

From,

Khan Zishan Masood,
UP 2480
Civil Judge (J.D.), North
Court no 25, Sultanpur.

To,

Respected Mayank Kumar Jain,
Registrar General,
Allahabad high court of judicature at
Allahabad

Though,

The Respected Director,
JTRI, Lucknow

Sub: Representation for Premature Transfer.

Respected Sir,

With deep pain I inform you that my mother has been diagnosed with Triple negative Discordant and Recurrent Breast Cancer. As per her doctors it is a rare form of aggressive cancer. My mother is very ill and requires constant care and treatment. She is taking her treatment at Lucknow District for which I will have to travel regularly. She has undergone two surgeries and is currently taking aggressive Chemotherapy. The treatment modality and the rare cancer type are such that the treatment is preferable in a big city. Even doctors at Tata Cancer Hospital Mumbai were perplexed by the type and nature of cancer. Thus I request your kindness to consider my request to transfer me to either Lucknow or Barabanki which would enable me, not only to get the best treatment for her but also be on her side in the last years of her difficult life.

With deep humility and anxious anticipation I plead your kindness to put up the above representation before the honorable court for consideration of my request with urgency. I shall be obliged for life.


Thanking you,

No: J.T.R.1/1729/1959,
Dated: 18-10-2019

FORWARDED

18/10/19
निदेशक
आचार्य प्रशिक्षण एवं अनुसंधान लेखन
उच्चर पाठशाला, लखनऊ

Yours Faithfully.



Khan Zishan Masood,
Civil Judge (J.D.), North
Court no 25, Sultanpur.

Date: 18.10.19

Enclosure: Proforma Premature Transfer and Supporting Medical Papers.

Application for Premature Transfer on Proforma

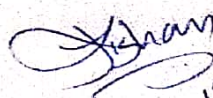
1. NAME OF THE JUDGESHIP : Sultanpur
2. TRANSFER YEAR : 2020
3. FULL NAME OF THE OFFICER : Khan Zishan Masood
4. ID : UP2480
5. HOMETOWN OF THE OFFICER : Ambedkar Nagar
6. AT PRESENT POSTED AS : Civil Judge (J.D.), North,
Sultanpur
7. Date of posting in the Judgeship : 27/07/2018
8. Places of posting during last 6 years with date : Sultanpur 27/07/2018
Upto Present.

9. NATURE OF TRANSFER:

Premature transfer before completion of Normal tenure of 3 years in District

10. CHOICE OF STATIONS (1) Lucknow (2) Barabanki

11. Grounds in support request : Mother is in Last Stage Breast
Cancer (Rare Type).
Requires Constant Treatment
and care. Treatment is being
taken in Lucknow. (Kindly See
attached papers)


13-10-19

12. Places in U.P. where near & Blood relations reside and carry on their business:

Ambedkar Nagar

13. Number & age of children along with places where they are receiving education:

Two Infant children who do not go to School Yet.

14. REMARKS, if any

: —

DECLARATION I have read and understood the contents of appendix "A" to this application and do hereby declare that the facts mentioned above by me are correct, true and in conformity with the Guidelines laid down by the High Court.

DATED: 18.10.19



SIGNATURE OF THE OFFICER

HCTC/CL/F044

Health City



Lucknow Health City Trauma Centre & Super Speciality Hospital Pvt. Ltd.
NH-A & B, Vijay Khand-2, Gomti Nagar, Lucknow-226010, Uttar Pradesh
☎: +91 522 2304177, 4063608 ☎: +91 522 2304377 Helpline : +91-9455335566
✉: healthcityko@gmail.com 🌐: www.lucknowhealthcity.com

DISCHARGE SUMMARY

UID No. 100092824 IP No. 2019-20/11/2019
Cash/Credit/Corporate Cash
Patient Name Dr. Anshu Nandan Age & Sex 60 Y / M
S/o (W/o) D/o Dr. Manoj Anand
Address Dr. Manoj Anand, Ex. Hisingla, Bunka, Vihar Phase - 2, Lucknow
Mobile No. 9419 193007, 9044 305432 (Lucknow)
Admitted under Dr. Navant Tripathi
Date of Admission 11/09/19 Date of Operation 12/09/19
Date of Discharge 15/09/19
Diagnosis ① MRND (Type III)

Treatment Summary / Operation Procedure
① MRND L.G.A. on 12/09/19

Summary of Treatment including operations with Date of Notes:
Left MRND & CIA on 12/09/19

Implants used (if any) with stickers:

Treatment Advice at discharge:

Tab. clavum 625mg - 1BD x 5days
Tab. Pan 40mg - 1OD -> 2days
Tab. Signoflam - TDS x
Tab. chymoral forte - TDS x
Tab. A to Z - 1OD -> x
] x 7days
Review after 7 days

For Dr. Navant Tripathi



Remarks:

Follow up on: Dressing: Stitch Removal:

Doctor's Name & Signature: Dr. Navant Tripathi

Reg. No.: In case of emergency contact:

Condition at Discharge:

Satisfactory

Clinical Findings:

FTC of Melanotic adenocarcinoma

Co-morbidities:

KIC10 DM2
HTN
Hypothyroidism

Investigation:

Report attached

Special Investigations: (if any)

Brief course in hospital:

Unsuccessful

Self attested
18.10.19
[Signature]



स्मिल ट्रेन परिवार में कठिनाई दूर करने वाला, नि:शुल्क आयरन व प्रथम

Smile Train
Changing the World One Smile at a Time

HCTC/CL/F044

Health City



Lucknow Health City Trauma Centre & Super Speciality Hospital Pvt. Ltd.
N/A & B, Vijay Khand-2, Gomti Nagar, Lucknow-226010, Uttar Pradesh
☎ +91 522 2304177, 4063608 ☎ +91 522 2304377 Helpline: +91 9455335566
✉ healthcityko@gmail.com 🌐 www.lucknowhealthcity.com

DISCHARGE SUMMARY

UID No. 100042042 IP No. 2019-20/S/9399
 Cash/Credit/Corporate Cash
 Patient Name Dr. Anika Meena Age & Sex 60/F
 S/o (W/o) D/o DR. Haseeb Ahmad
 Address Ex. Minister Buddha Vihar Phase-2, Kottwal-
Rosa, Kottwal, Lucknow
 Mobile No. 919930059, 904305432
 Admitted under Dr. Nasim Farooq
 Date of Admission 2/10/19 Date of Operation -
 Date of Discharge 2/10/19
 Diagnosis (C) Carcinoma E (C) Cervical LN
metastasis
 Treatment Summary / Operation Procedure
I.E.C. chemotherapy (T. line)

HCTC/CL/F044

Summary of Treatment including operations with Date :

- Day care admission for Ist EC chemotherapy
(Epirubicin/Cyclophosphamide)

*Self attested
18.10.19*

Implants used (if any) with stickers :

Condition at Discharge :

Anti's factory



ADVANCED

Thyroid, Endocrine & Breast Cancer Clinic

DR. NAVNEET TRIPATHI

MS (Surgery)
MCh (Endocrine & Breast surgery) SGPGI Lko
Consultant Endocrine, Thyroid & Breast Cancer Surgeon
Consultant - Vivekanand Polyclinic & Hospital
Formerly - SGPGI Lko, RML Institute Lko, MSKCC New York, USA
MCI Reg. No. 55181

Specialist : Thyroid Diseases, Goitre & Cancer | Breast Diseases, Lumps & Cancer | Diabetic Foot Ulcers
Parathyroid & Adrenal Disorders | Salivary Gland Tumors | Neuroendocrine Tumors | Minimal Access Endocrine Surgery

Date : 1/9/19 Patient Name : Anisa Mande Age : 60 Sex : F Mobile :

3/9/19

FDC @ Coburnt (Mx @ Primary Member)

NACT X 3 (TCH) 3 cycles

↓
MRM

↓
Nab Paclitaxel - 10 cycles

Self attested
18.10.19

(Signature)

WART

ER / F

How 2 loc - ive.

on letrozole 2.5 mg OD.

Ado -



Post Δ LNS
III Defind, mella

Do (impression)

FDG - PET scan
[SRMS / Apollo
SGPH / RMLIMS.]

FNAC @ cervical LNE

D FDC @ Coburnt
(on follow up)

PMN (3 side)
(NDAW)

Valid for 7 days | Not for medico legal purposes
CLINIC TIMING: 2 to 4 PM (Monday & Wednesday) Rest Days by Appointment
Gomti Nagar Clinic : 1/533, Vinay Khand, Gomti Nagar, Lucknow - 226 010
Contact : 7310090009, 7651850075 Email : drnavneet.online@gmail.com, endonavneet@gmail.com



ADVANCED
Thyroid, Endocrine & Breast Cancer Clinic

DR. NAVNEET TRIPATHI

MS (Surgery)
MCh (Endocrine & Breast surgery) SGPGI Lko
Consultant Endocrine, Thyroid & Breast Cancer Surgeon
Consultant - Vivekanand Polyclinic & Hospital
Formerly - SGPGI Lko, RML Institute Lko, MSKCC New York, USA
MCI Reg No. 55181

Specialist : Thyroid Diseases, Goitre & Cancer | Breast Diseases, Lumps & Cancer | Diabetic Foot Ulcers
Parathyroid & Adrenal Disorders | Salivary Gland Tumors | Neuroendocrine Tumors | Minimal Access Endocrine Surgery

Date : 6/9/19 Patient Name : ANISA MASOOD. Age : 60 Sex : F Mobile :

6/9/19.

FVC (L) submit
on follow up. (Letrozole)

Self attested
18.10.19

(L) cervical LN metastasis

- FNA positive
- PET scans to FDG avid lesion in (L) level V A, II.
No other gross FDG avid lesion anywhere else.

Plan:

Local RT | (L) cervical LN Dissection/Debulking +/- Recor.
+/- local cervical RT.

Systemic:

Palliative chemotherapy +/- targeted (Trastuzumab)
II line hormone therapy

Valid for 7 days | Not for medico legal purposes

CLINIC TIMING: 2 to 4 PM (Monday & Wednesday) Rest Days by Appointment

Gomti Nagar Clinic : 1/533, Vinay Khand, Gomti Nagar, Lucknow - 226 010
Contact : 7310090009, 7651850075 Email : drnavneet.online@gmail.com, endonavneet@gmail.com



DEPARTMENT OF NUCLEAR MEDICINE AND PET-CT

NAME	MRS. ANISA MASOOD	AGE/SEX	60 Y/F	DATE	05.09.2019
REG NO	60040644	REF BY	DR. NAVNEET TRIPATHI		

PET-CT WHOLE BODY

Clinical Details: K/C/O carcinoma right breast. She underwent surgery, chemotherapy and radiotherapy (in 2015). PET-CT scan is being done for surveillance.

Comparison: Present PET-CT scan is compared with previous PET-CT scan done on 10.11.2015.

TECHNIQUE:

Whole body PET-CT scan (Vertex to mid-thigh) was performed after I.V. administration of F-18 FDG (4.40 mCi). Fasting period before F-18 FDG administration was 5-6 hours and waiting period after F-18 FDG administration was 45-60 minutes.

Semi Quantitative analysis of FDG uptake was performed by calculating SUV value expressed in lean body mass (lbm).

PET and contrast enhanced CT images were acquired and reconstructed to obtain trans-axial, coronal and sagittal views.

Fused PET-CT images were generated.

The fasting blood sugar level at the time of injection was 190 mg/dL.

PET-CT Scan findings:

Brain:

- No obvious abnormality is seen.

Head and Neck:

- Mild diffuse FDG uptake is seen in the bilateral palatine tonsils - likely inflammatory.
- Mildly FDG avid left level II and level VA cervical lymph nodes are seen, largest measuring ~ 1.8 x 1.2 cms, SUVmax: 3.5 (Previously measuring ~ 0.6 x 0.4 cms, SUVmax: 1.2). A few faintly FDG avid subcentimetric level VI cervical lymph nodes are seen. Non FDG avid subcentimetric bilateral level III, right level IV and level V cervical lymph nodes are also seen. As compared to the previous scan, increase in size, number and FDG avidity and lymph nodes are seen.
- There is no focal abnormal FDG uptake in rest of the neck.

Self attested
18.10.19

Shri Ram Murti Smarak Functional Imaging & Medical Centre

CP 2/3, Vishwas Khand -2, Near Flyover, Gomti Nagar, Lucknow-226010 Ph.: 0522-2308987-88 Mob.: 9458704154 Fax: 0522-2308986
E-mail: srmsfimc@srms.ac.in Website: srms.ac.in/fimc Working Hours: 8 a.m. to 9 p.m. (Mon-Sat), 9 am to 6 p.m. (Sunday/ Holidays)
Diagnostic Services: PET-CT Scan, SPECT Gamma Dual Camera, 3T MRI 48 Channels, CT Scan 128 Slice, Digital Mammography
Digital X-Ray, 4D USG Color Doppler, Pathology, Microbiology, Biochemistry, ECG, TMT, PFT

Helpline: (M.) 9458701800. Ambulance Services Available

DEPARTMENT OF NUCLEAR MEDICINE AND PET-CT

NAME	MRS. ANISA MASOOD	AGE/SEX	60 Y/F	DATE	05.09.2019
REG NO	60040644	REF BY	DR. NAVNEET TRIPATHI		

Musculoskeletal:

Bones are essentially normal. There is no focal abnormal FDG uptake in the skeleton on PET.

Impression: FDG PET-CT scan findings suggestive of -

- > Post left modified radicle mastectomy status, showing no definite metabolically active locoregional disease.
- > Metabolically active left cervical lymph nodes as described - ? nature, suggested FNAC correlation.

Deepa Singh
Dr. Deepa Singh
MD (SGPGIMS, Lucknow), Ex. SR (PGIMER, Chandigarh)
Consultant-Nuclear Medicine & PET-CT

Self attested
18.10.19

Deepa Singh

Disclaimer: Not all tumors may show FDG uptake. In the absence of metabolically active disease reported in the scan, if there are other evidences to suggest presence of disease, further complimentary investigations might be undertaken. Please interpret accordingly. This report is not valid for medico legal purpose.

Shri Ram Murti Smarak Functional Imaging & Medical Centre

CP 2/3, Vishwas Khand -2, Near Flyover, Gomti Nagar, Lucknow-226010 Ph.: 0522-2308987-88 Mob.: 9458704154 Fax: 0522-2308986
E-mail: srmsfmc@srms.ac.in Website: srms.ac.in/fimc Working Hours: 8 a.m. to 9 p.m. (Mon-Sat), 9 am to 6 p.m. (Sunday/ Holidays)
Diagnostic Services: PET-CT Scan, SPECT Gamma Dual Camera, 3T MRI 48 Channels, CT Scan 128 Slice, Digital Mammography
Digital X-Ray, 4D USG Color Doppler, Pathology, Microbiology, Biochemistry, ECG, TMT, PFT

Helpline: (M.) 9458701800, Ambulance Services Available

Digdarshika

Vini's Pathology Laboratory

Dr. Vini Tandon

MD Pathology

Formerly:

Senior Resident, SCPCMS, Lucknow
Senior Resident, Safdarjung Hospital, New Delhi
Consultant Pathologist, JIN Cancer Hospital, Bhopal
Consultant Pathologist, SRMSMS, Bareilly

3/29-C, Vibhav Khand, Gomti Nagar, Lucknow - 226 010
Phone : 0522-2728960, 8188044078

Name: Anisha Masood

Age: 60 yrs Sex: Female

Referred by: Dr. Navneet Tripathi MCh Breast & Endocrine

Lab no: 20191572

Clinical Diagnosis: FUC CA Breast Left ~ 2015/16 MRM, CXT, R

Date: 13-Sep-19

Specimen: Left cervical Lymphnodes - Left MRND (level I, II, III, IV, V) nodes.
Establish Primary.

UNIT - HISTOPATHOLOGY

Gross: Dissected soft fibroadipocytic tissue altogether measuring 13x5 cms. Forty (40) lymphnodes from Level I ~ Level V included in the sample. Level I ~ Four (4) nodes, Level II ~ Seven (7) nodes, Level III ~ IV Twenty three (23) nodes and Level V ~ Six (6) nodes.
All are palpable and enlarged with the largest node in level I measures 2.1 cm in the long axis. The cut surface of all the nodes grey white homogenous. The submandibular salivary gland in the sample measures 4x3.5x2 cms and appears to be largely preserved unremarkable. Partially embedded.

Microscopic examination:

Thirty eight of the forty dissected nodes show partial to complete replacement of the lymphnode by atypically proliferated epithelial cells, forming small nests, acini and sheets with significant infiltration in the sinuses and the subcapsular sinusoidal spaces. Many ectatic lymphovascular channels in the nodes and in the perinodal zone show tumour emboli. There is demonstrable extranodal infiltration in the adipose tissue round one node in Level III. The tumour cells are large cells with large centrally placed vesicular nucleolated hyperchromatic nuclei displaying marked anisonucleosis and abundant eosinophilic cytoplasm. Mitotic activity infrequent. Two small nodes of Level I are free and preserved while all the rest dissected nodes show tumour deposits. The submandibular gland shows largely preserved morphology with focal periductal lymphoid infiltrate at few foci. No demonstrable tumour infiltration or deposit. The immunohistochemical profile of the tumour cells show -
Estrogen receptor - Non reactive (Negative)
Progesterone receptor - Non reactive
Her-2-neu receptor - Non reactive
Ki-67 receptor - Strong +++ reactivity in >70% of the tumour cells.
Pan Cyto keratin (CK) - Strong +++ reactivity in all the tumour cells
Epithelial Membrane Antigen (EMA) - Strong +++ membranous reactivity around each tumour cell.

Conclusion:

MODIFIED NECK DISSECTION (LEFT SIDE) (Level I ~ V) - THIRTY

Vini Cont..

Self attested
12.10.19
Vini

Digdarshika

Dr. Vini Tandon

MD Pathology

Formerly :

Senior Resident, SGGGIMS, Lucknow

Senior Resident, Safdarjung Hospital, New Delhi

Consultant Pathologist, JLN Cancer Hospital, Bhopal

Consultant Pathologist, SRMSIMS, Bareilly

Vini's Pathology Laboratory

3/29-C, Vibhav Khand, Gombi Nagar, Lucknow - 226 010
Phone : 0522-2728960, 8188044078

EIGHT of the dissected **FORTY LYMPHNODES** show **TUMOUR DEPOSIT**

- ~ with significant subcapsular deposits
- ~ numerous tumour emboli in ectatic lymphovascular channels
- ~ focal perinodal infiltration
- ~ focal necrosis.

Immunohistochemical profile suggests the tumour nests to be of BREAST DUCTAL ~ EPITHELIAL origin.

The tumour nests display NON REACTIVITY (NEGATIVE) to Estrogen.

Progesterone and Her-2 neu receptors

With a very strong reactivity to Ki-67 receptors.

Vini
VINI TANDON

Self attested
18.10.19

Vini Tandon



Prince Aly Khan Hospital Mumbai - 400 010.
ISO 9001 : 2015 Certified

ONCOLOGY CLINIC

Dr's Name

Dr. Anvita Maroo

No.

59 / Female

DATE

20.09.2019

- too many questions
- no clear guidelines on the right way ahead.

→ Discussed about

- Stage IV diagnosis. (unfortunate after 4 yrs)
- Aim of treatment - Maintain Quality of life
- improve/prolong survival.
- Palliative intent to treat

preferable to take a second opinion to guide subsequent treatment

self attested
18.10.19

[Signature]

to meet Dr. Sudeep Gupta
Senior Medical oncologist for second opinion
Breast DMG.
Tata Memorial Hospital.

Review of Dr Sudeep Gupta's opinion

[Signature]

Anvita Maroo.

DATE Mrs. Anisa Masood

- 1) TO STOP T. Femoral now
in view of TNBC.
- 2) ? chemotherapy needed or not
need second opinion.
Dr. Sudeep Gupta sir
for opinion please

2015 - ER+ PR+ Her2+
treated: chemotherapy + RT
trastuzumab
HT

Self attested
18.10.19
[Signature]

2019 on HT → clinical clearance
done
no other site of metastasis
ER/PR negative Her2 negative.

Dilemma

- 1) do we continue Femora?
to treat earlier clone of disease
- 2) Post MND and complete neck in clear
chemotherapy role
 - oral methotrexate
 - IV chemotherapy





टाटा स्मारक केन्द्र
TATA MEMORIAL CENTRE

टाटा स्मारक अस्पताल
TATA MEMORIAL HOSPITAL

प.ऊ.वि. भारत सरकार का एक सहायता अनुदान प्राप्त संस्थान
A GRANT-IN-AID INSTITUTE OF THE DEPARTMENT OF ATOMIC ENERGY, GOVT. OF INDIA

AA No. 948963

SECOND OPINION

REFERRAL CARD No: 52596 DATE: 30/1/19

NAME: Anesa Nasood.

AGE: 60 SEX: F

REVIEW OF HISTORY AND COMPLAINTS: 60yr old, post hysterectomy (3rd stage)
K1c1o ca (L) Breast. Received 3rd NACT (Docetaxel + Carboplatin + Trastuzumab) → LD: 2Hts
→ (L) mrm (23/7/15) → 10# Paclitaxel (LD - 3/11/15). → RT

INVESTIGATIONS REVIEW:

Preop PET (23/7/15) → subcm (L) level II + scl N. Left Breast 8.1x1.8x2.2cm
& subcm (L) AVL. (L) int mammary LN (+). (R) ML +

DIAGNOSIS:

30/1/19
S. Prasad

Self attested
18.10.19
Jahum

MANAGEMENT PLAN:

1) Blocks for review
Cewerdr
(Gemcitabine 1000mg di dr)
(Carboplatin AUC-2 di dr)

EVALUATED BY:

CC No:

Dr. E. Borges Mang, Parel
Mumbai - 400 012, India.
Phone: +91-22-2417 7000
Fax: +91-22-2414 6937

Cancer is curable, if detected early.

[Signature]
Website : https://tmc.gov.in

Dr. Zube x 4-6#
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dermo/peu