80G

APPAREL  
Premium Quality  
OLD-FASHIONED

DEPARTMENT OF CLINICAL HEMATOLOGY, AIIMS, NEW DELHI

Name: Umar babu

Age/Sex: 2/M

UHID: 106317984

WARD: c2/19

DOA: 17/11/22

DoD: 26/12/22

Address: Bihar

Ph no: 7827703427

Height: 86cm Weight: 11kg BSA: 0.5

DIAGNOSIS:

PRECURSOR B-CELL ACUTE LYMPHOBLASTIC LEUKEMIA

CNS-1

PH NEGATIVE CD20 POSITIVE

HIGH INGUINAL UNDESCENDED TESTIS

CTG-FAILED

ALL MULTIPLEX PCR-t(1:19)t(4:11)t(9:11)t(9:22)t(11:19)t(12:21) NOT DETECTED

D7 MARROW -M3

FUNGAL PNEUMONIA

EOI MARROW- IN MORPHOLOGICAL REMISSION

EOI MRD -NEGATIVE(PROVISIONAL)

BRIEF HISTORY -

2 year child, presented with complaints of fever on and off, gradually progressive abdominal distension for 2 months; evaluated in hematology OPD, BM done S/O acute leukemia admitted for further management

ON EXAMINATION -

- Awake
- Alert
- Afebrile
- Pallor+
- Not tachypneic
- BP-100/60mmhg
- PR-110/M

PHYSICAL EXAMINATION

Temp.	Pulse	Resp.	B.P.	Weight
-------	-------	-------	------	--------

Imp: Pre B ALL on Chemotherapy  
(non neutropenic)  
• likely URI

Urn  
CBC

XRay chest PA view.

• Symp Clavam  
(Amoxicillin 125mg +  
Clavulanate 31.25mg / 5ml)  
5ml ~~QID~~ 1-1-1 x 5d.

• ~~Symp~~ Symp Paracetamol  
125mg/5ml  
5ml 1-1-1 x 5d.

• Review c reports / etc.

Jan Sanjeevni Trust

26/1/2018

SR Hemal  
A.I.M.S., BANGALORE

22/3

Funds came - 1 lakh.

10/10 Dr. Pradeep Sir.

↓  
Admission for HD MRX

LC2703232462 106317984



LH2703231776 106317984



MD\_UMARFARUK

Swamy

20/3/23

cls/B SR Hemat (Day Care)

qo. fever  
nasal congestion

Last ANC 740

OT/PT = 185/353

Pril = 1.15/1.10/0.05

Adh

① 1q Magnex 500mg  
TDS

② 2q ACSF. 100mg EOD

2

- Pulmonology Rxw along c  
HCT chest report

Meet Dr. Anuja - Transfuse to maintain HB > 8  
PLT > 20000 (from HCT)

- Rxw CBC/RFT/LFT  
after 2 wks

जिजी राजेंद्र. Senior Resident.  
जि विज्ञान विभाग/Dept of Hematoc.  
आर.ए.ए. 18-बी-202-A.I.I.M.S. New Delhi.

- Bring the child to OPD xi

Home to  
106317984

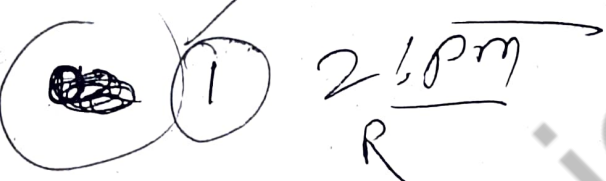
मेरिक फार्मासी  
MEDICINE RECEIVED  
DATE: 19/3/23  
SIGNATURE: [Signature]

उधिर विज्ञान  
UMD: 106317984  
Dept No: 2022040115723  
Clinic. No: 2022H/V115723

रूम / Room  
C-511  
Unit-I  
Hematology OPD  
Queue No: F9  
13/03/2023  
सोम, बुध, शुक्र  
Mon, Wed, Fri

MD UMAR FARUK  
3Y 1M4D / (मुरम)  
SOHRAN ALAM  
Add: GRAM BDA VEDHA PO SUBHAV THAN  
SUGOLI DISTIC PU CHAV PARAN, BIHAR,  
Pin 0, INDIA

Reporting: 8:30 AM



LH1803230936 106317984  
MD\_UMARFARUK

2:00 PM  
Cant. IM-T = 10 ml

Syr. VACIFUL 100 mg

T FINAE (5mg) 10 x 7 days

T VAS 201 8mg po bid

T ACIVA (200) 1 - 1

CBC

Dr. Manoranjan Mahapatra  
Professor & Head  
Department of Hematology  
A.I.I.M.S., New Delhi 110029

ALL Protocol

ALL

Name- UMAR BABU

Age- 2yr

CR NO- C2/19 H NO/HO NO--

Sex- Male

Ward and Bed No- C2/19

Address-

Ph no-

BMA&BX (No- 23 BX - 2583 and Date-

Overall cellularity 100%. There

is near total replacement of all marrow spaces by blasts & markedly & trilineage leucopoiesis. Areas of cellular streaming noted. Together & 1PT & /o Precursor B-ALL

Cytochemistry- PAS (+ -), SB(+ -), MPO(+ -), NSE(+ -), NASDAC(+ -)

Comment-

- ve

Cytogenetics-

FISH: ALL multiplex panel - t(1:19) t(4:11) t(9:11) t(9:22)

RFCOR-

t(11:19) t(12:21) Not detected

IFT (Immunophenotyping)-

CD19, CD34, CD79a, CD10, CD58 - Positive

CD20 - Heterogenous (76%) MPO, CD3, CD7 - Neg.

CNS: Flow-Neg -

Cytospin -

TTP: if yes + -

Final Diagnosis- Precursor B ALL

High risk- (Augmented BFM) (induction same) D7 marrow - M3.

Low risk- Standard BFM (induction same)

Date of Diagnosis-

Date of start of treatment- 23/11/22



**an Sanjeevni Trust**

*Soch Hamari Suraksh*

**help children in need**



## ALL Protocol (Augmented BFM therapy)

### Induction

Day 1- Intrathecal MTX and ARA-C

Age	MTX	ARA-C
1 -1.9 Years	8 mg	30 mg
2 -2.9 Years	10 mg	50 mg
≥3 Year	12 mg	70 mg

Prednisone - 60 mg/m<sup>2</sup> per day PO = 1-28 (BID or TID) than taper over 10 days.

Vincristine (IV) - 1.5 mg/m<sup>2</sup> (max, 2 mg) IV = 1, 8, 15, 22.

D Daunorubicin (IV) - 25 mg/m<sup>2</sup> IV = 1, 8, 15, 22.

L-Asparaginase (IV) - 6 000 U/m<sup>2</sup> IV /IM = 3, 5, 7, 10, 12, 14, 17, 19, 21.

BMA on day+7 for prognosis – BM: M1 or M2 or M3. M1 or M2 Marrow: only one delayed intensification and interim maintenance. Interim Maintenance II and Delayed intensification II to be removed. In case of M3 marrow to continue with Interim Maintenance II and Delayed intensification II as planned.

BMA on Day +28 to check remission status, BM: M1 or M2 or M3

### Consolidation ( 9 wk)

Cyclophosphamide = 1000 mg/m<sup>2</sup>/day IV days 0, 28

Cytarabine = 75 mg/m<sup>2</sup>/day SQ or IV days 1-4, 8-11, 29-32, 36-39

Mercaptopurine = 60 mg/m<sup>2</sup> /day PO days 0-13, 28-41

Vincristine = 1.5 mg/m<sup>2</sup>/day (max, 2 mg) IV days 14, 21, 42, 49

Asparaginase = 6000 U/m<sup>2</sup>/day IM days 14, 16, 18, 21, 23, 25, 42, 44, 46, 49, 51, 53

Methotrexate = IT days 1, 8, 15, 22

Radiotherapy= Radiotherapy (first two weeks of consolidation)

(With CNS -Cranial, 2400 cGy in 12 fractions and spinal, 600 cGy in 3 fractions,

Testiculomegaly at diagnosis- 2400 cGy Bilateral in 8 fractions).

Rest 10 days.

### Interim maintenance I (8 wk)

Vincristine = 1.5 mg/m<sup>2</sup> /day (max, 2 mg) IV days 0, 10, 20, 30, 40.

Methotrexate= 100 mg/m<sup>2</sup>/day IV days 0, 10, 20, 30, 40 (escalate by 50 mg/m<sup>2</sup> /dose)

Asparaginase= 15,000 U/m<sup>2</sup> /day IM days 1, 11, 21, 31, 41.

Rest 2 weeks

### Delayed intensification I (8 wk)

#### Reinduction (4 wk)

Dexamethasone = 10 mg/m<sup>2</sup> /day (max 10 mg/day) PO BD days 1-7, 14-21

Vincristine = 1.5 mg/m<sup>2</sup>/day (max, 2 mg) IV days 0, 7, 14

Doxorubicin = 25 mg/m<sup>2</sup> /day IV days 0, 7, 14

Asparaginase = 6000 U/m<sup>2</sup>/day IM/IV days 3, 5, 7, 10, 12, 14

Vincristine	= 1.5 mg/m <sup>2</sup> /day (max, 2 mg) IV days 42, 49
Cyclophosphamide	= 1000 mg/m <sup>2</sup> IV day 28
Thioguanine	= 60 mg/m <sup>2</sup> /day PO days 28-41
Cytarabine	= 75 mg/m <sup>2</sup> /day SQ or IV days 29-32, 36-39
Methotrexate	= IT days 29, 36
Asparaginase	= 6000 U/m <sup>2</sup> /day IM days 42, 44, 46,49,51,53.

### Interim maintenance II (8 wk)

Vincristine	= 1.5 mg/m <sup>2</sup> /day (max, 2 mg) IV days 0, 10, 20, 30, 40
Methotrexate	= 100 mg/m <sup>2</sup> /day IV days 0, 10, 20, 30, 40 (escalate by 50 mg/m <sup>2</sup> /dose)
Asparaginase	= 15,000 U/m <sup>2</sup> /day IM days 1, 11, 21, 31, 41
Methotrexate	= IT days 0, 20, 40
Rest	2 weeks

### Delayed intensification II (8 wk)

#### Reinduction (4 wk)

Dexamethasone	= 10 mg/m <sup>2</sup> /day (max 10 mg/day) PO BD days 1-7, 14-21
Vincristine	= 1.5 mg/m <sup>2</sup> /day (max, 2 mg) IV days 0, 7, 14
Doxorubicin	= 25 mg/m <sup>2</sup> /day IV days 0, 7, 14
Asparaginase	= 6000 U/m <sup>2</sup> /day IM days 3, 5, 7, 10, 12, 14

#### Reconsolidation (4 wk)

Vincristine	= 1.5 mg/m <sup>2</sup> /day (max, 2 mg) IV days 42, 49
Cyclophosphamide	= 1000 mg/m <sup>2</sup> IV day 28
Thioguanine	= 60 mg/m <sup>2</sup> /day PO days 28-41
Cytarabine	= 75 mg/m <sup>2</sup> /day SQ or IV days 29-32, 36-39
Methotrexate	= IT days 29, 36
Asparaginase	= 6000 U/m <sup>2</sup> /day IM days 42, 44, 46,49,51,53.

### Maintenance (12 wk)

BMA on Day 0 of maintenance

Methotrexate = IT day 0 / 3 monthly

Mercaptopurine = 75 mg/m<sup>2</sup>/day PO daily

Methotrexate = 20 mg/m<sup>2</sup>/day PO weekly

Prednisolone = 40 mg/m<sup>2</sup>/day PO days 0-5 / every 28 days

Vincristine = 1.5 mg/m<sup>2</sup>/day (max, 2 mg) IV / every 28 days.

Two years for girls and three years for boys start from 1<sup>st</sup> interim maintenance

डॉ. संजय जायसवाल

एम.बी.बी.एस., एम.डी. (मेडिसीन)

संसद सदस्य (लोक सभा)

सभापति:

जल संसाधन समिति

- प्रदेश अध्यक्ष-भारतीय जनता पार्टी बिहार प्रदेश
- मुख्य सचेतक-भारतीय जनता पार्टी (लोक सभा)

सदस्य:

- प्राक्कलन समिति
- शासकीय निकाय, एम्स, पटना



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17/01/2023

आपकी पुष्पागरी -

श्री उमर पालक S/O श्री इमरान  
आलम, ग्राम - बड़ा बड्या, पोस्ट - दक्षिणी-  
मुगांध, जिला - पूर्वी चम्पारण, बिहार में  
सिखीय क्षेत्र में गरीब परिवार में है।  
इसका इलाज AllMS नई दिल्ली में  
चल रहा है।

आगे ही इलाज हेतु आपकी  
सहायता उपलब्ध करवाने की कृपा करेंगी।  
आपका  
(14/1)

(डॉ. संजय जायसवाल)

श्री नरेश श्री मोदी-जी  
श्री पुष्पागरी-  
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