

21.12.2023

## TO WHOM SO EVER IT MAY CONCERN

This is in regards to pt. Mr Krishna Nath Shukla, 80 yrs/male, diagnosed as a case of High Risk Myelodysplastic syndrome with excess blasts-2.

He is taking cancer treatment under my care at Medanta Hospital Lucknow since October 2022.

Patient is on chemotherapy for next 2 years till October 2024.

In View of chronic disease Mr Krishna Nath Shukla, would require immediate Family Member to take care during his cancer treatment.

Please allow Ms. Kavita Mishra (Daughter) to extend her duty from Lucknow (U.P.)

Please grant.

Dr. Deepankar Bhattacharya  
Consultant- Medical & Haemato Oncology  
MBBS, MD Paediatrics  
FNB Haemato Oncology & BMT  
UPMC- 62590  
Mobile- 9559-05-0018  
Email- Deepankar.bhattacharya@medanta.org

*Dr. Deepankar Bhattacharya*  
Dr. Deepankar Bhattacharya  
and BMT  
Consultant-Medical and Haemato Oncology  
Employee Code-1001580  
Regd. No. 62590

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H-2022-0936  
Apr 9, 2022 - Apr 8, 2026

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

Medanta - Lucknow  
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Corporate Identity Number - U74140DL2013PTC250579

Mr. Krishna Nath Shukla  
ML10158192 Sex: M Age: 79Y  
Location: Medical Oncology  
Practitioner: Dr Deepankar



Medanta Cancer Institute

**Deepankar Bhattacharya**  
MD - Pediatrics, FNB Hemato-Oncology and BMT  
Senior Consultant - Medical & Hemato Oncology  
Medanta Cancer Institute  
deepankar.bhattacharya@medanta.org  
No. UPMC - 62590

appointments - 0522-4505050

Myelodysplastic syndrome: [DCT2+]

Temp.	36.9°
Pulse/min	88
SPO2	99%
BP	140/70
Ht (cm)	175
Wt (kg)	78.8

BMA: Hypercellular marrow with trilineage hematopoiesis with mild multilineage dysplasia, increased early myeloid precursors (~5% atypical cells)  
M-spike → Not seen

Adv

- To get sample billing for KARYOTYPING
- Contrast enhanced CT chest + abdomen
- CBC, KFT

→ Combo Myeloid gene mutation panel (peripheral blood) → MED-GENOME

→ Inj ACTORISE 200mcg subcutaneous weekly (DARBAPOETIN) x 3 weeks

→ Tab MASTREE GOLD 1 tab once daily x 3 weeks

→ To review outside CD of CT chest + abdomen (Radiology)

Medanta - Lucknow  
Medanta - Mediclinic

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✦ B - 25, Ashok Marg, Sikanderbagh Chauraha, Lucknow, UP ☎ +91 522 4257 900, +91 99100 88800

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Deepankar



**Dr. Deepankar Bhattacharya**

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Consultant - Medical &amp; Hemato Oncology

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E-mail : deepankar.bhattacharya@medanta.org

Regd. No. UPMC - 62590

**Mr. Krishna Nath Shukla**

**ML10158192 Sex : M Age : 80Y**
**Location : Medical Oncology**
**Practitioner : Dr Deepankar**


Medanta Cancer Institute

20/12/23

High risk MDS EB2 for 11<sup>th</sup> cycle AZA

Urea-35 Cr-1.79 UA-6.4 Na-140 K-5.4 Ca-9

Bil-D-39 Protein-7.93 Alb-4.19 SGPT-8

 CBC (20/12/23) - 8.5 / 1920 / P<sub>31</sub> L<sub>65</sub> / 11.25 L<sub>60</sub>

P/S (N)

Temp.	36.2°C
Pulse/min	102/mt
SPO2	99%
BP	102/139 mmHg
Ht (cm)	
Wt (kg)	78.4 kg
Rt BP	160/90 mmHg

Adv

→ Inj. NEUKINE 300mcg s.c OD x 2 days

→ Inj. EMESET 8mg in 100ml NS i.v over 30min x 5 days

→ Inj. AZACYTIDINE 145mg in 100ml NS i.v over 30min x 5 days

→ Inj. ACTORISE 200mcg s.c every 7 days

→ Tab POSACONAZOLE 300mg once daily

→ Tab SEPTRAN-DS 1BD (M/W/F)

 → CBC, LFT, KFT monthly  
Ediff

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18/11/2023

Mr. Krishna Nath Shukla  
ML10188192 Sex: M Age: 80Y  
Location: Medical Oncology  
Practitioner: Dr Deepankar



Medanta Cancer Institute

**Deepankar Bhattacharya**

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Phone: 0522-4505050

High risk MDSEB 2 for 10<sup>th</sup> cycle

Patient Name:

Age:

UHID:

AZACYTIDINE

Sex:

Complaints: Urea-30 Cr-6.47 Na-140 K-4.9 G-8.9  
B11-0.34 Protein-7.82 Alb-4.12 SGPT-22

Medical and Surgical History: CBC - 9.2/26/10/P40 L57/1.7/1lac  
Pls → No abnormal cells

Temp.	35.6°C
Pulse/min	94b/min
SPO2	98.1
BP	162/69 mmHg
Ht (cm)	-
Wt (kg)	77kg

Adv: Medications → Inj. EMESET 8mg in 100ml NS i.v over 30min x 7 days

Medications → Inj. AZACYTIDINE 145mg in 100ml NS i.v over 30min x 7 days

Medications → Inj. NEUKINE 300mcg s.c once daily x 2 days

Adv: Medications → Inj. ACTORISE 200mcg s.c 15 days

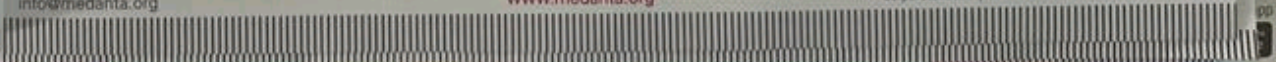
Physical Exam → Tab MASIVIR 500mg once daily

Physical Exam → Tab POSACONAZOLE 300mg once daily

Physical Exam → Tab SEPTRAN-DS 1BD (M/W/F)

Prognosis → CBC, LFT, KFT after 1 month

Deepankar





Dr. Deepankar Bhattacharya  
 IS, MD - Pediatrics, FNB Hemato-Oncology and BMT  
 Consultant - Medical & Hemato Oncology  
 Medanta Cancer Institute  
 Email: deepankar.bhattacharya@medanta.org  
 I. No. UPMC - 62590

High risk MDS [EB 2] for 9<sup>th</sup> cycle  
 19/10/23

AZACYTIDINE

CBC - 809/2700 / P<sub>29</sub>L<sub>66</sub>/2.34lac PK →  
 Urea-27 Cr-1.45 UA-G.5 Na-141 K-4.5.  
 Bil-D.56 Protein-8.37 Alb-4.03 SGPT-28

Temp.	35.8 °C
Pulse/min	88/nt
SPO2	99%
Lt BP	200/90
Ht (cm)	mmHg
Wt (kg)	78 kg

Rt BP - 200/90

Adv

- Inj. EMESET 8mg in 100ml NS i-v over 30min  
x 7 days.
- Inj. AZACYTIDINE 145mg in 100ml NS i-v over 30min  
x 7 days
- Inj. NEUKINE 300mcg s.o.c OD x 2 days

DISCHARGE ADVICE

- Inj. INFLUVAC 0.5ml intramuscular stat } 19-10-23
- Inj. PREVNAR 0.5ml intramuscular stat } 19-10-23
- Inj. ACTORISE 200mcg s.o.c every 7 days (weekly).
- Tab MASIVIR 500mg once daily
- Tab POSACONAZOLE 300mg OD →
- Tab SEPTAN-DS 1BD ← (M/W/F)

→ CBC, LFT, KFT monthly

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# SARKAR DIAGNOSTICS

*Making a difference in patient care*

Founder Chairman

*Dr. Sabya Sachi Sarkar*

MBBS, MD

PADMA SHRI (2016)



ISO 9001-2008 Certified Organisation  
B-307, SECTOR-B, MAHANAGAR, LUCKNOW-226006

Date	04/11/2022	Patient Id	102264085	Age	79 Yrs	Sex	Male
Name	Mr. KRISHNA NATH SHUKLA		Collected		04/11/2022 13:26		
Ref Dr	Dr. DEEPANKAR BHATTACHARYA		Authenticated		04/11/2022 17:50:44		

## PET-CT

CT SCAN OF THORAX

ULTRA-HIGH RESOLUTION, DUAL SOURCE, DUAL ENERGY 128 SLICE SEIMENS DEFINITION DSCT SCANNER

0.6mm slices were taken from root of neck to cover whole of thorax as per slice plan shown before and after giving IV contrast.

## BT MRI

Both lungs appear normal in attenuation. Bronchovascular pattern on both sides appears normal. No mass lesion or active consolidation is seen.

No fluid is seen in pleural cavities. No pleural thickening is noted.

Trachea appears normal. No infra luminal mass lesion is seen.

No esophageal mass lesion is seen.

Mediastinal vessels and heart grossly appear normal.

No mediastinal mass lesion is seen.

No significant mediastinal lymphadenopathy is noted.

No evidence of pericardial effusion is seen.

There are multifocal soft tissue lesions seen of ribs.

Paravertebral muscles are seen normally.

OPINION ::

FUC OF MYELOPROLIFERATIVE SYNDROME SHOWS MULTIFOCAL SOFT TISSUE LESIONS OF RIBS. S/O MYELOPROLIFERATIVE DISORDER.

## 256 Slice DS-CT

Best CT Coronary Angiography

\*\*\* End of Report \*\*\*

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## FibroScan

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- FETAL COLOUR DOPPLER • 2D ECHO WITH COLOUR DOPPLER & TISSUE HARMONIC IMAGING • CARDIAC ASSESSMENT WITH SPECKLE TRACKING IMAGING
- PERIPHERAL VASCULAR WITH PW & CW PROBES • 12 CHANNEL DIGITAL HOLTER • 24 Hrs. AMBULATORY BP MONITORING • IMAGE INTENSIFIER (IITV)
- MOTORIZED DOUBLE TUBE 500 & 300 mA X-RAY • FULL DIGITAL X-RAY • COMPUTERISED PATHOLOGY

TIMING : 9 a.m. To 8 p.m.

SUNDAY : 9 a.m. To 4 p.m.

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An ISO 9001-2008 Certified Organisation  
B-307, SECTOR-B, MAHANAGAR, LUCKNOW-226006

Date	04/11/2022	Patient Id	102264085	Age	79 Yrs	Sex	Male
Name	Mr. KRISHNA NATH SHUKLA	Collected			04/11/2022 13:26		
Ref Dr	Dr. DEEPANKAR BHATTACHARYA	Authenticated			04/11/2022 18:22:13		

## CT SCAN OF WHOLE ABDOMEN

**ULTRA-HIGH RESOLUTION , DUAL SOURCE, DUAL ENERGY 128 SLICE SEIMENS DEFINITION DSCT SCANNER**

0.6mm slices were taken from right dome of diaphragm to cover whole abdomen as per slice plan show before and after giving IV contrast.

Bowel opacification was done by oral diluted urografin.

Liver is normal in size with cystic lesion of left lobe measuring approx 13 x 11 mm in size. Intrahepatic biliary radicles are not dilated.

Gall bladder is normal in size. No wall thickening is seen.

Common bile duct and portal venous system are normal.

Pancreas is normal in size. No mass or calcification is seen. Pancreatic duct is not dilated.

Spleen is normal in size with homogenous parenchyma.

Both kidneys are normal in size shape and position. Renal parenchymal and sinus attenuation are normal. No mass or calculus or hydronephrosis are seen.

Ureters are not dilated.

Urinary bladder is normal in filling and contour. No calculus or wall thickening is seen.

Prostate is enlarged in size with intact capsule. No focal mass or calcification is seen.

Seminal vesicles appear normal.

There is no significant retroperitoneal or mesenteric lymphadenopathy.

There is no ascites. Bowel loops visualised are grossly normal.

Aorta and IVC are normal.

There are few lytic lesions seen of L3 and L4 vertebral bodies and muscles visualised are normal.

### OPINION ::

SIMPLE HEPATIC CYST, PROSTATOMEGALY AND LYTIC LESIONS OF L3 AND L4 VERTEBRAL BODIES.

\*\*\* End of Report \*\*\*

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*The Only Dual Energy CT Scanner*

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TIMING : 9 a.m. To 8 p.m.

SUNDAY : 9 a.m. To 4 p.m.

AMBULANCE AVAILABLE

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# DNA Test Report

MGM2450 : Comprehensive Leukemia panel (SNVs, small INDELS, CNVs and Fusions)

Patient: Krishna Nath Shukla / 79 years

Sample ID/Order ID: 7761877 / 539712

Patient Details		Specimen Information		Ordering Clinician	
Name	KRISHNA NATH	Sample ID	7761877	Clinician	Dr. Dipanker Bhattacharya
	SHUKLA	Order ID	539712		
Gender/Age	Male/79 years	Specimen Type	Peripheral Blood (EDTA)	Affiliation	Life Care Medisolutions, Lucknow
Patient ID	1176987	Date Received	25 <sup>th</sup> November 2022		
Tumor Type	Myelodysplastic Syndromes	Date and Time of Report	7 <sup>th</sup> December 2022 15:31 PM		
Test Code	MGM2450	Test Name	Comprehensive Leukemia panel (SNVs, small INDELS, CNVs and Fusions)		

## CLINICAL BACKGROUND

Myelodysplastic Syndrome (MDS) [as per the clinical details shared via email on 26-11-2022].

Note: In this case, we have detected *NRAS* gene variants [p.Gly12Ser (c.34G>A) and p.Gly12Asp (c.35G>A)] and *KRAS* gene variant [p.Gly12Val (c.35G>T)] at less than 5% allele burden. These variants are not included in the result bar, as they are detected below the LOD of the assay.

### Test Result Summary

Result - POSITIVE

CLINICALLY RELEVANT VARIANT/S DETECTED

Gene/AMP Classification	Clinical relevance	Interpretation	Therapeutic relevance
<b>ASXL1 p.Gly646TrpfsTer12 (FRAMESHIFT-INS) Variant Allele Frequency - 29.38%</b>			
Tier IB (Variant of strong clinical significance & well documented literature)	Prognostic	ASXL1 mutations are associated with shorter OS in MDS patients.	NA
<b>RUNX1 p.Arg162Gly (MISSENSE) Variant Allele Frequency - 34.17%</b>			
Tier IB (Variant of strong clinical significance & well documented literature)	Prognostic	RUNX1 mutation are associated with poor survival in MDS	NA
<b>SRSF2 p.Pro95His (MISSENSE) Variant Allele Frequency - 34.92%</b>			
Tier IB (Variant of strong clinical significance & well documented literature)	Prognostic	SRSF2 mutations are associated with poor overall survival and transformation to AML in MDS and MPN patients	NA
<b>STAG2 p.Gln352SerfsTer7 (FRAMESHIFT-INS) Variant Allele Frequency - 8.98%</b>			
Tier IB (Variant of strong clinical significance & well documented literature)	Prognostic	In myeloid malignancies STAG2 mutations are associated with higher-risk disease in secondary AML and poor survival in MDS patients	NA



Test performed at: MedGenome Labs Ltd. 3rd Floor, Narayana Nethralaya Building, Narayana Health City, #258/A, Bommasandra, Hosur Road, Bangalore - 560 099, India. Tel: +91 (0)80 67154989/990, Web: www.medgenome.com



# DNA Test Report

MGM2450 : Comprehensive Leukemia panel (SNVs, small INDELS, CNVs and Fusions)

Sample ID/Order ID: 7761877 / 539712

Patient: Krishna Nath Shukla / 79 years

## ADDITIONAL BIOMARKERS DETECTED

This section provides information about variants that do not have any therapeutic value. However, these variants may or may not have a likely oncogenic effect.

Gene	Exon	Nucleotide change	Protein change	Total Depth	Allele Burden (%)	Functional predictions	Population MAF (%)
BCOR	14	chrX:g.40052402T>C ENST00000378444.9 c.4977-2A>G	NA	793x	31.15%	NA(SIFT); NA(LRT); NA(Polyphen2)	0 (1000G); 0 (gnomAD);

## GLOSSARY

**AMP Classification Criteria:** Displays the classification of a biomarker according to the recommendations of the Association for Molecular Pathology (AMP) [PMID: 27993330].

Tier	Criteria
Tier IA	Variants of strong clinical significance. FDA-approved therapy or biomarkers included in professional guidelines.
Tier IB	Variants of strong clinical significance. Well-powered studies with consensus from experts in the field.
Tier IIC	Variants of potential clinical significance. FDA-approved therapies for different cancer types or investigational therapies. Multiple small published studies with some consensus.
Tier IID	Variants of potential clinical significance. Preclinical trials or a few case reports without consensus.
Tier III	Variants of unknown clinical significance.
Tier IV	Benign or likely benign variants.

### Drug approval:

The development stage of the treatment for the patient's indication as per US-FDA guidelines.

Stage	Definition
Approved	This drug is launched for the primary or a secondary patient disease
Off-Label	This drug is launched for a disease other than the primary or secondary patient diseases
Investigational	This drug is currently under clinical development in the patient disease.
Other	None of the other stages are applicable. The drug or drug class is, for example, suspended, discontinued, or withdrawn.





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 Regd. No. UPMC - 62590

High risk MDS (EB2) on 3<sup>rd</sup> cycle AZACYTIDINE

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_

Appointments - 0522-4505050

UHID: \_\_\_\_\_ Sex: \_\_\_\_\_

Chief Complaints

CBC (13/4) - Hb-8.3/3540 / P45 L51/10.22L (Blasts 10%)  
 (13/4/23) - Urea-24 Cr-1.48 K-4.6 Na-136  
 Protein-7.68 Alb-3.97 SGPT-15

Medical and Surgical History

Adv

DAY CARE ADMISSION

Temp.	36°C
Pulse/min	80
SPO2	99%
*BP	150/60 mmHg
Ht (cm)	-
Wt (kg)	78.5

Investigations

- Inj. EMESET 8mg in 100ml NS i.v over 30min x 7days
- Inj. AZACYTIDINE 145mg in 100ml NS i.v over 30min x 7days

Current Medications

Investigations

DISCHARGE ADVICE

- Inj. ACTORISE 200mcg s.c weekly
- Tab VALCIVIR 500mg OD →
- Tab SEPTRAN-DS 1BD ← (Mon/Wed/Sat)
- Tab POSA CONAZOLE 300mg OD

Physical Exam

→ ENPROLAC protein powder 2scoops in 1 glass milk twice daily x 1month

Diagnosis

- Tab NURICAL 500mg twice daily x 1month
- Review with CBC, LFT, KFT on 19/5/23

*Deepankar*