Ten Best Papers

For each of the following ten papers, the nominee is the corresponding author and has been responsible for the design, conduct, analysis and final writeup of the papers.

1. Naik RD, Vishnubhatla S, Singh V, Pillai AS, Dhawan D, **Bakhshi S**. 2020, Olanzapine for Prevention of Vomiting in Children and Adolescents Receiving Highly Emetogenic Chemotherapy: Investigator-Initiated, Randomized, Open-Label Trial. J Clin Oncol 38(32):3785-3793.

   This work is the first randomized trial demonstarting the utility of the drug olanzapine as an antiemetic agent in those receiving highly emetogenic cancer chemotherapy. Notably, this is an example of drug repuroposing wherein an antipsychotic drug has found utility as an anitiemetic agent and is apractice changing work in the field of antiemetic use in children (**Impact Factor: 44.5).**

2. Pramanik R, Agarwala S, Gupta YK, Thulkar S, Vishnubhatla S, Batra A, Dhawan D, **Bakhshi S**. 2017,Metronomic chemotherapy versus best supportive care in progressive paediatric solid malignancies: a double blind placebo controlled randomized study. JAMA Oncol 3:1222-1227.

   This publication is the first randomized controlled trial of metronomic therapy in children and has conclusively shown that this form of therapy works in refractory pediatric solid tumors other than bone sarcomas **(Impact Factor: 32; Citations: 44)**.

3. **Bakhshi S**, Bhethanabhotla S, Kumar R, Agarwal K, Sharma P, Thulkar S, Malhotra A, Dhawan D, Vishnubhatla S. 2017, Post-treatment PET-CT rather than interim PET-CT using deauville criteria predicts outcome in pediatric Hodgkin Lymphoma: a prospective study comparing PET-CT versus conventional imaging. J Nucl Med 58:577-583.

   This is the first work of PET CT in pediatric Hodgkin lymphoma directly comparing it with conventional CT and showed that only end of treatment PET may help and that always a biopsy should be done to confirm whether it is cancer or not, as in India tuberculosis may also mimic cancer in PET CT scan **(Impact Factor: 10)**.

4. **Bakhshi S**, Batra A, Biswas B, Dhawan D, Paul R, Sreenivas V. 2015, Aprepitant as an Add-on Therapy in Children Receiving Highly Emetogenic Chemotherapy: A Randomized, Double Blind, Placebo-Controlled Trial. Support care cancer 23:3229-37.

   This work paved the way for inclusion of Aprepitant as an antimetic in pediatric antiemetic guidelines and is quoted as a reference paper for the same in the guidelines **(Impact Factor: 3.9; Citations: 42)**.

5. Radhakrishnan V, Kumar R, Malhotra A, **Bakhshi S**. 2012, Role of PET/CT in Staging and Evaluation of Treatment Response after 3 Cycles of Chemotherapy in Locally Advanced Retinoblastoma: a Prospective Study. J Nucl Med 53:191-198.

This was the first study evaluating PET-CT in retinoblastoma and showed that uptake in optic nerve in advanced retinoblastoma behaves like metastatic disease and thus opened a need for including this in the staging of retinoblastoma (I**mpact factor: 10)**.

6. Radhakrishnan V, Kashyap S, Pushker N, Sharma S, Pathy S, Mohanti BK, Vishnubhatla S, Ghose S, **Bakhshi S**.2012, Outcome, Pathology and Compliance in Orbital Retinoblastoma (IRSS Stage III) Treated with Neoadjuvant Chemotherapy Based Protocol: a Prospective Study. Ophthalmology 119:1470-1477.

   This was the first prospective trial of neoadjuvant chemotherapy in advanced retinoblastoma (**Impact factor: 12; Citations: 42)** and showed that exenteration can be avoided in this subset of patients.

7. **Bakhshi S**, Radhakrishnan V, Sharma P, Kumar R, Thulkar S, Vishnubhatla S, Dhawan D, Malhotra A. 2012, Baseline, Interim and Post Treatment PET/CT versus CECT Evaluation in Pediatric Non-Lymphoblastic Non-Hodgkin Lymphoma: a Prospective Study. Radiology 262:956-968.

   This is the first work of PET CT in non blastic pediatric lymphomas **(Impact Factor: 11; Citations: 56)** and it showed that PET CT is no better than conventional CT scans.

8. Pillai AK, Sharma KK, Gupta YK, **Bakhshi S**. 2011, Anti-Emetic of ginger powder versus placebo as an add-on therapy in children and young adults receiving high emetogenic chemotherapy. Pediatr Blood Cancer 56:234-238.

   This was the first ever RCT conducted using ginger to see its impact as an anti-emetic following chemotherapy administration; it clearly showed the beneficial impact of ginger as an anti-emetic following chemotherapy. **(Impact Factor: 3; Citations: 172).**

9. Sharawat SK, Bakhshi R, Vishnubhatla S, **Bakhshi S**. 2010, Mitochondrial D-loop variations in pediatric acute myeloid leukemia: a potential prognostic marker. Br J Haematol 149:391-398.

   This was the first work of mitochondrial variations in AML **(Impact Factor: 6.9; Citations: 39)**, and has paved the way for future mitochondrial research in this disease.

10. Gupta A, Swaroop C, Agarwala S, Pandey RM, **Bakhshi S.** 2009, Randomized controlled trial comparing oral amoxicillin-clavulanate and ofloxacin with intravenous ceftriaxone and amikacin as outpatient therapy in pediatric low-risk febrile neutropenia. J Pediatr Hematol Oncol 31:635-641.

    This was the largest trial of outpatient based therapy in pediatric low risk febrile neutropenia and showed that oral antibiotics may also be usedin this cohort if a follow up can be ensured. This trial also paved the way for inclusion of outpatient therapy as a form of treatment of febrile neutropenia in guidelines.**(Citations:53)**