



# KINNERA MEMORIAL TRUST

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## Application for Help



PATIENT NAME : R SAI KISHORE

FATHER/GUARDIAN : R AMBIKA  
MOTHER ; R NANDA KISHORE

ADDRESS : H NO 4-101 YADHAGIRI GUTTA (DISIT) GANESH NAGAR

PHONE NUMBER : 9000069423, 9848807330

UMR No : UMR- 23538 IP NO(8090)

AGE : 1 1/2Years

GENDER : MALE

## **DISEASE INFORMATION**

(To be filled by Doctor)

**Diagnosis:** T-CELL LEUKEMIA LYMPHOMA

**Date of Diagnosis:** 27-06-2018

**Investigations:** Complete Blood Picture  
CRP  
Electrolyte ,Creatinine  
Blood Cultures  
CT Scan & Ultra Sound

### **Treatment**

#### **Induction**

**Inj Vincristine**  
**Inj Daunorubicin**  
**Inj Methotrexate IT**  
**Inj Doxorubicin**

#### **Consolidation:**

**Inj.Methotrexate**  
**Inj. Cytarabine**  
**Inj Cyclophosphamide**  
**Inj. Leunase 5 Units**  
**Tab 6mp 50 mg**  
**Inj. (H.D) Methotrexate**  
**Inj, Oncosaper**  
**Tab Methotrexate 2,5 mg (Weekly)**  
**Tab Pantodac 20 mg**  
**Syp Sucral**  
**Syp Septran 5ml BD m/th**  
**Mouthcare**

**Type of treatment and Reviews:**

Chemotherapy (remission induction, intensification/consolidation, and maintenance therapy) every 3<sup>rd</sup> month IT Methotrexate

1. Phase 1 – Remission induction: Vincristine and along with CBP every month.
2. Supportive care- Blood product support, treatment of infections during intense phases

**Family Circumstances:** Father out of job soon after diagnosis due to repeated absences. No other source of income for the family.

**Estimation Amount:** 9 lakhs

**Any amount was sanctioned than any organization:** None

**Recommendations:**

Kindly sanction dollars to help this child to continue his treatment.

**Consultant Name :** Dr. Ramana Dandamudi

**Consultant Signature :**

**Approved By: JAYA**

KANTAMNENI RAJA

Dr.RAMANA