**Swathi Kaliki’s top 10 publications on the topic “Retinoblastoma”**:

1. **Kaliki S**, Ji X, Zou Y, Rashid R, Sultana S, Taju Sherief S, Cassoux N, Y Diaz Coronado R, Luis Garcia Leon J, López AMZ, Polyakov VG, Ushakova TL, Rani Roy S, Ahmad A, Al Harby L, Reddy MA, Sagoo MS, L Berry J, Kim J, Polski A, Astbury NJ, Bascaran C, Blum S, Bowman R, Burton MJ, Foster A, Gomel N, Keren-Froim N, Madgar S, W Stacey A, M Steinberg D, Mohamed A, Zondervan M, Fabian ID. Lag Time between Onset of First Symptom and Treatment of Retinoblastoma: An International Collaborative Study of 692 Patients from 10 Countries. Cancers (Basel). 2021 Apr 19;13(8):1956. doi: 10.3390/cancers13081956. PMID: 33921566; PMCID: PMC8073369.

**Highlights:** This was an international study with collaboration between 10 countries. This study showed that the lag time between onset of symptoms and initiation of treatment was significantly different between countries and was influenced by national income level. High-income countries had a shorter lag time between symptoms and treatment compared to middle-income and low-income countries. While availability and accessibility of healthcare facilities may differ based on national income level, programs focusing on increasing awareness about retinoblastoma among the care givers and general practitioners would play a crucial role in decreasing the lag time and improving patient outcomes.

2. **Kaliki S**, Patel A, Iram S, Ramappa G, Mohamed A, Palkonda VAR. Retinoblastoma in India: Clinical Presentation and Outcome in 1,457 Patients (2,074 Eyes). Retina. 2019 Feb;39(2):379-391. doi: 10.1097/IAE.0000000000001962. PMID: 29210937.

**Highlights:** This is the largest study from India studying the clinical presentation and treatment outcomes of children presenting with retinoblastoma. This study showed that the life salvage rates of children with retinoblastoma in India is 92% and globe salvage rates is only 50%. The improved survival is a new finding and showed that improved health care in India has improved the survival rate and is nearly comparable to developed countries. However, advanced disease at presentation is causing low globe salvage rates which needs improvement in screening strategies and awareness programs.

3. Vempuluru VS, **Kaliki S**. Screening for retinoblastoma: A systematic review of current strategies. Asia Pac J Ophthalmol (Phila). 2021 Mar-Apr 01;10(2):192-199. doi: 10.1097/APO.0000000000000378. PMID: 33793441.

**Highlights:** Retinoblastoma screening strategies are different in different parts of the world resulting in discrepancy inage at detection. This is the first review to put together all screening strategies for retinoblastoma across the world. Based on this review it was proposed that uniform and better screening strategies are required for children with retinoblastoma.

4. **Kaliki S**, Gupta S, Ramappa G, Mohamed A, Mishra DK. High-risk retinoblastoma based on age at primary enucleation: a study of 616 eyes. Eye (Lond). 2020 Aug;34(8):1441-1448. doi: 10.1038/s41433-019-0698-2. Epub 2019 Nov 25. PMID: 31767966; PMCID: PMC7376026.

**Highlights:** High-riskretinoblastoma is less common in high-income countries but is more common in middle-income and low-income countries. High-risk features on histopathology determine the risk the metastasis in children with retinoblastoma. In India, the rate of high-risk retinoblastoma is 30% to 50%. However, the high-risk features based on age at enucleation were not known. This study was the first study to show that high-risk features vary with age at enucleation.

5. **Kaliki S**, Maniar A, Patel A, Palkonda VAR, Mohamed A. Clinical presentation and outcome of retinoblastoma based on age at presentation: a review of 1450 children. Int Ophthalmol. 2020 Jan;40(1):99-107. doi:10.1007/s10792-019-01155-z. Epub 2019 Aug 23. PMID: 31444587.

**Highlights:** Retinoblastoma most commonly occurs in children <5 years of age. However, the clinical presentation and outcomes are not similar in all patients. This paper was the first to show age influences the ocular survival and overall life prognosis in children with retinoblastoma. Younger the child, better are the chances of ocular survival and life potential and the chances of ocular survival decrease with increasing at diagnosis of retinoblastoma.

6. **Kaliki S**, Mittal P, Mohan S, Chattannavar G, Jajapuram SD, Mohamed A, Palkonda VAR. Bilateral advanced (group D or E) intraocular retinoblastoma: Outcomes in 72 Asian Indian patients. Eye (Lond). 2019 Aug;33(8):1297-1304. doi:10.1038/s41433-019-0409-z. Epub 2019 Apr 1. PMID: 30932036; PMCID: PMC7005687.

**Highlights:** The severity of retinoblastoma varies with national income status of the patient. Higher income countries have patients with less severe retinoblastoma compared to middle-income and low-income countries. Bilateral advanced intraocular tumor is more common in India. There are no studies to elaborate the globe salvage and life salvage in such cases specifically. This study was the first of its kind study to show the globe salvage and life salvage rates in children presenting with advanced retinoblastoma in both eyes.

7. **Kaliki S**, Gupta Rathi S, Patel A. Routine fundus screening of families of children with retinoblastoma: A Prospective Study of 131 Consecutive Families. Retina. 2019 Jul;39(7):1326-1332. doi: 10.1097/IAE.0000000000002134. PMID:29470311.

**Highlights:** This study showed that fundus screening of parents may be a surrogate marker for germline mutation in a child with retinoblastoma. Whenever any parent is detected with a retinocytoma or a spontaneously regressed retinoblastoma, it shows that the child has inherited the disease from the parent and thus doesn’t need additional genetic testing to confirm the inheritance. This is an important finding in a setting like India where genetic testing is expensive and not affordable and accessible to all parents of retinoblastoma children.

8. **Kaliki S**, Vempuluru VS, Priya Y, Mohamed A. Risk factors for recurrent retinoblastoma after intravenous chemotherapy. Int Ophthalmol. 2021 Jun;41(6):2033-2039. doi: 10.1007/s10792-021-01759-4. Epub 2021 Feb 20. PMID:33611762.

**Highlights:** This is the first study in Indian children with retinoblastoma assessing the risk factors for tumor recurrence. It was shown that retinal detachment and seeds at presentation result in high chances of tumor recurrence and thus necessitates aggressive follow-up in these children.

9. **Kaliki S**, Palkonda VAR. Second primary tumors in retinoblastoma survivors: a study of 7 Asian Indian patients. Int Ophthalmol. 2020 Dec;40(12):3303-3308. doi: 10.1007/s10792-020-01517-y. Epub 2020 Jul 31. PMID: 32737729.

**Highlights:** This is the first study to show the frequency of second primary tumors in retinoblastoma survivors. Life-long follow-up is recommended in retinoblastoma survivors

10. **Kaliki S**, Shields CL, Eagle RC Jr, Iram S, Shields JA. High-risk intraocular retinoblastoma: Comparison between Asian Indians and Americans from two major referral centers. Retina. 2018 Oct;38(10):2023-2029. doi:10.1097/IAE.0000000000001816. PMID: 28834944.

**Highlights:** This is the first study to directly compare the retinoblastoma cases seen during the same time period. We showed that high-risk intraocular retinoblastoma is more common in Asian Indians compared with Americans. A new finding that was noted from this study was that Asian Indians have a 5-fold greater risk of having optic nerve invasion and 3-fold greater risk of massive choroidal invasion compared with Americans.