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Medanta Cancer Institute

Dr. Amit Kumar

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DM, DNB (Medical Oncology, TMH Mumbai),
MO, MRCP - SCE (Medical Oncology),
pean Certified Medical Oncologist, Member of ASCO, ESMO, ISMPO
ciate Director - Medical Oncology & BMT - Unit-1
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le: 97118 61896
No. DMC - 33622

ANITA KUMAR I
53/F

06/24

Lt Ext Iliac LN Bx - FL- Gr 2
CD20+, BCL2+, BCL6+, CD10+
CD3 -
HIB 1 - 30%.

Temp.	96.8
Pulse/min.	94 bpm
SPO2	99%
BP	151/69 mmHg
Ht (cm)	152 cm
Wt. (Kg)	58.5 kg

J -

Q -

Δ FL- Gr 2
- Bulky LN
Hypercalcemia
Anemia
Fatigue

C/O B/L UL pain
Lt LL Swelling
Gastritis
Constipation
Fatigue

O/E ECOG-PS-1

H - 361 ↑
- 0.75
- 10.74 ↑
P/RBS - 7.06/473
K - 127/47
BC - 10 } 15.93 ↑
9.6

VM ⊖

Adv - ECG · ECHO → 60%.
NAD
↓
- 6 #1 Bendamustine + Rituximab D1/D2 D1 q 28 days
- Post 4 #1 → PET-CT → Rituximab q 2 weekly for 2 yrs

FU on 20/08/24

Jay Prabha Medanta
Super Speciality Hospital
Medanta - Gurugram

Kankarbagh Main Road, Kankarbagh Colony, Patna, Bihar 0612 350 5050
Sector - 38, Gurugram, Haryana, India 0124 4141 414

H-2023-1256,
Oct 12, 2023 - Oct 11, 2027

Regd. Office: Global Health Patliputra Private Limited, E-18, Defence Colony, New Delhi, India. Tel: +91 11 4411 4411
Corporate Identity Number - L85110DL2004PLC128319

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- Syp Duphalac 30 ml HS <2TD>
<ch05>

- Tabs Pan 40mg OD – 5 days

20/8/24

POD-7

C/O Rt side ~~ab~~ hypochondrium pain

Dr. A

Adv: Give C#1 BR on 23/8/24 & 24/8/24

FU on 30/08/24

c̄ · CBC
· RFT

Dr. A

Admitted in ~~Daycare~~ Ward on 23/8/24

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ame: Mrs. Anita Kumari
ge : 63Y Gender:Female
isit Date : 02/08/2024 Location: Medical Oncology & Haematology
ractitioner: Dr Amit Kumar
atient ID : BP00212112
T No :
iagnosis :

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A+ve

T_2DM - Syl
- On OHA
HTN -
Hypothyroid

08/2024

oxy.

Lt Chest pain - ~~Dec~~ (Dec, 22)
- Had mild pleural effusion

<11/12/22> CT - S/O Small LN in ~~abdomen~~ Lt axilla 1.6 x 2 cm, paravertebral
Mild Lt side pleural effusion

7/12/22 - CBC - 9.5 } 7800 / 163
MCV - 87.4
Ca^{2+} - 9.87

TP/Alb - 6.8/4.0
ECHO - EF-61%.
USG - <7/12/22> - Multiple peripelvic, peripancreatic, pre-aortic, aorto-caval LN
largest 2.72 x 4.6 cm
Minimal pericholecystic ascites
FNAC Neck LN → (-)

21/8/23 - USG Abd - Multiple enlarged LN in retro & abd

LN Bx - Reactive peripelvic

U/W Lap Cholecystectomy
Bx - Follicular Cholecystitis

18/7/24 - Ca^{2+} - 12.7
1,25 Vit D - 20 ↑
CT Abd - RPLN - largest 5.4 x 4.4 cms
Lt Ext Inguinal LN - 2.8 x 2.5 cm

VH (-)
CT Chest - Mild pleural effusion
- Multiple axillary & RPLN

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Vit B12 - 1894 (N)
Folate - 15.53 (N)
Fe/TIBC - 25/354 = 7.06 ↓
Ferritin - 45
Vit D - 31.9
TSH - 8.39 ↑↑
Ca2+ - 13.5
CBC - 7.9 > 6200 < 185
NSS 32

PTH - 10.46 ↓

On Steroid for 1 week

Lt Inguinal LN - Low grade NHL
(Follicular lymphoma)

PET-CT (22/7/24) - Cerv LN
B/L para-aortic - 14.5 x 11.3 cm
- SUVmax - 34.8
Lt ~~Ext ili~~ Inguinal LN - 3.3 x 3.9 cm
SUVmax - 8.7
B/L Common iliac & Ext iliac LN
4.4 x 5.2 cm - SUVmax 28.8

~~BEAN~~ U.A. - 6.2
TP/Alb - 7.57/4.66
Ca2+ - 10.77 ↑
CBC - 9.1 > 2133 < 7.94

PLAN
[· Hemogram · RFT · LFT · LDH · PT/INR
[· HIV · HBsAg · Anti HCV
· USG Guided Para-aortic LN Bx
of Maximum SUV
(c Dr Saket Battle)
(- Check PET-CT)

- Tab Febuxostat 40 mg OD
Syp Mucaine Gel 3 tsf TDS
1-1-1

FU on 6/8/24
Dr. Amit

FU on 9/8/24

Name	:	ANITA KUMARI	Age/ Sex	:	53 Yrs./F
Refd. By	:	Dr. SHYAM KISHORE	PET No.	:	986/24
MRN. No.	:	URG-2-7697	Date	:	22/07/2024

WHOLE BODY F-18-FDG PET-NCCT SCAN

TECHNIQUE:

Whole body PET-CT Scan after I.V injection of 370 MBq of F-18 FDG (10 mCi) with NCCT scan was performed from vertex to mid thigh. Images were taken after 45 minutes. The semiquantitative analysis of FDG uptake was performed by calculating SUV (Standardized Uptake Value) corrected for administered dose and patient body weight. Blood sugar level of the patient was 70 mg/dl at the time of injection. Sr. creatinine was 1.0 mg/dl.

CLINICAL HISTORY:

Patient is a known case of lymphadenitis . Post-cholecystectomy

FINDINGS:

The overall biodistribution of FDG is within normal physiological limits.

BRAIN :

The brain parenchyma is unremarkable with normal FDG biodistribution. No significant focal lesion or abnormal focal FDG uptake noted.

Note :- all brain metastases may not be apparent on PET-CT scan and MRI head may be performed where clinically indicated.

FACE AND NECK :

The paranasal sinuses, nasopharynx, oropharynx, larynx and thyroid gland are normal.

FDG avid submental, bilateral level II, III, V and supraclavicular nodes are seen. Size and SUVmax of submental node is 1.5 x 1.3 cm; 4.7 respectively

BREAST & AXILLA :

No abnormal lesion or tracer uptake seen in both breast.

FDG avid bilateral axillary nodes are seen. Size and SUVmax of one of the right axillary node is 1.8 x 1.4 cm x 6.0 respectively

THORAX :

GC5/GC6, Dr. R. N. Singh Road, Lohiya Nagar, Kankarbagh, Patna - 800020 (Bihar)
Ph. : 1800-1035153, 0612-2344011 | Website : www.saverahospital.org

Lung parenchyma shows normal vascular and interstitial markings.
Trachea, main bronchi, heart, mediastinal vessels and esophagus are normal.
FDG avid prevascular and subcarinal nodes are seen. Size and SUVmax of subcarinal node is 1.5 x 1.5 cm; 3.9 respectively
No pleural or pericardial fluid seen.
FDG avid bilateral internal mammary nodes are seen. Size and SUVmax of left internal mammary node is 2.5 x 2.3 cm; 4.8 respectively.
FDG avid cardiophrenic nodes are seen. Size and SUVmax of one of the node is 1.4 x 1.3 cm; 14.1 respectively.
FDG avid bilateral retrocrural nodes are seen. Size and SUVmax of left retrocrural Node is 1.7 x 5.5 cm; 5.0 respectively

ABDOMEN AND PELVIS:
Both liver and spleen appears mildly enlarged in size. pancreas, bilateral suprarenal gland and kidney are normal.
FDG avid discrete and conglomerated nodes are seen in the porta, precaval, peripancreatic, mesenteric and bilateral para-aortic region extending from SMA below up to the bifurcation of aorta. Size and SUVmax of bilateral para-aortic nodal mass is 14.5 x 11.3 cm; 34.5 respectively.
FDG avid bilateral common iliac and external iliac nodes are seen. Size and SUVmax of left external iliac node is 4.4 x 5.2 cm; 25.8 respectively.
FDG avid bilateral inguinal nodes are seen. Size and SUVmax of one of the left inguinal node is 3.3 x 3.9 cm; 8.7 respectively.
small and large bowel loops are normal.
Urinary bladder is normal.
Uterus is normal in size and attenuation.
Adnexa are normal
No ascites seen.

SKELETON: Visualized bones are unremarkable with no definite evidence of abnormal FDG uptake.

IMPRESSION:

- **Active hypermetabolic bilateral cervical, axillary, internal mammary, cardiophrenic, mediastinal, abdominal, pelvic and bilateral inguinal nodes.**
- **Mild hepatosplenomegaly.**
- **Suggested biopsy to rule out lymphoma.**

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Name	: MRS. ANITA KUMARI	Age/Sex	: 53 Yrs. / F	Sample Received	: 05/08/2024 13:29:40
Ref. By	: Dr. Amit Kumar	PATH NO.	: 24H-1975	Reported	: 16/08/2024 13:35:35
Centre	: Medanta Hospital				

HISTOPATHOLOGY WITH IHC

NATURE OF MATERIAL:

Biopsy from left external iliac node region

CLINICAL DETAILS:

63 years female presented with multiple enlarged node

SPECIMEN TYPE:

Biopsy from left external iliac node region

MACROSCOPIC APPEARANCE:

Received two grey white linear tissue pieces aggregating to 0.4x0.3x0.1cms, entire tissue processed in one paraffin block.

FIXATION TIME:

12 Hours.

SPECIMEN GROSSED BY:

Dr. Rashmi Monteiro

MICROSCOPIC APPEARANCE:

The section studied shows tiny nodal tissue with loss of normal nodal parenchyma by atypical lymphoid cell proliferation arranged predominantly in the follicular patterns of varying sizes. The follicles lack a mantle zone and contain an admixture of centrocytes and a few centroblasts. Tingible body macrophages are absent. Dendritic cell meshwork is altered and highlighted by CD23. Interfollicular areas are compressed and show proliferating blood vessels. Mitotic figures are seen. No necrosis/ granuloma was seen.
No atypical large mononuclear cells seen.

By immunohistochemistry, the atypical cell proliferation shows positivity for CD20, BCL2, BCL6, and CD10; while is immunonegative for CD3.
MIB-1 labeling index is approximately 30% in areas of highest proliferative activity.

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103-104, M.S.C. Bank Employee Deepjyot CHS Ltd., Shimpoli Road, Borivali (W), Mumbai - 400 092, Maharashtra.

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Name	: MRS. ANITA KUMARI	Age/Sex	: 53 Yrs. / F	Sample Received	: 05/08/2024 13:29:40
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IMPRESSION:

Biopsy from left external iliac node region:
Low-grade lymphoma of B cell phenotype.
Histology and immunophenotyping favor follicular lymphoma, Grade2.

COMMENT:

Low grade follicular lymphoma with high proliferative index is known to behave aggressively. Correlation with clinicoradiological findings is advised.

NOTE:

IHC carried out on formalin fixed, paraffin embedded sections.
DETECTION SYSTEM FOR IHC: ENMVISION FLEX DETECTION SYSTEM ON DAKO AS LINK 48 PLATFORM. All controls (i.e., internal negative patient tissue and external positive control) show appropriate reactivity.
The clone for CD3 antibody is "EP41".
The clone for CD20 antibody is "L26"
The clone for CD5 antibody is "EP77".
The clone for CD10 antibody is "56C6".
The clone for MIB1 antibody is "SP6".
The clone for BCL2 antibody is "EP36".
The clone for BCL6 antibody is "LN22".

"H&E slides and blocks prepared from the tissue sample processed can be requisitioned by the patient at any time during the retention period by sending email at helpdesk@histopialab.com. The same will be made available at the prevailing conditions".

Outside blocks and slides received at Histopia Lab are dispatched with the hard copy of report to the concerned Centre.

---------- End Of Report ----------

Dr. Nikita Oza
MD (Path), FIAC
Formerly at Tata Memorial Hospital, Mumbai
MMC Reg No: 2014/10/4510

103-104, M.S.C. Bank Employee Deepjyot CHS Ltd., Shimpoli Road, Borivali (W), Mumbai - 400 092, Maharashtra.

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Patient Details-

UHID- BP00212112

Name: ANITA KUMARI
Weight: 58.5 Kg

Age/Sex- 53 YEARS/FEMALE
Height: 152 cm

Date-23/08/2024
BSA 1.59 m2

Chemotherapy Summary

Diagnosis- Follicular Lymphoma Grade 2

Plan: 6# Bendamustine D1/D2 + Rituximab q 28 Days

Admitted for *C#1 Bendamustine (@75%dose) + Rituximab*

Day 1: (23/08/2024)

1. Inj Avil 1 amp IV
2. Tab PCM 750 mg PO (30 min before Rituximab)
3. Inj Rituximab 600 mg: **First dissolve only 100 mg in 100 ml NS** → Start @ 25 ml/hour → If no reaction in 20 minutes, increase infusion rate to 50 ml/hour and complete this bottle. → **if no reaction, dissolve remaining dose (500 mg) in 500 ml NS** and infuse @ 100 ml/ hour.
4. Inj Graniset 1 mg IVP
5. Inj Bendamustine 140 mg in 500ml NS IV over 60 min

Day 2: (24/08/2024)

1. Inj Graniset 1 mg IVP
2. Inj Bendamustine 140 mg in 500ml NS IV over 60 min

VITALS	At admission	Post chemo
Temp	97.5	
Pulse	97.	
BP : 9am.	140/90	
SaO2	95	
RR	90.	

Course-