


PROFORMA - I

Remarks/assessment of Chief Medical Officer/Chief Medical Superintendent along with verified/countersigned papers

I, DR. SIDDARTH SINGH [Name] DEPUTY G.M.O./C.M.S., MEDICAL SUPERINTENDENT have perused the documents presented before me by Sri SADHANNA. [Name] GIRI of the Officer] . . . . ., ID No. 23 34 . Designation CIVIL JUDGE ]. A.C.G.M and place of posting . B.A.D. HO. I . . . . . OR on his behalf by Sri ARJUN PRASAD. GIRI. . Relation with the officer . F.A.T.H.E.R. . . . . Phone No. 6394002301.

- I. I have personally examined Sri/Smt./Sushri. ARJUN PRASAD GIRI (M.U.176499) who is suffering from the disease/syndrome/disability CANCER. Stage - IV (OPD ATTch) [Name of the disease] . . . . . and in my opinion he/she may require frequent hospitalization for treatment/management.
- II. I also verify that Sri/Smt./Sushri. ARJUN PRASAD. GIRI . . . . . is suffering from the disease/syndrome/disability/disorder CANCER. Stage - IV (OPD ATTch) [Name of the disease] . . . . . and the disease(s) find(s) mention at paragraph no. 1 of the Annexure-I enclosed herewith.
- III. In my professional opinion and assessment, I am convinced that the treatment/management of the above-mentioned disease/syndrome/disability/disorder in paragraph two above is possible at the districts mentioned by the officer in his/her application submitted to Hon'ble High Court.
- IV. The treatment/management of the above-mentioned disease/syndrome/disability/disorder in paragraph two above is also available at the districts namely . . . LUCKNOW. [VARANASI] . . . . .
- V. I am aware that this document may be presented by the competent authority/applicant for further use by a competent Medical Board.
- VI. This document shall be valid only for . 0. 3 . . . . . months only.

  
Dr. Harsh Vardhan Atreya  
M.B.B.S., M.D., (Internal Medicine)  
DM (Medical Oncology & Haemato Oncology)  
Medical Council

  
DEPUTY MEDICAL SUPERINTENDENT  
Lucknow  
(Unit of Medanta Holdings Pvt.Ltd.)  
Sector-A, Pocket-1, Sushant Golf City  
Amar Shaheed Path, Lucknow-226030

Signature with seal  
(C.M.O./C.M.S.)  
Name: DR. SIDDARTH. SINGH  
ID No.: . . . . .  
Designation: DEPUTY. . . . . MEDICAL Superintendent  
Telephone No. . . . .  
Mobile No. 9522450505

1. Concerned District Judge/Officers in equivalent rank to get these matter expedited from the office of CMO/CMS.
2. The CMO/CMS are requested to retain the copy of this documents and documents placed before them for issuance of this document for future reference.

## Annexure-I

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- I. Cancers: All types of cancers leading to permanent disability of more than 40%. The term cancer includes Leukaemia, Lymphoma and Hodgkin's Disease.
  - II. Degenerative & Progressive Neurological disorders.
  - III. Paralytic Stroke (Cerebra Vascular Accidents): CVA including Cerebral Haemorrhage, Cerebral Thrombosis and Cerebral embolism causing more than 40% Total Permanent Disability.
  - IV. Motor Neuron Disease: Irreversibly progressive Motor Neuron Disease confirmed by a Neurologist. It should be duly supported by MRI, EMG and Nerve Conduction studies.
  - V. Parkinson's Disease: Slowly Progressive degenerative neurological disorder causing Tremors, Rigidity and disturbance of balance and must be confirmed by a Neurologist.
  - VI. Cerebellar Ataxia and Neuropathies leading to more than 40% disability.
  - VII. Person living with HIV AIDS (PLHA): A person diagnosed with HIV AIDS and undergoing treatment.
  - VIII. Chronic Renal Failure: Chronic Renal Failure with irreversible damage to both kidneys requiring RRT. Haemodialysis/ R. T and it must be well documented with relevant lab investigations.
  - IX. Chronic Respiratory Failure: Chronic Respiratory Failure with irreversible damage to both lungs requiring demiceler oxygen or ventilator support.
  - X. Heart Diseases leading to Chronic Heart Failure: Coronary Artery Disease and Valvular Heart Diseases which may be treated by CABG or Valve Replacement Surgery three years from the date of actual open heart surgery (Only till three years from the date of the procedure)
  - XI. Cases involving non-surgical techniques like Angioplasty will be eligible for one year from the date of intervention. Unsuccessful surgery or Fardiomopathies leading to Heart Failure will also be included in this category.
  - XII. Thalassaemia Major and other Blood Dyscrasia: All Blood Dyscrasias including Thalassaemia major requiring recurrent Blood Transfusions. Diabetes with complications:
    - a) Chronic Renal Failure;
    - b) Permanent loss of vision;
    - c) Cellulitis requiring Amputation of limbs;
    - d) Cerebro Vascular Accidents;
    - e) Coronary Artery Disease;
  - XIII. Any other disease leading to more than 40% Physical or Permanent disability certified by the Medical Board with latest records/reports within past three months.
  - XIV. Any other disorder with Mental disability of 40% or more as certified by the Medical Board & accompanied by UDID Card.
  - XV. Acid attack victims.



Medanta Lucknow  
Outpatient Summary

Patient ID	: ML10176489	Patient Name	: Mr. Arjun Prasad Giri
Gender	: Male	Age	: 69Y
Encounter ID	: 213748160001	Encounter Type	: Outpatient
Visit Date	: 19/02/2024 13:09	Location	: Medical Oncology
Specialty	: Medical & Haemato-Oncology	Attending Practitioner	: Dr Harsh Vardhan Atreya

Note Type	: Medical Oncology OPD Note	Med/Anc Service	: Med Onco & Hemat
Date/Time	: 19/02/2024 13:36	Performed By	: Dr Harsh Vardhan Atreya

**Medical Oncology OPD Note**

**Case of metastatic adenocarcinoma prostate - stage IV.**

Gleason's score :9 (5+4)

High volume disease

Post bilateral orchiectomy on 11.12.2021

Post 6 cycles of Docetaxel (90mg) w.e.f. 29.11.2021 to 07.04.2022 &

followed by Abiraterone + Zoledronic acid.

HAD recurrence in view of rising PSA.

Started with q 2 weekly Docetaxel again, received 4th cycle on 25.02.2023

developed right sided pneumonia in March 2023

Admitted at local hospital and treated conservatively.

then he was admitted at our hospital for 5 days and was diagnosed to be having right upper lobe pneumonia.

his chemotherapy was withheld in view of active LRTI.

PSMA PET-CT done on 10/04/23- S/O partial response

THERAPY CHANGED TO ENZALUTAMIDE WEF 20.04.23.

SERUM PSA ( 05.05.23)- 7.63

SERUM PSA ( 02.06.23)- 9.24

**PET-CT ( 23.09.23)** - PSMA expressing in left peripheral zone of prostate gland involving left seminal vesicle as described above. No significant interval change. PSMA expressing multiple sclerotic skeleton lesions as described above. Most of the skeletal lesions shows significant increase in avidity & number. Previously seen mild PSMA avid right upper lobe consolidation & right pleural thickening are no longer visualized. Complete response.

SERUM PSA- 67.4 NG/ML

**STARTED ON WEEKLY DOCETAXEL wef 25:09:23**  
**COMPLETED 7 WEEKS, NO COMPLAINTS EXCEPT WEAKNESS.**  
**GRADE 2 PN PRESENT.**  
**NOW PLAN IS CHANGED TO 2 WEEKLY DOCETAXEL (50.MG FLAT) AT PATIENT'S REQUEST.**

POST 9 WEEKS OF CHEMOTHERAPY.

19.01.24

SERUM PSA- 69.3 NG/ML

PET-CT (02.02.24)- slight better.

post 14 cycles docetaxel

**ADVICE:**

- admit in daycare for cycle #15

- KETOPLAST PATCH DAILY

- Tab Megol 80 mg bd

- CAP AMAZOCID 40mg 1 CAP twice a day, 30 minutes before meals x 7 days then SOS in case of acidity.

- SYP CREMAJA 20 ML HS

- CAP OSTEOLIME Once a day 30 minutes after meals and to continue.

- SELBENZ CD Mouthwash three times a day.

Accredited by PHONEMIC 1.0D



H-2022-0934  
Apr 9, 2022 - Apr 8, 2026

For Emergency & Ambulance Dial @ 1068

*Handwritten signature and date: 2004*

Medanta - Lucknow

Medanta - Gurugram

Sector - A, Pocket - 1, Shubham Golf Club, Amar Shaheed Path, Lucknow

Sector - 38, Gurugram, Haryana, India

0522 4505050

0124 4141414

Authorized Sign. Office: Medanta Holdings Private Limited, E-18, DDA Office, Vardaan Atreya, 110024, India. Tel.: 011 4411 4411  
 www.medanta.com Dr Harsh Vardhan Atreya Corporate Identity Number : U74140DL2013PTC0250979  
 Print Date / Time : Medanta Network: Gurugram | Delhi | Lucknow | Ranchi | Noida

<b>Patient Name</b>	: Mr. Arjun Prasad Giri	<b>Patient ID</b>	: ML10176499
<b>Age</b>	: 69Y	<b>Gender</b>	: Male
<b>Admitting Practitioner</b>	: Dr Harsh Vardhan Atreya	<b>Attending Practitioner</b>	: Dr Harsh Vardhan Atreya
<b>Specialty</b>	: Medical & Haemato Oncology	<b>Visit/Admission Date</b>	: 02/02/2024 13:21
<b>Location</b>	: 1st floor Chemotherapy Day Care		

## Nuclear Medicine Report

### <sup>18</sup>F-PSMA WHOLE BODY PET-CT STUDY

**Clinical Details:** Known case of metastatic adenocarcinoma prostate, Gleason score- 5+4=9. Post bilateral orchiectomy status (11.12.2021). Post 6 cycles of Docetaxel followed by Abiraterone. PET-CT (done elsewhere): Decreased prostate mass, pelvic lymph node, peri rectal nodules with increased bone lesion. PSMA PET (08.11.2022, done elsewhere): PSMA avidity in prostate and extensive skeletal metastasis. Post 4 cycle of Docetaxel. PSMA PET (10.03.2023): Partial response. On Enzalutamide. Serum PSA: 67.4 ng/mL on 19.09.2023. PSMA PET (22.09.2023): Significant increase in avidity & number of skeletal lesions. Post cycle 11 of Docetaxel. Serum PSA: 69.3 ng/ml (19.01.2024).

**Indication:** Disease status evaluation.

#### PROCEDURE:

Whole body PET-CT (Vertex to mid-thigh) images were acquired 45 minutes after I.V. administration of <sup>18</sup>F-PSMA using a dedicated LSO PET-CT scanner (Biograph mCT 40 with time of flight technology). Images were reconstructed to obtain transaxial, coronal and sagittal views. I.V contrast was given.

#### PET-CT Scan Findings:

##### Physiological Distribution of the Radiotracer:

Normal physiological radiotracer activity of <sup>18</sup>F-PSMA is seen in the lacrimal and salivary glands, liver, spleen, bowel, kidneys.

##### Brain:

Non-PSMA avid hypodensity is seen in left superior parietal region- ?Gliosis.

Rest of the visualized portion of the brain appears normal.  
(All brain lesions may not be apparent on PET/CT and MRI may be performed, if clinically indicated).

##### Head and Neck:

Soft tissue of the neck appears normal with no abnormal PSMA activity. No significant PSMA avid lymphadenopathy in the cervical region.

Accredited by  
**Therax:**



H 2022-0338  
 Apr 9, 2022 - Apr 8, 2025

**For Emergency & Ambulance: Dial @ 1068**

Medanta - Lucknow  
 Medanta - Gurugram

• Sector - A, Pocket - 1, Shushant Golf City, Amar Shaheed Path, Lucknow  
 • Sector - 3B, Gurugram, Haryana, India

☎ 0522 4505 050

☎ 0124 4141 414

Regd. Office: Medanta Holdings Private Limited, E-19, Defence Colony, New Delhi - 110024, India | Tel: 011 4411 4411  
[www.medanta.org](http://www.medanta.org)

Corporate Identity Number: 1741400L2013PTC-58579

☎ info@medanta.org

Medanta Network: Gurugram | Delhi | Lucknow | Patna | Indore | Ranchi | Noida