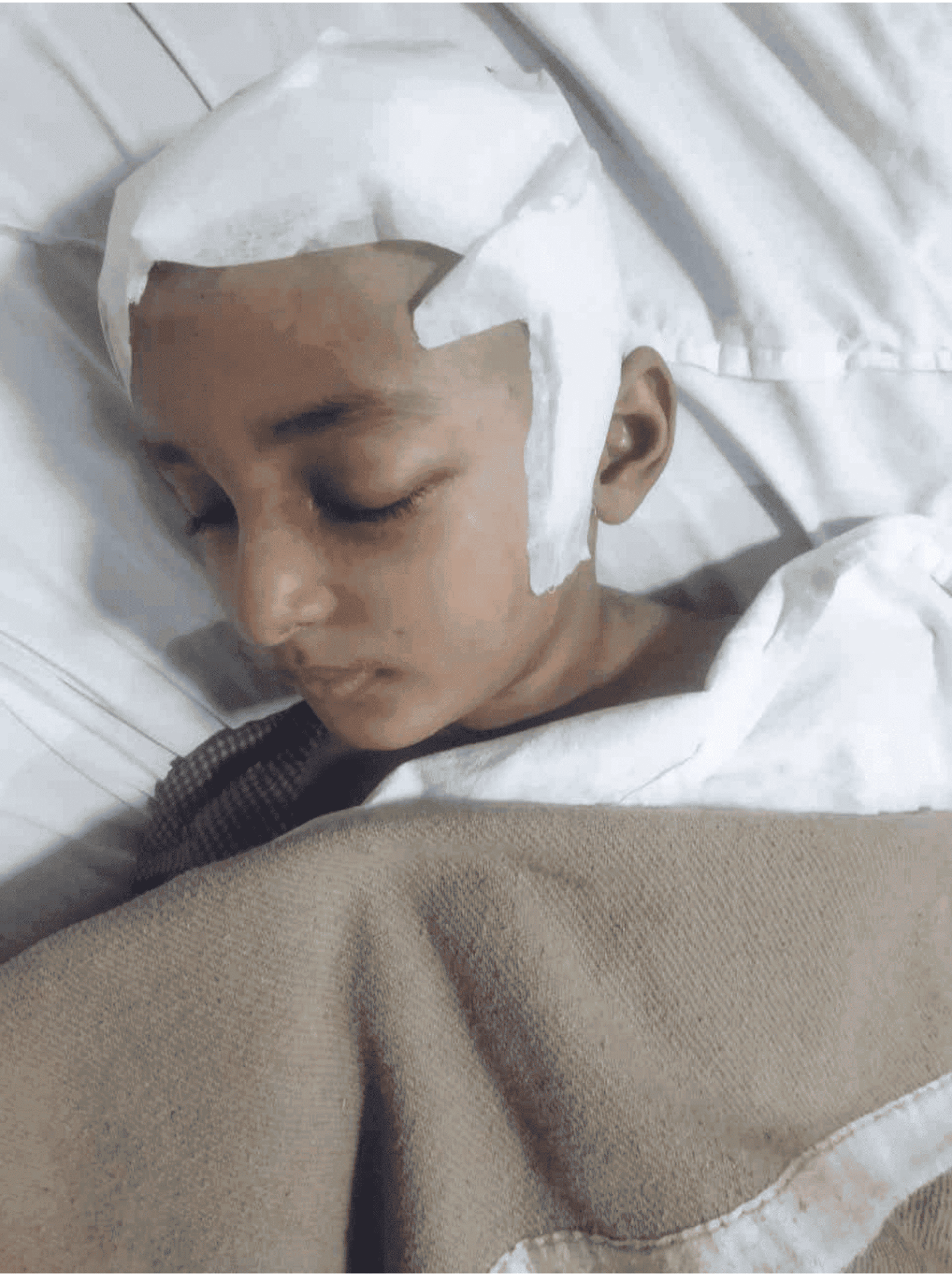

CNS non-germinomatous germ-cell tumor protocol
(NGGCT)
Division of Pediatric Oncology
Department of Pediatrics, AIIMS, New Delhi
CNS- NGGCT (ACNS1123 stratum 1)

Name Arpita Age/Sex 8y/F Wt/Ht 23.1 Kg / 125cm BSA.....

UHID la80793B0 POC No. 25/25

Baseline imaging Sellar suprasellar T1 hypo, T2 hyper, contrast enhancing SOL ? Pituitary Adenoma / ? Craniopharyngioma

Surgery Left Pterional craniotomy + Tumor decompression. - 05/03/21

V-P shunt or Omaya in situ Endoscopic fenestration + Rt MPVP shunt

Tissue histopathology Embryonal Ca, Possibility of mixed GCT Can not be ruled out

OCT 3/4 - Positive, ckit - Negative
PLAP - true, CD30, SALL4 - Positive

Post op imaging ↑ in size of tumor with HCP.
VP shunt in situ

CSF Tumor markers: AFP.....B-HCG.....

Serum Tumor markers AFP.....B-HCG.....

Baseline CBC

LFT

KFT

AUDIOMETRY

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

अस्पताल के परिसर में धूम्रपान वर्जित है। / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

बाल चिकित्सा विभाग

UHID:108079380

Dept No: 2025/003/0002924

अर्पिता यादव / Arpita Yadav yadav

D/O KUNJ BIHARI
8Y 11M 29D / F(महिला),
SAREPAR, PANDAV DEORIA, UTTAR PRADESH, INDIA
Ph: 8004581742 General Rs. 0
Follow Up Patient

कमरा / Room C-218

Queue / संख्या F44

Unit-II, Paediatric

Reporting: 10:10:55 30/12/2025

OPR-6

के०रो०वि० पंजीकृत सं०/O.P.D. Regn. No.

आयु Age

पता/Address

निदान/Diagnosis

DOA - 2/10/2015

दिनांक/Date	उपचार/Treatment
38 30-12 Ht-128.0 Wt - 30kg (0+1SD) Ht - 128cm (-1.3SD) BMI - 18.3 (0.65 SD) Hb - 8.2 g/dl TLC - 1960 PLT - 58000	10y 2m / F MRI Brain Apr 25 ↓ (↑) in size of Tumor Sept 25 → 2 cycles given of chemo F/U/C of suprasellar Tumor ↓ Enlargement as Post craniotomy & Tumor decompression Passing urine 1 time after going to sleep. Passing urine 5-6 times in day Reduced Height gain for last 10 months ↓ 0.6 cm 30kg (6A Nov 26 Rec) Inv FT4 - 0.73 ng/dl TSH - 0.172 uIU/ml AST/ALT - 126/13 TSR - 0.39 Urea / Cr - 13/0.8

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

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

मेरा अस्पताल

Received 6 cycle of chemo — Aug 25

BSA — 1.03

Currently on Hisone 4.85 mg/m²

Na+ — 144
K+ — 4

Adrenal/13 7.2 mg/m²

Thyronorm — 88.2 g — 50

Not [illegible] 5 mg < not
[illegible]

Adv

- Tab Thyronorm 50 mg (Mon – Thu)
  37.5 g (Fri – Sun)

- Tab Hisone 5 mg ½ — ½ — ½

(To ↑ dose 3 times as do
[illegible]
[illegible])

- Review after 3 month with [illegible], FT4, T4,
  [illegible], [illegible]
  [illegible]

D/o charting

13/03/26

Dr ANKAJ SHARMA
Senior Resident
Division of Paediatric Endocrinology
Department of Paediatrics
AIIMS New Delhi-110029

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Department of Paediatrics
AIIMS New Delhi-110029

LFT..

KFT..

Cycle 4

(BSA = 0.9)

Drugs	Day 1	Day 2	Day 3	Day 4	Day5
Inj Ifosfamide (1800mg/m2/day) With Mesna 360 mg/m2/dose	11/6/25 1620 mg	12/6	13/06	14.6	15/6
Inj Etoposide (90 mg/m2/day)	80mg	12	13/6.6.	14/6	15/6

Inj G-CSF 5 mcg/kg/day days 6-15 or until ANC > 1000/mcL

17/6/25 GCSF 140mg · 18/6/25 G-CSF 140mg · 19/6/25 G-CSF 140mg · 20/6 G-CSF 140mg

Serum and CSF Tumor markers

....

.... 21/6

~~Reassessment imaging~~...

....

Further plan of action...

....

CBC...

LFT...

KFT...

Cycle 5

Drugs	Day 1	Day 2	Day 3
Inj Carboplatin (600	....SHORTAGE		

07/07/25

11/12/25

7.6 > 2400 / 1420 < 65,000

. no active complaints.

. Adv.

- to continue RT as advised.
- Ct. Dexa | Pantoprazole as advised.
- to review after completion of RT.

S/W → Prof. Radhna Sethi. Maam

Adv/

→ PRBC transfusion (MCB daycare)

→ Continue — RT

→ Continue — Dexa, Pantoprazole.

→ Complete RT & review

Dr. Ruksana

[illegible] low Hb 7.7. (7.7g/dl)
- should [illegible] PRBC.

7.7
2.5 (1.8)
63.0

Inj [illegible] → [illegible] [illegible]

continue RT after PRBC [illegible]

Day Care
8.30 ?
PRBC

Tiny · Child received PRBC transfusion

18/12/25

17/12/25

11.2 | 2960 / 1940 | 81000

Plan
- Resume RT session
- Ophthalmology f/u.
- N/V — 29/12/25 with CBC, LFT, RFT

Dr. Ruksana Sidhique.P.R
DM Resident
Pediatric Oncology
AIIMS, New Delhi-110029
D.. No 113411

29/11/25

CNS - NGGCT

Post 6#

↓ RT :: 6/11/25

24/11

9.5 — 5700 / 94K / 87/2/8

No actions noted

Plan

N/V 06/12/25 Σ CBC, LFT, RFT

Shivani
SR PG

6/12/25

CNS - NGGCT

2-1 Betadine gargling

Sit 2 baths

No oral ulcers

Cough present

→ Post 6# chemo

→ undergoing CSI + tumor bed boost.

3000 / 97K / 2530 — 10

(3/12/25)

Adv:

→ To continue RT

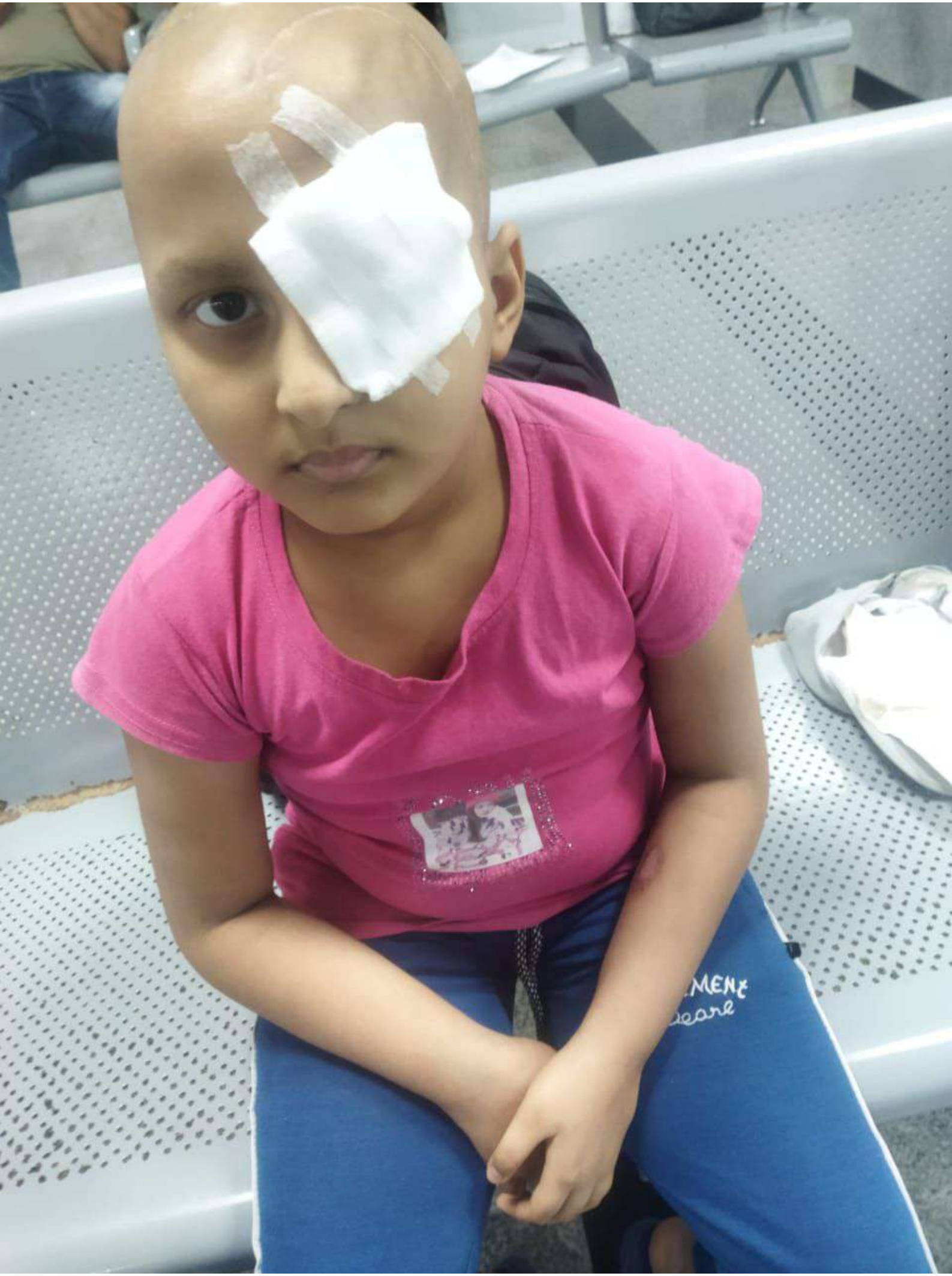
→ Monitor CBC

→ T. Dexamethasone (4mg) ½ tab BD

→ T. Pantop (40mg) 1 tab OD ES

→ N/V in OPD on 20/12/25 Σ CBC/RFT/LFT

Shivani
SR



LFT.....

KFT.....

BSA-0.9

Cycle 2 12/4/25

Drugs	Day 1	Day 2	Day 3	Day 4	Day5
Inj Ifosfamide (1800mg/m2/day) With Mesna 360 mg/m2/dose					
Inj Etoposide (90 mg/m2/day)					

Inj G-CSF 5 mcg/kg/day days 6-15 or until ANC > 1000/mcL

Serum and CSF Tumor markers before cycle 3.....

.....

CBC.....

LFT.....

KFT.....

Cycle 3

Drugs	Day 1	Day 2	Day 3
Inj Carboplatin (600 mg/m2/day	540 mg in 200ml NS		
Inj Etoposide (90 mg/m2/day)	83 mg in 200ml NS	83 mg in 200ml NS	83 mg in 200 ml NS

Inj G-CSF Days 4 to 13 or till ANC 1000 /mcL

Serum and CSF Tumor markers before cycle 4.....

.....

CBC.....

mg/m2/day Inj Etoposide (90 mg/m2/day)	83 mg	83 mg	83 mg

Inj G-CSF Days 4 to 13 or till ANC 1000 /mcL

Serum and CSF Tumor markers

CBC

LFT

KFT

Cycle 6

BSA = 0.9 m²

Drugs	Day 1	Day 2	Day 3	Day 4	Day5
Inj Ifosfamide (1800mg/m2/day) With Mesna 360 mg/m2/dose	30/7/25	31/7/25	1/8/25	2/8/25	3/8/25
Inj Etoposide (90 mg/m2/day)	30/7/25	31/7/25	1/8/25	2/8/25	3/8/25

Inj G-CSF 5 mcg/kg/day days 6-15 or until ANC > 1000/mcL

Inj. GCSF → 4/8/25
5/8/25
ISD Nil
6/8/25 - Trans
7/8/25
8/8/25 Switch

Serum and CSF Tumor markers

Reassessment imaging

Further plan of action

Craniospinal irradiation
↓
Boost to gross disease area.

6/11/25

Radiotherapy to be start from Today

1. Avoid soap, cream & oil over t/t area
2. Avoid Hot beverages, spices & chillies
3. Drink plenty of fluids (over >2L/day)

Adv

1. T. [illegible] 1 Tab O.D B.B.F x 15 days
2. Syp. Ramcourt 5 ml O.D x 1 month.
3. Tab. Raslet 20mg 1 tab O.D. before breakfast.

Dr. Reddy

10/11/25

1. [illegible] Syp. Domestal 1 TSP 5ml B.D.

Dr. Bh

13/11/25

TLC = 2.7
N = 58%
ANC = 1.57

Rx
- Inj. Grafeel ~~300~~ 150 mg S/C stat (after permission from primary team).
⇓
150 mg (5 mg/kg)

Dr. Bh

14/11/25

- Tab. Dexona 2mg 1 tab B.D. x 5 days
- Syp. Aptivate 1 tsf B.D. < Before Lunch / Before Dinner.

Dr. Bh

11/12/25

HB | TLC | PLT
(1.60)↓ | (2.40)↓ | (65)↓
ANC - (1.42)↓

- To c/w primary team.

26/12/25 → [illegible] RT today

Sd/-

BATRA HOSPITAL & MEDICAL RESEARCH CENTRE
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1, Tughalakabad Institutional Area, Mehrauli Badarpur Road, New Delhi-110062

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Head of the department Radiation Oncology
Chairman-Radiation Safety Commitee

* Life Time Member Of Association Of Radiation Oncologist Of India (AROI)
* Life Time Member Of India College Of Radiation Oncology (ICRO)

1428/25

Date 1/11/25

Name : Baby Arpita Yadav Age : 10 (yrs) Sex : M/F

Diagnonis :-

Complaints:- Case of CNS Non-Germinomatous Germ cell Tumor {NGGCT}

Post Surgery - 05/3/25 → left pterional craniotomy + Tumor decompression.

HPE → Embryonal carcinom, Mixed GC

Post 6 cycles of Chemotherapy (Last on 3/8/2

Referred for Radiotherapy

Adv

① Orifit cast + CT-planny today.

② Radiotherapy to be started from 6/11/25 @ 12:00 PM.