



Pediatric Hematology
and Oncology Chapter
Indian Academy of Pediatrics

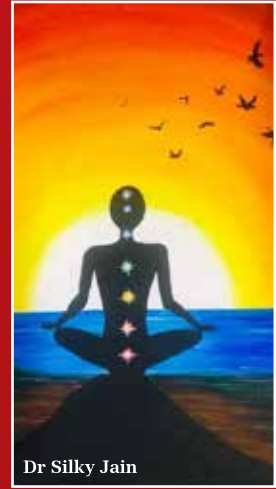


PHO Vibes

Fourth Edition, November 2025

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Dr Silky Jain



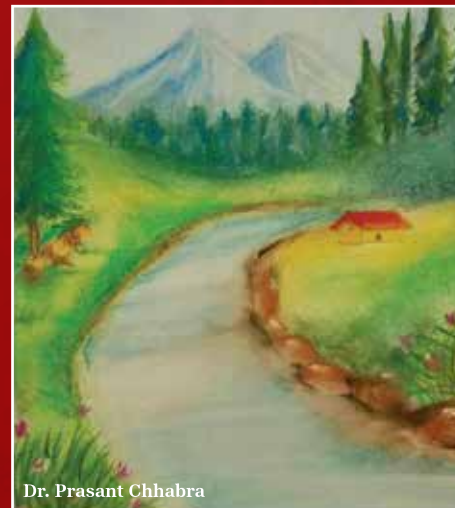
Dr Silky Jain



Dr Shradha Chandak



Dr Silky Jain



Dr. Prasant Chhabra

Note from PHO Chairperson



Dear Friends and Colleagues,

Greetings from Paediatric Haematology Chapter of Indian Academy of Paediatrics (PHO-IAP).

It gives me immense pleasure to present to you the Fourth Edition of “PHO-Vibes”, the newsletter of our PHO Chapter of IAP, during the occasion of our 28th Annual Paediatric Haematology Oncology Conference in Manipal. As always, this Publication gives us an opportunity to disseminate details of activities that have been conducted by our community during the previous six months as well as share with you the milestones achieved by our society during that time.

This is my last message as the Chairperson of the PHO Chapter of IAP since I will be completing my term on 31st December 2025. The PHO EB is getting younger and there is a lot of enthusiasm in the PHO community in India. I wish the new team the very best and wish that they take the PHO Chapter to newer heights. I also take this opportunity to thank my EB Team for all the help and support they have extended to me over the last two years and for all their hard work. I would especially like to thank our Secretary, Dr. Manas Kalra, who has worked hard to bring in new ideas and new initiatives. The PHO Vibes was relaunched; “Bara Mahine: Bara Poster” initiative has become very popular; the International Speaker Program was also quite appreciated; the nurses training program is going on very well; nurses have been given more involvement in the PHO Chapter; there is lot of demand for the NT-PPO & NT-PPH Workshops; just to name a few. Considering the expansion of our Chapter in the recent years, there is a general feeling that the Constitution of the PHO Chapter should be amended as per the changing times. This work has recently been started and we hope to finish it in the next few months.

PHO VIBES fulfils the need for a centralized platform to compile our achievements and keep abreast of ongoing events. It symbolizes our commitment to continuously evolve, share knowledge, and strengthen the bonds within our community. It is also a platform to give expression to our personal reflections, which may not necessarily be academic. In this issue also, we have received contributions from our colleagues, our residents and even from our patients! Since we publish PHO Vibes in an e-format, the length of the issue is not a problem and I invite and encourage each one of you to contribute to the success of PHO Vibes and use it as a platform to express your thoughts.

I take this opportunity to thank all the contributors of this edition. I would also like to thank Dr. Tulika Seth and Dr. Pankaj Dwivedi for doing a great job of being the editors-in-charge of this edition and for having taken great efforts to get this issue of PHO-Vibes to be published on time.

I wish you all a great 28th Annual Paediatric Haematology Oncology Conference in Manipal. Hope to meet you all again soon with the next edition of PHO-Vibes during the Midterm PHOCON Meeting in Madurai and hope to see your name as a contributor in that issue. Until then keep on working hard for the children with cancer and blood disorders, so that every child with cancer and blood disorders gets a best chance at cure.

With personal regards,

A handwritten signature in black ink, appearing to read 'Shripad Banavali'.

Prof. Shripad Banavali, MD
Chairperson, Haematology Oncology Chapter
Indian Academy of Paediatrics
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Note from Honorary Secretary



Dear PHO Members,

Through the lens of leadership- Reflection from the last two years

As my term as the Honorary Secretary of the Pediatric Hematology Oncology Chapter of the Indian Academy of Pediatrics concludes, I would like to share some reflections on this enriching journey. Serving in this role over the past two years has taught me invaluable lessons that extend beyond clinical practice.

Working alongside professionals from various disciplines broadened my perspective. As a pediatric oncologist, I had always been part of multidisciplinary teams focused directly on patient care. However, leading the PHO Chapter involved coordinating diverse stakeholders, each with unique visions, methods, and aspirations for our chapter. Aligning these varied interests toward a common goal was a challenging yet rewarding experience, teaching me the art of collaboration and consensus-building. The job has taught me the value of money (to run an organisation), the immense need for political support to bring “change” in the country, and the extent to which doctors depend on other stakeholders in the big “health care” picture.

Another profound lesson was the importance of respecting the wisdom of seniors and getting inspiration from the energy of juniors. Our senior colleagues offer a wealth of experience essential for navigating complex situations, while younger members bring fresh ideas and unmatched enthusiasm. Harnessing these complementary strengths to create meaningful progress is vital for any organisation.

Leadership inevitably invites criticism, which can be difficult to accept. I learned to reflect deeply on such feedback, distinguishing between constructive criticism and negativity. Acknowledging mistakes and using setbacks as motivation to improve are crucial steps in any leadership role. Amid this, appreciating the few acknowledgements and encouragements becomes sustaining. In today’s social media-driven world, where validation often feels tied to likes and followers, focusing on genuine impact and personal satisfaction is more important than ever.

Balancing a demanding leadership role with clinical responsibilities and family life was another significant challenge. At times, I struggled with patient related work, family, and routine tasks, questioning if I had overcommitted. Yet, this experience strengthened my time management and heightened my appreciation for my family’s support. It also reinforced my commitment to fulfilling multiple roles—as a doctor, husband, parent, son, advocate for sick children, and a humble secretary trying to improve the lives of children battling blood and cancer illnesses.

I am deeply grateful for the opportunity to serve and grow in this capacity and remain committed to striving for positive change in this field. For those who want to serve the chapter, my message is that there is an immense scope for improvement in what we do

Dr. Manas Kalra

Honorary Secretary
Pediatric Hematology Oncology Chapter
Indian Academy of Pediatrics
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Message from the President

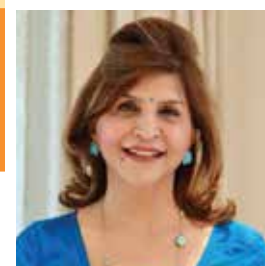


IAP – DR. VASANT KHALATKAR Meet. Advance. Heal. Excel. [MAHE] – Knowledge to Cure Greetings from the Indian Academy of Pediatrics. It is an honour to share this message for the 28th Annual Paediatric Haematology Oncology Conference, set amidst the intellectually vibrant and culturally enriching environment of Manipal. Few academic towns in India embody progress the way Manipal does—where curiosity meets discipline, where innovation meets compassion, and where every learner is shaped by the philosophy of “Meet. Advance. Heal. Excel – Knowledge to Cure.” This year’s PHOCON reflects the strength and maturity of the Paediatric Haematology Oncology community. What began as a small, determined group has evolved into a powerful, cohesive force working relentlessly to improve the survival, quality of life, and dignity of children with cancer and blood disorders. Each initiative, each workshop, and each academic exchange contributes to a larger mission—ensuring that no child is denied the chance to heal. I wish to acknowledge the guiding leadership of President Dr. S. D. Banavali, whose deep commitment to the field continues to inspire the entire Chapter. My sincere appreciation also goes to our Hon. Secretary, Dr. Manas Kalra, who has injected new energy, new ideas, and new possibilities into our academic and community initiatives. His relentless efforts have expanded our programs and strengthened the operational backbone of the Chapter. A special word of appreciation to the Editors of this edition of PHO Vibes, Dr. Tulika Seth and Dr. Pankaj Dwivedi. Their dedication to curating a publication that is both informative and reflective has ensured that PHO Vibes remains a space where knowledge, experiences, and heartfelt narratives come together with honesty and depth. I extend warm congratulations to Conference Organiser, Dr. Vasu Bhat, for designing a scientific program that is both comprehensive and forward-looking. Bringing PHOCON to Manipal is itself symbolic—a reminder that great academic progress happens where passion meets purpose. PHO Vibes continues to stand as more than just a newsletter. It is a chronicle of our collective journey—our scientific achievements, our shared challenges, our innovations, and our deeply personal reflections. It reminds us that medicine is not only about knowledge, but also about humanity, resilience, and hope. As we move ahead, let us continue to uphold the highest standards of care, research, and collaboration. Let us nurture young minds, empower our teams, and strengthen systems so that the future of pediatric haematology and oncology in India becomes even more robust. May this conference in Manipal spark new ideas, foster strong collaborations, and reaffirm our shared purpose: ensuring that every child receives the chance to live, thrive, and heal.

Warm regards,

Dr. Vasant Khalatkar
President,
Indian Academy of Pediatrics

Message from President-Elect of IAP



28th Annual Pediatric Hematology–Oncology Conference Kasturba Medical College, Manipal

It is a privilege to convey my warm greetings to all delegates, faculty, and organizers of PHOCON 2025, being held at the iconic Kasturba Medical College, Manipal. This conference has evolved into one of the most respected scientific platforms in the country, and this year's theme — Meet. Advance. Heal. Excel. — perfectly captures the spirit of pediatric hematology-oncology today.

The scientific program curated by the PHO Chapter is truly outstanding, spanning the full spectrum from precision oncology and molecular MRD to HSCT, marrow failure syndromes, brain tumors, sarcomas, ITP, HLH, and the growing frontier of targeted therapies and immunotherapy. The depth, diversity, and clinical relevance visible across sessions reflect a fraternity that is committed not only to scientific excellence but also to improving survival and quality of life for every child.

As President-Elect of IAP, it is inspiring to see the synergy between clinicians, researchers, nurses, and young trainees who are steadily pushing the boundaries of what is possible in India. Subspecialties like PHO represent the sharp edge of pediatric progress, and it will be my endeavour to support national capacity building, structured training, multidisciplinary collaboration, and equitable access to advanced care across all states.

I congratulate the Dr. Ramdas M Pai (President - Manipal Academy of Higher Education) , Dr. Raj Warriar, Dr. Vasudeva Bhat K (Organising Chairperson) , Dr. Archana MV (Organising Secretary), Dr Emine A Rahiman & Dr. Swathi PM (Organising Joint Secretaries) , the IAP-PHO leadership – Dr. Shripad D Banavali (Chairperson PHO IAP) , Dr. Manas Kalra (Secretary PHO-IAP), Dr. Aapji L and Dr Sunil Bhat (President & Secretary of Karnataka chapter of PHO), Dr Rakesh Adiga, Dr. Jayashree P (President and Secretary - IAP Udupi) and the entire faculty for working together to create a program that blends cutting-edge science with practical, day-to-day learning. PHOCON continues to nurture both knowledge and hope — two pillars that define our shared mission.

Wishing the conference great success and meaningful impact.

Warm regards,

Dr Neelam Mohan

National President 2026 Indian Academy of Pediatrics

Message from Editor



Dear PHOites,

It is with great pleasure that I present to you the inaugural edition of PHO Vibes, released on the occasion of PHOCON 2025, Manipal. This year's theme—"Coping with Burnout: For Doctors, Patients, and Caregivers"—touches a deeply relevant and universal challenge within pediatric hemato-oncology.

As clinicians, nurses, social workers, and caregivers, we often stand at the intersection of science, suffering, hope, and healing. The emotional and physical demands of caring for children with complex hematological and oncological illnesses inevitably take a toll, not only on us but also on the patients and families we serve.

Through this edition, we aim to shed light on strategies, shared experiences, and reflections that help us navigate burnout with resilience, empathy, and renewed purpose.

Inside, you will find:

- Personal narratives from clinicians and caregivers who have openly shared their struggles and coping mechanisms.
- Activities and initiatives from the past year that fostered team bonding, emotional well-being, and patient engagement.
- Case reports and clinical insights that remind us of the intellectual curiosity and scientific rigor that keep our specialty moving forward.
- A curated "Awards and Accolades" section celebrating the remarkable achievements of PHOites who continue to inspire us.
- A light-hearted Fun Section, featuring thoughtful artwork from our young patients, creativity from PHO members, along with puzzles and humor to momentarily lift the weight off our shoulders.

As the editor of this first edition, I extend my sincere gratitude to Dr. Manas Kalra, Honorary Secretary, for entrusting me with this responsibility and for his constant encouragement. My heartfelt thanks also go to the entire PHO Board for their support in bringing this vision to life.

Hailing from **Nagpur**—the land of vibrant oranges and the powerful tiger—I carry forward the symbolism of renewal and strength through this newsletter. May it remind us that even in the most demanding moments, we can rediscover vitality, courage, and community.

Thank you for your unwavering dedication to the mission of PHO and the children we serve.

Here's to many more meaningful editions of PHO Vibes, and to nurturing a compassionate, connected, and resilient PHO community.

Sincerely

Dr. Pankaj Dwivedi

Message from Editor



Dear old friends and welcome newer friends Putting together this newsletter was a great opportunity to connect with many of you who shared their amazing talents. I am sure many more of you are hidden gems and we will see your contributions in the future.

As I am in my later phase of career I can look back at our amazing PHO chapter and the wonderful work it has done. No society is perfect, but with more engagement and healthy discussion, everything can be further improved and more of you should come forward.

Never forget family, close relations and don't forget your self care. These are imperative to prevent burnout. If you feel sad, overwhelmed- take a break. Only when you are well and peaceful can you inspire your students and support your patients. Don't feel shy to reach out, many of us have had times when we needed support too.

Pediatric Hematology oncology is not just a litany of tests and protocols It is a calling. Hear the call , you are chosen by the grace of the almighty to walk together with these families in their darkest hours. Several of my dear patients have shared their experiences as poetry. Please do read this newsletter. I hope it touches you, as I too was moved. Please appreciate the beautiful, inner most thoughts shared by all of you amazing friends, the talented doctors paintings and wise musings. Also few puzzles to keep the grey cells buzzing. Truly creative. Well done!

A big thank you to my patients for putting their trust in us at their most vulnerable time.

Thank you to my family for constant support.

Blessing and best wishes from the Hematology department from the big hearted capital city. My brilliant residents are heading departments all over India and more than 5 countries abroad. You are all most welcome to visit us at any time to join my colleagues and residents in academics.

Sincerely
Prof Tulika Seth
AIIMS, New Delhi

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HONORARY SECRETARY
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Editors **Dr Tulika** and **Dr Pankaj** acknowledge
Great additional support in newsletter from editor team

Newsletter Editor Team



Dr. Manas Kalra



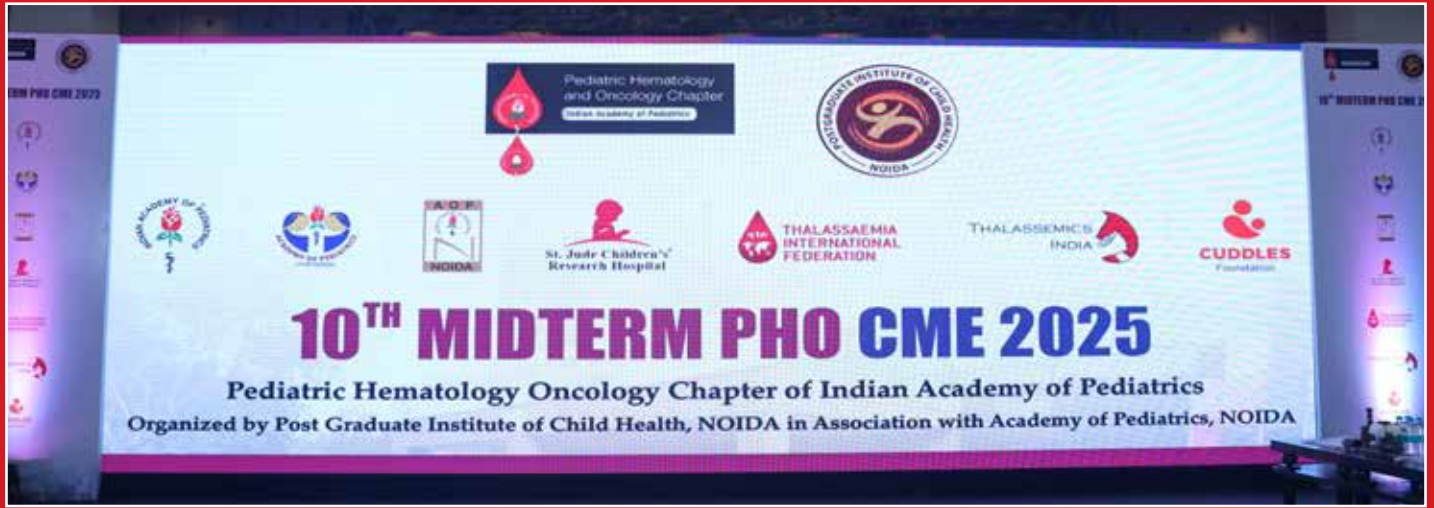
Dr. Shobha Badiger



Dr. Reghu K.S



Dr. Sunil Jondhale



10TH MIDTERM PHO CME 2025





When Reality Rewrote the Dream

When I began my journey in pediatric hemato-oncology, I dreamed of perfect beginnings — clean, uncomplicated, text-book transplants that end with smiles and gratitude. But life had planned a far deeper lesson for me.

My very first case after returning from training was a four-month-old boy — fragile, fevered, and fighting infection after infection. Soon, the diagnosis came: Severe Combined Immunodeficiency (SCID) — a condition where the body has no functioning lymphocytes, no defense against the world. Vaccines meant to protect others — like BCG and polio — had turned infectious for him. Had his disease been recognized at birth, these could have been avoided. His father, a carpenter, and mother, a homemaker, stood helpless, unable to afford the treatment that could save him. But their community became their strength. Funds, prayers, and hope poured in from every corner, and thus began our fight for this little soul. His father became his donor — a haploidentical (50% match) stem cell transplant, not once, but twice. The second was needed when the BCG bacteria, long silent, flared up after the first transplant — forming granulomas everywhere, even inside his bone marrow. He spent months in the sterile BMT unit, where nurses became his playmates, doctors his extended family, and the beeping machines his lullabies. He faced life-threatening CMV infection and fungal sepsis, each episode testing every ounce of courage in him — and in us. Yet, each time, he fought back stronger. When we finally thought we could breathe again, another storm arrived — a mass in the parapharyngeal space, suspected Post-Transplant Lymphoproliferative Disorder (PTLD).

We exhausted every possible option — walked through uncertain, uncharted territory, driven by sheer determination to not give up. Then came the day of his PET scan. My colleague and I sat before the screen, hands trembling, hearts pounding, and clicked open the report. The words we read made our eyes fill with tears — complete remission. In that moment, all the sleepless nights, anxiety, and prayers found their meaning.

Today, that tiny baby — once fighting for every breath — is a two-and-a-half-year-old whirlwind of joy, laughing, running, and living life in full color. This journey — my first transplant case — was nothing like the dream I had. It was chaotic, terrifying, humbling... and yet, profoundly beautiful. Because it taught me that medicine is not just science — it's faith, teamwork, and relentless love. Dreams rarely unfold the way we imagine. But when courage, compassion, and perseverance come together — even reality can be more beautiful than the dream.

The wounded healers !

Sometimes all it takes to make a difference is, to just be there!

In a closed group discussion, someone mentioned doctors as wounded healers ! Ofcourse, quoted from a famous novel, but that is definitely a powerful phrase which only the doctor can feel/ live with and want more of.. as you treat, you learn, you are humbled by how life can turn over in days and how long-lasting some memories of patients can be !

The children never fail to surprise ! One thing I am deeply grateful for is..being a Pediatrician!

A 4 year old child on chemotherapy explained about why a new child diagnosed with cancer could be crying. He claimed using the magic cream (prilox) before chemoport needle access, has relieved his anxiety and asked me why I forgot to prescribe that for the new child! (which is why he assumed the child was crying)

A 7 year old just laughed and laughed with the nurse who teased about how she cried thinking about her intrathecal therapy but actually was very brave during the procedure. Such a painful procedure, but they could connect even despite that ! Not to mention the nurse could not speak kannada .. Love needs no language , does it?!

Two kids were running around the ward imitating doing intrathecal injections for each other ! There's a huge demand for their favorite doctors to do (perceived) painless injections and they are so kind to even thank the doctors for a less painful injection ! (As though that even exists !!) Sometimes we count, sometimes we sing a rhyme and sometimes we just lie, " if you had dosa breakfast, it never pains " and the talking has always helped !

My son asked me about Jupiter's moons.. I'm not a fact person and I dint know the answer..He said, " That's ok I ll teach you, but I told you about it just a few days back once.. " In a calm tone he also added, "see you don't know some things, just like how I don't know somethings" and walked away playing with some drawing he had just made..

All in the same day left me thinking about how accepting children are .. they have their own reasons, their own fears, their highs and lows ..but one thing for sure is, they have a large and lovely heart ! We always push the bars up and never realize how it would feel to hear constant criticism , " You don't know this ? You can't do this ?" But how their simple language and transparent communication makes it sound very doable for us to be better adults everyday ..

Happy memories apart there are some heart breaking memories too.. I spoke to a 12 year child about her hip disarticulation today and talked her into accepting it.. My entire team was heart broken, unsure how to face her or to make her feel better ..However, her demand was very simple, " Talk to me like always and treat me like always and don't be sad around me... " Sometimes nothing hurts more than children being mature and not child like or childish !

Everyday as a Pediatric oncologist is like a rollercoaster of emotions. Eternally grateful to have the opportunity to serve these little ones with big hearts and brains!

Is burnout inevitable in pediatric oncology - hematology?

Burnout is a serious issue, that affects the well-being of physicians and even residents. In a study from Boston, a total of 45/115 fellows (39.1%) met criteria for high level of burnout during their training (1). When a person experiences burn out, it leads to stress, anxiety, depression, sleep, health problems and even family issues. It may even compromise the quality of care they provide. Hence it is vital to understand and recognize this.

What is burnout? It is a state of emotional, physical, and mental exhaustion caused by prolonged and high levels of stress. It's not just a feeling of tiredness; it's a deep-seated feeling of being overwhelmed and feeling unable to meet constant demands.

The Causes of Burnout? The job of a pediatric- oncologist – hematologist is inherently very difficult, and several factors contribute to burnout. High emotional stakes are a major one. The work involves treating children with life-threatening illnesses, and witnessing suffering in the innocent kids and experiencing loss is emotionally draining. It's not uncommon for doctors to form deep bonds with their young patients and their families, making it even more difficult when a child's prognosis is poor.

Why emotional trauma? Many times it is due to the effect of losing a patient to disease, who you were closely involved in care and sharing the family distress. Additionally in India seeing the financial constraints of the families, the helplessness due to inability to give required therapy, also contributes. Other triggers are unexpected relapse in patients, and treating children who are about the age of their own children or family members, is very difficult.

Relationship of fatigue? Fatigue, reduces resilience- Heavy workloads and long hours also play a significant role in burnout. The pediatric- hematologist oncologist often manage complex treatment plans, coordinate care with multiple specialists, and handle a high volume of patients. This can lead to a feeling of being constantly on call and never truly being able to disconnect from work.

Other contributors –

Lack of control is another factor. Despite their best efforts, some outcomes are out of their control, which can lead to feelings of helplessness and frustration.

Feeling alone- Finally, a lack of support systems within the workplace can exacerbate these issues. Feeling isolated or unsupported by colleagues and administration can make the burden of the job much heavier.

Health systems play a role. A meta- analysis of physician burnout concluded that physician burnout is associated with poor function and sustainability of healthcare organisations (2). This is by contributing to the career disengagement and by reducing the quality of patient care. This needs to be carefully evaluated by the administrators.

We are human - is it depression?

In contrast to depression, symptoms of burnout tend to resolve with an improvement in the work environment. Showing its close occupational alignment (3).

Preventing Burnout

Preventing burnout requires a multi-faceted approach, focusing on both individual strategies and institutional changes (4,5). For individuals, setting boundaries is crucial. This means learning to say "no" to extra commitments when you are already at capacity and unable to take more. It's also important to prioritize self-care and work life balance. It is important to make time for activities that recharge you, whether that's exercise, hobbies, or spending time with loved ones. Exercise is excellent, like running on the weekends with a few friends. This not only provides a physical outlet but also a space to decompress and connect with others who understood the unique challenges of your job.

Institutions also have a major role to play. Creating a supportive environment is key. This can involve things like mentorship programs for junior physicians, accessible mental health services, and fostering a culture where it's okay to ask for help. Implementing efficient workflows and ensuring adequate staffing can also help reduce the burden of long hours and heavy patient loads.

Handling Burnout: Evidence-Based Measures

When burnout has already set in, specific, evidence-based interventions can help (4,5). The first step is to recognize the signs, such as chronic fatigue, cynicism, or a decreased sense of personal accomplishment. Once recognized, take time off, even a long weekend can be helpful.

Mindfulness and meditation have also been shown to be effective. A study in the Journal of the American Medical Association (JAMA) found that mindfulness-based interventions can reduce stress and emotional exhaustion in healthcare professionals. One oncologist noted that a simple five-minute breathing exercise before rounds helped her feel more centered and present.

Another effective strategy is peer support. Sharing experiences with colleagues in a safe, structured environment, like a facilitated support group, can reduce feelings of isolation and provide a sense of community. The American Academy of Pediatrics has resources and frameworks for creating such support groups.

Systemic changes are perhaps the most important long-term solution. This includes advocating for policies that promote work-life balance, reducing individual work-loads, protected time for research and education and addition of team members like psychologists or others as per the need of your centre.

Some other suggestions for individual / systemic remedies-

- Be kind to yourself. Try to unwind, distract and laugh after a hard week. Watch a funny movie, read a good book or enjoy with your family or friends. Even though in India patients can flatter and say you are God-like. But we are human and cannot do many things. Don't try to do everything.
- Focus on giving the best care you can. The outcome is not in your control, only the action.
- Participate in celebrating small milestones in the patient journey, help the team plan and enjoy festivals. Engage with NGOs like Make-a-wish, to bring joy to the children during the journey.
- Build a team, connect with the hospital social welfare department. There are many excellent government schemes available to help patients.
- Do regular debriefing after a demise of a patient, particularly if you have lost several patients in a row. These can involve the nursing team. It should not be used to point fingers or highlight mistakes. Rather on lessons learned and working together, address the feelings of loss, but emphasise the positives and contribution to many more lives saved.

- Seeking professional help is a good option, this should not be seen as an illness, rather a consequence of the extremely difficult job. Therapists, especially those who specialize in physician burnout, can provide tools and strategies for coping.

By addressing the relevant individual and systemic factors, we can create a healthier, more sustainable professional environment for the trainees and all of us working in the demanding field of pediatric hematology and oncology. In turn, ensuring we provide better care for our most vulnerable patients.

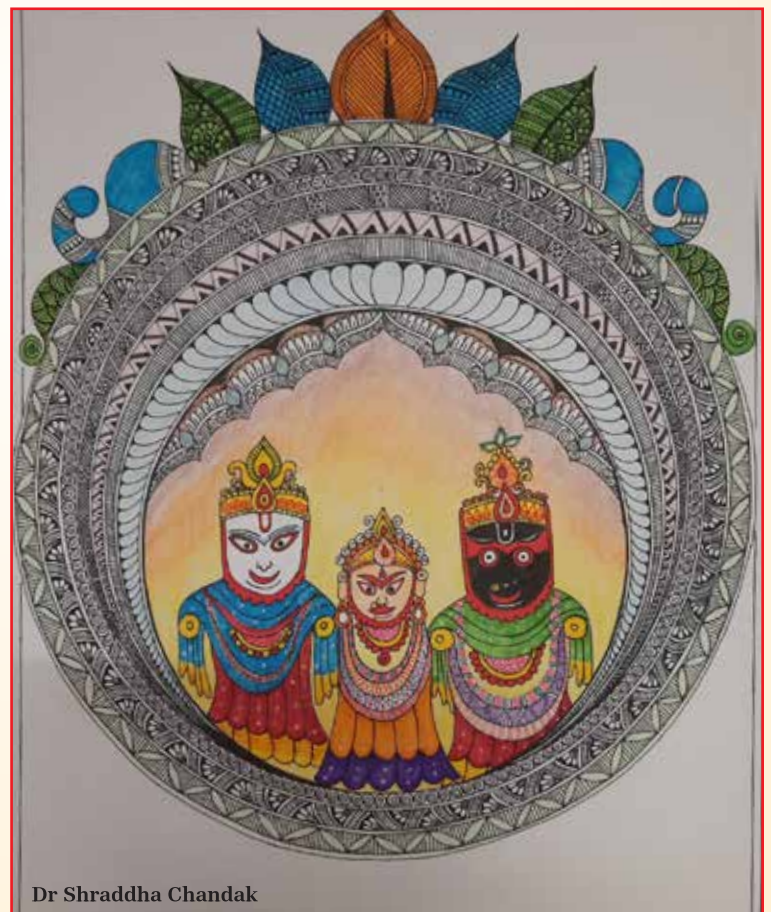
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Dr Shraddha Chandak



Dr Shraddha Chandak

Dr Arpita Gupta

Practising PHO at MCGM-CTC
PHO and BMT
center Mumbai.

Musings

The serene expanse of tea gardens stretching across mist covered hills serves as a powerful metaphor for our journey in Pediatric Hematology and Oncology. The vibrant green terraces, nurtured by the rhythm of rain and sun, remind us that resilience is cultivated through patience and care, much like the growth we strive to nurture in our young patients. In our field, the emotional landscape can often feel equally complex. The demands of caring for children with life threatening illnesses, the weight of difficult conversations, and the constant balancing of hope with realism can lead to emotional exhaustion and burnout. The clouds that hover over these hills mirror the heaviness we sometimes carry yet, just as the mist eventually lifts to reveal the clarity beneath, moments of reflection and renewal can restore our purpose.

Nature offers profound lessons in coping. The steady rhythm of the mountains and the quiet persistence of each tea leaf speak to the value of slowing down, of grounding ourselves in stillness amidst the unrelenting pace of our work. Taking time to pause whether through nature, mindfulness, or simple reflection — allows us to reconnect with our purpose and sustain the empathy that lies at the heart of our profession. As healthcare professionals, acknowledging our own emotional fatigue is not a sign of weakness but of awareness. Just as the landscape endures through changing seasons, we too can find balance and renewal through moments of intentional rest. The mist may return, but so will the light and in that cyclical dance, both nature and medicine remind us that healing extends beyond our patients, to ourselves as well.



Empathy, zubeen and we

“The great gift of human beings is that we have the power of empathy.”-Meryl Streep.

Empathy means understanding others — feeling their joys and sorrows as our own.

Empathy begins long before we learn words. Even new-born babies show it — when one infant cries, others in the room often begin to cry too. This simple act reflects something deep within us: the natural human capacity to feel what another feels.

From our first days of life, we are wired to connect emotionally. A baby’s response to another baby’s distress is not imitation — it’s a pure, instinctive form of empathy. It shows that compassion is not taught; it is born within us. It is the emotion that connects people and builds stronger communities.

As we grow, this innate empathy often gets buried under layers of busyness and self-interest. Present World teaches us to compete rather than to connect. When children grow up in emotionally cold, abusive or neglected homes they do not learn how to identify or respond to emotions. Again over exposure to other’s sufferings can cause emotional numbing. Healthcare workers, soldiers or social workers may develop such emotional numbing. The brain learns to protect itself by lowering emotional sensitivity. So being empathetic is not a common phenomenon of life scenario.

In our region, (North East India) one person who truly reflects this spirit is Zubeen Garg, an embodiment of empathy expressed through art as well as humanitarian aids to needy ones. As a paediatrician I appreciate his rare blend of the healer’s heart and an artiste’s soul. Born in Assam into a culturally enriched family he became a singer that captivated Assamese hearts since 1990 and then he soulfully rendered his mellifluous voice in about 38000 songs in 40 different languages. His contribution to Assamese cinema and Bollywood songs are unforgettable. He dedicated his concert earnings to humanitarian works, in relief efforts during disasters, especially recurring floods in Assam, helping children as well as poor patients by sponsoring medical treatments. He was a nature lover and was fearlessly vocal for social and environmental issues.

Artiste cum philanthropist Zubeen Garg, a cultural icon, through his music and humanity, help us reconnect with that original feeling — to feel together, to care together, and to heal together. Zubeen’s music is not just entertainment; it is an expression of collective emotion. He feels what we feel — the pain of loss, the warmth of love, the pride of our land. That connection makes his art timeless. When he sings, it is as if we all speak through him. His sense of responsibility towards society echoes the same empathy that guides those of us in medical profession. His valued life reminds us that compassion is not limited to any one profession – it is a universal language, much like music. Zubeen’s soothing melodies inspire hope while his empathy uplifts those in need.

In healthcare, empathy is especially important — it helps build trust, improves communication, and leads to better patient care and satisfaction. In pediatric hematology and oncology, medicine meets emotion every day. Here, the role of empathy goes far beyond medical expertise — it becomes the foundation of healing.

Children with blood disorders and cancers face repeated hospital visits, painful procedures, and long treatments. Their parents live in constant cycles of hope and fear. In such a setting, empathy is as vital as any drug or transfusion. It is what helps the child feel safe, the parent feel heard, and the healthcare team stay connected to their purpose.

Empathy in hemato-oncology means more than sympathy. It is the ability to sit beside a frightened child during chemotherapy, to comfort parents waiting for a bone marrow report, and to celebrate small milestones — a stable hemoglobin, a day without fever, a smile after weeks of tears. These moments may seem small, but they build the trust that sustains long-term care.

For the treating team, empathy provides strength. It protects us from becoming mechanical and reminds us why we chose this profession — to heal, to comfort, and to serve with humanity. In children’s wards filled with both courage and pain, empathy brings meaning and resilience. In the end empathy is not a soft skill; it is a clinical strength for us.

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Dr Shraddha Chandak

The Quiet Flame Within

The small hand holding yours, a world unseen,
The spirit bright despite the fragile sheen.
You stand as guardians at the hardest line,
Where little lives confront a vast design.
The mantle you accept is heavy, true,
The hope for better days rests deep in you.

Look closely, and receive the gift they send:
The sheer, unvarnished bravery that won't bend.
A fire of resilience in their tired eyes,
The reason that your tireless knowledge strives.
You see the courage, let it feed your will,
But know the human heart must also still.

Be kind, dear healer, as you teach and mend,
Let your own well replenish without end.
The vessel pouring out must take its fill,
Lest constant giving leaves the spirit chill.

You cannot save the world if you are dust—
In self-care, there is honour, strength, and trust.
Comfort your team, the silent, weary band,
Hold up the burdens with a steady hand.
Support each other, when the outcomes sting,

Let unity the quiet solace bring.
For in this chamber, where the truths are clear,
You stand together, conquering the fear.
The dual weapons forged within your art,
Are science, sharp and wise, to tear the dark,
And compassion's depth, a boundless, gentle grace,
To ease the journey through this difficult place.
Keep striving onward, chase the brilliant light,

For every breakthrough makes the future bright.

Yet, relentless drive must find its break;

So take time to pause, for kindness sake.

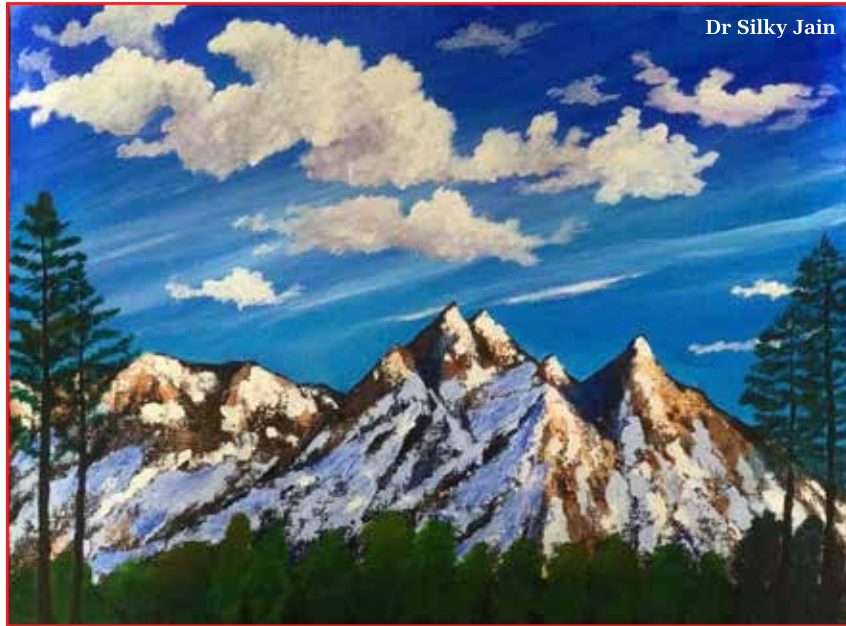
The fight is long, and victory is slow,

Preserve the flame and let the embers glow and grow.

Remember this, above the hurried pace:

Don't burn too bright. Don't burn out. It's not a race.

-x-



Dr Silky Jain



Dr Silky Jain

Neha Da Rocha DM

Oncology
Kidwai memorial institute of oncology,
Bangalore

'From the thoughts of a child with cancer'

A few aches and pains
And a fever is all I had
Walking became tiresome
And most food tasted bad
They poked me and took my blood
my mother wept a flood
Its 'cancer' they whispered
While my father looked pale and tired

So to the hospital ,we headed
They packed my bag in haste
What about my toys ,? i asked
Shush,there's no time to waste

We entered the ICU
With its beeps and bright light
More needles and masked people
I cried bitterly, too tired to fight

My world shifted from rainbows to black and white

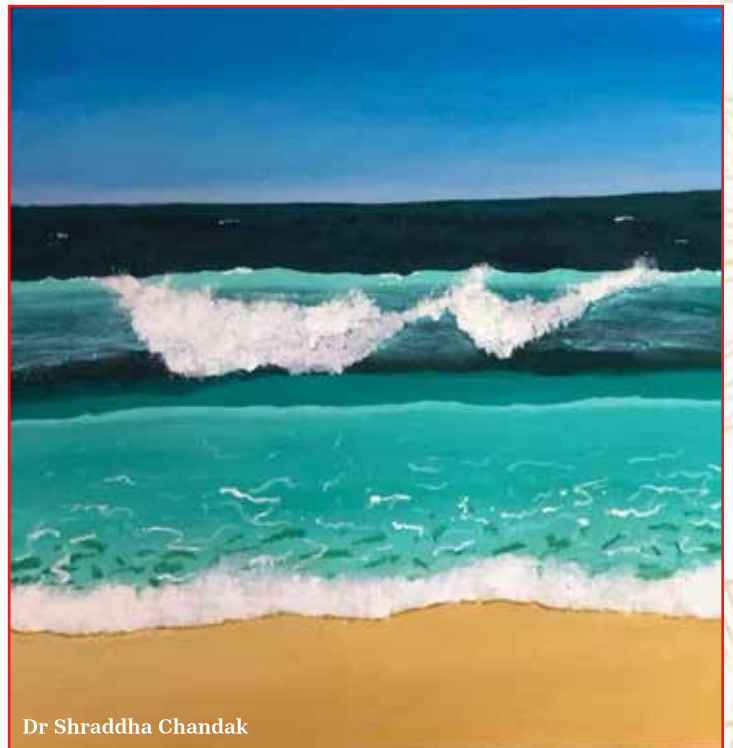
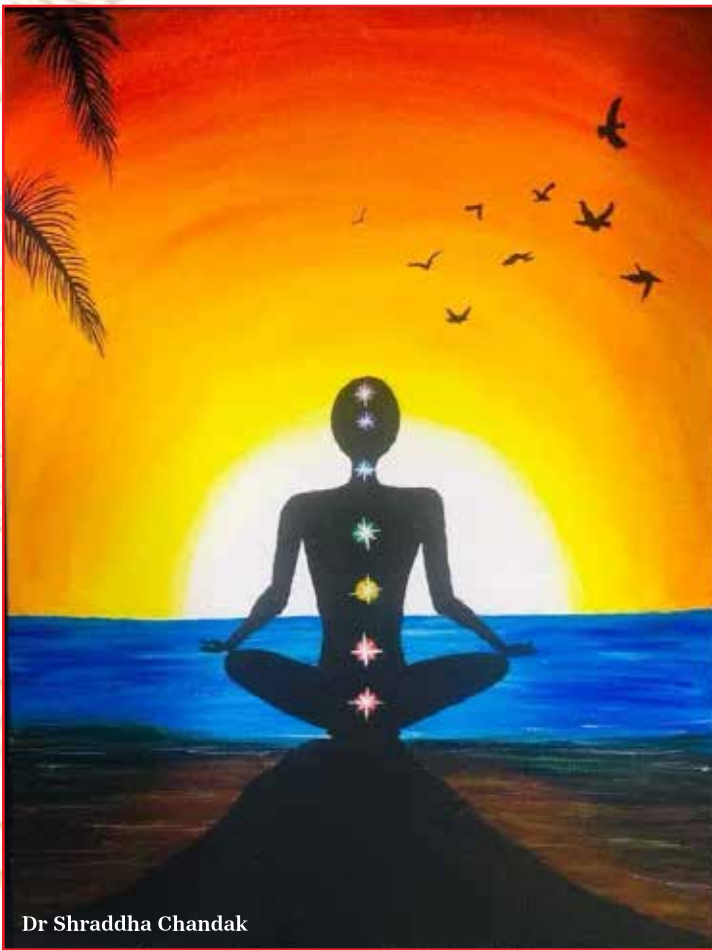
From books and cricket
To painful sleepless nights
Was I too naughty?
Did God punish me?
So much chaos around
I cried but noone heard a sound
They started the chemo
And said I'll be alright
At the end of the tunnel
I now see a faint light

My fever is gone
I feel stronger

I made new friends
Where's their hair gone? I wonder?

I miss my classmates
And often think of my teacher
I'll be going home soon
My world now has some color
My blood work is fine
So says my doctor
The light at the end of the tunnel
Just got a bit brighter

-X-



Dr. Prasant Chhabra MD, DM

Assistant Professor, Department of Pediatrics
All India Institute of Medical Sciences, Bathinda, India

Colours of Courage: An Art Exhibition by AJ – Her Colours, Her Strength

The Palliative Care Team and Pediatric Hematology-Oncology unit at AIIMS Bathinda organized “Colours of Courage: An Art Exhibition by AJ”, a moving and inspiring personalized legacy event that celebrated the strength of the human spirit through art. The exhibition reflected the vision of the team—to promote holistic healing by integrating creativity, compassion, and emotional support into patient care.

At the heart of the exhibition was AJ, whose paintings captured her journey of resilience, love, and hope. Each artwork was a reflection of her inner world—filled with dreams, emotions, hope and her ability to find beauty and meaning even in life’s most difficult moments.



The exhibition also symbolized an important aspect of palliative care: legacy building. Through her art, AJ created something deeply personal and enduring—a legacy that continues to touch hearts. Her paintings are not only expressions of creativity but also reminders of how individuals, even in the face of adversity, can leave behind messages of strength and hope. Legacy work in palliative care helps individuals affirm their identity, find purpose, and offer something lasting to their loved ones and community.

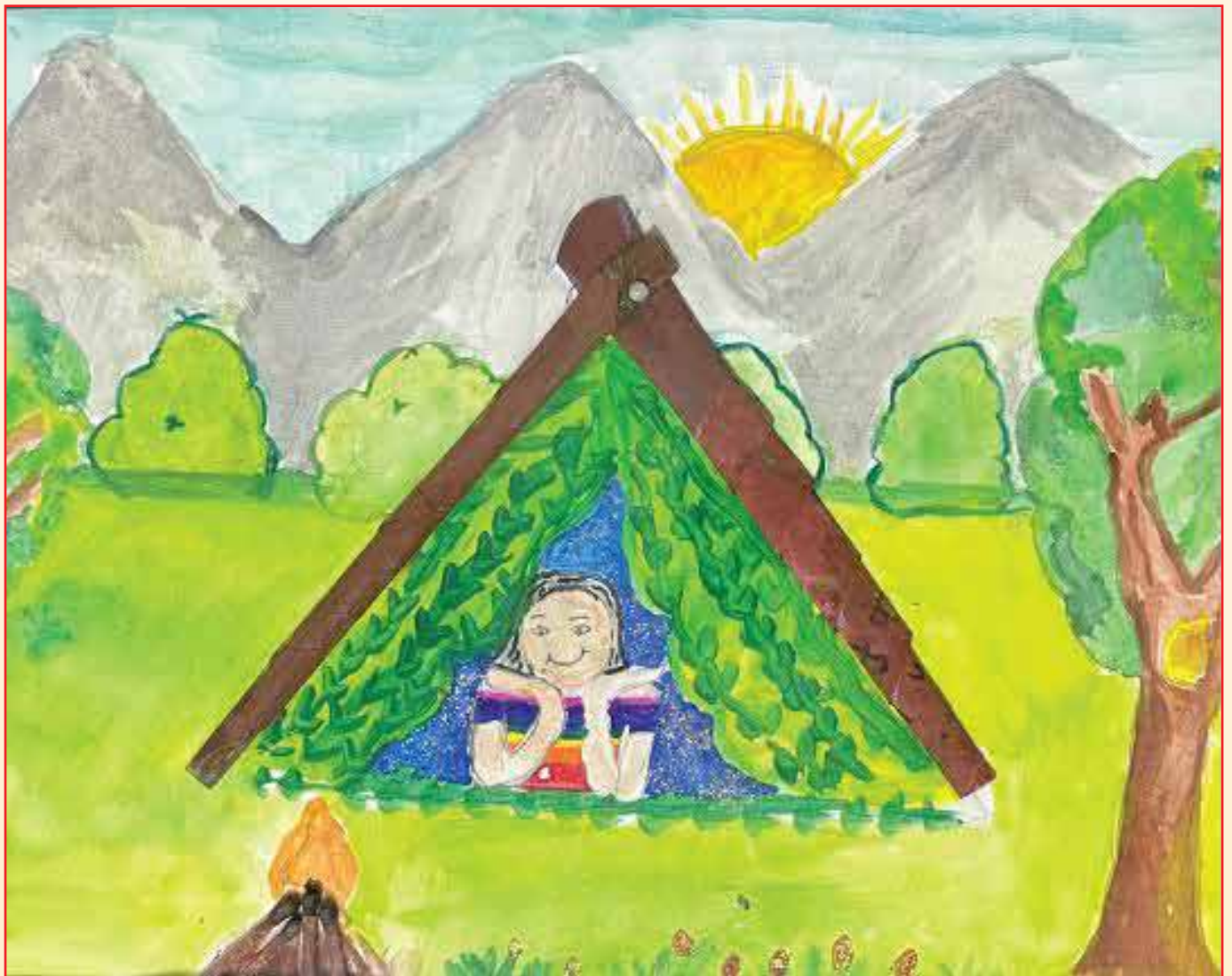
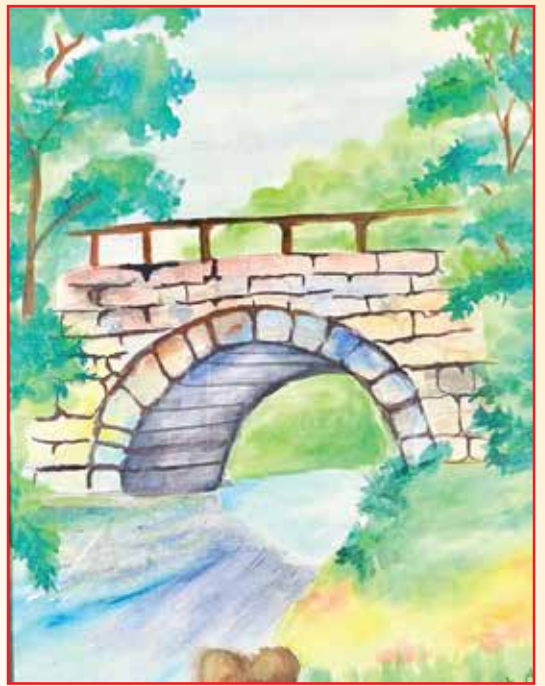
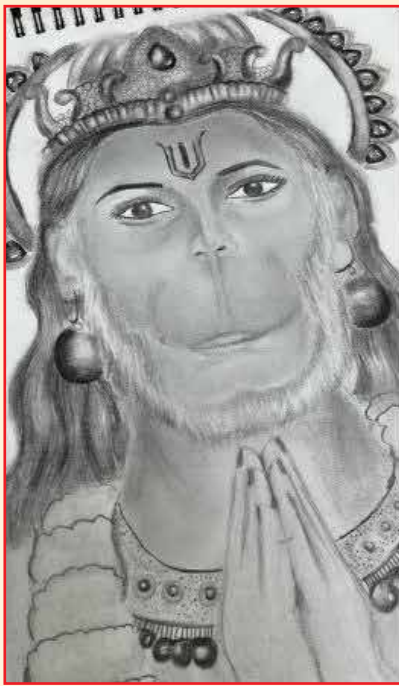
Visitors to the exhibition were deeply touched by the emotional depth of her work. Faculty members, staff, patients, and caregivers all joined in celebrating AJ’s remarkable journey. Adding to the emotional depth of the occasion, AJ’s school friends and teachers also attended, filling the space with warmth, shared memories, and heartfelt admiration.

A profoundly touching moment came when AJ’s favourite song, “Hum Honge Kamyab,” was played during the ceremony—just as she had wished. The song’s hopeful melody captured the very essence of AJ’s life: her courage, her kindness, and hope.

Speaking about the initiative, members of the Palliative Care Team emphasized how expressive arts play a vital role in healing—helping patients process emotions, reduce distress, and rediscover joy. The event beautifully echoed the team’s belief that palliative care is not just about easing physical suffering, but also about nurturing the mind, heart, and spirit.



As the exhibition concluded, it left behind more than admiration for AJ’s artistic brilliance—it left a legacy of courage and inspiration. “Colours of Courage” was more than an art event; it was a story of strength, connection, and the profound ability of art to heal. Through her paintings, AJ continues to remind us all that even in the midst of uncertainty, there is still room for hope, colour, and courage.



Code Violet!

It is very rare indeed when a security guard comes barging into your chamber, fretful and jittery that a violent child- your patient- has started attacking his parents. I found myself almost racing through the corridor thinking what could my 5-year-old have possibly done? For some background, he is a 5-year-old with ADHD and acute leukemia. When I reached the scene it was something out of a movie. Mom was lying on the floor, weeping, bleeding through cuts and scrapes. Dad was begging him to calm down and mister five was sitting upset by the elevator.

The problem? He was at the hospital on a non-chemotherapy day, since 11 am, to watch the elevators go up and down all day- it calmed him, and now it was 5 pm and it was time to go home- he did not like that. The parents were so exasperated, they begged me to sedate him so that they could take him home. But something didn't sit quite right with me. This was hardly a clinical indication to sedate a baby. And after all it's a child! I love children. I requested the parents to go wait in the car. Took mister five to the fire exit stairs and hugged him till his big feelings subsided. Slowly he stopped crying and had a sip of water. After fifteen more minutes, we ate a candy bar together- we were so busy looking at the elevator carnival all day, we missed all our meals- and hypoglycemia can make the best of us grumpy! And lo! After just half an hour of calm down time he was happy and ready to go home. The parents were just happy to have him back safe.

This story is a reminder that while for us these moments may feel like just another part of the job, for families they become pieces of memory that will never fade. They will remember the fear in their child's eyes, the sound of his cries, the helplessness of not knowing what to do and just as vividly, they will remember the kindness that met them in that storm. In a journey already weighed down by illness, uncertainty, and exhaustion, even the smallest act of gentleness is not small at all, it is a lifeline. And when all the medicines, charts, and hospital visits blur together, what remains is how we chose to hold their child, and how we chose to hold them.

सई पॉजिटिव दुर्लभ बीमारी 'एचयूट प्रोमाइलोसाइटिस ल्यूकेमिया' पर पाई विजय. मेडिकल कॉलेज में हुआ उपचार

'अर्जुन' के सामने कम समय में थीं 2 परीक्षाएं, पहली में ब्लड कैंसर को हराया... और फिर जेईई में भी लहरा दिया परचम

एचआर में पता नहीं थी बीमारी, फाइल देखी, तब पता चला

11वीं की परीक्षा में क्या सेल इलरिज हुआ चक्रवर्तिचक्र? अर्जुन ने बताया कि 11वीं की परीक्षा के दौरान तो कैंसर का उपचार शुरू हुआ, इस वजह से परीक्षा बर्खास्त हुई. लेकिन मैंने 11वीं कक्षा में अच्छे से परीक्षा की थी. जिसके चलते जेईई में भी परीक्षा में आसानी हुई। मैंने परीक्षा के चर्चे तक किए और एग्जाम से पहले पुनर्निर्देश भी मिला कि मैंने। उपचार के दौरान माता-पिता और बड़े भाई से बहुत संभव मिला, उन्होंने हमेशा हीसला बनाया।

टाइमेट तोपी से दिया इलाज, पूरी तरह ठहरा हुआ कैंसर • नेताजी सुभाषचंद्र बोस मेडिकल कॉलेज स्थित स्टेट कैंसर इंस्टीट्यूट में पेंडिक्टिक हेमेटो ऑन्कोलॉजिस्ट डॉ. रश्मि पाठक ने बताया कि अर्जुन को एचयूट प्रोमाइलोसाइटिस ल्यूकेमिया (एचयूएमएल) हुआ था। यह एक रेयर तरह का कैंसर है। तोय पत्र 30 था

बिंदुओं का यह चक्रवर्त, जब मन कुंभी उड़ाने भरा है. भीतिय की नीव रखता है, तब अगर कैंसर जैसे खोसाई रोग में अचर खड़ी हो खर ले हीसला उपचार ले देर नहीं खली. लेकिन कुछ कर मुहरने का जज्बा हो तो कई भी मुश्किल खड़ी नहीं। इस बात की खबरी है एक 17 साल का लड़का, जिसके जज्बे के अगे कैंसर भी हर गया। परीक्षा की ललक ने उसे पैसा हीसला दिया कि सेल्फ स्टडी के साथ बिना किसी कोचिंग के उसने अपने अंकों के साथ जेईई में सफलतापूर्वक कर लिया। हम

बता कर रहे हैं सहायक निवास अर्जुन कुमार (परिचित नाम) को, जिसकी कहानी उन सभके लिए प्रेरण है, जिनके बिंदुओं में कोई न कोई लकड़ाने पी है। रश्मि पाठ की जब जेईई मेंस के नहीं आए तो अर्जुन के परिचार में खुशी की लहर थी। उसने 92.42 परसेंटजल हासिल किए थे। उसके स्कूल समेत अससपास के स्कूलों को मिला दे तो यह सबसे अधिक अंक थे। अर्जुन का कहना है कि इन अंकों के साथ मैं स्टेट लेवल काउंसिलिंग में हिस्सा लूंगा। मुझे एनआईटी अथवा कोई भी शासकीय इंजीनियरिंग कॉलेज से इंजीनियरिंग की परीक्षा करनी है।

Dr Shweta Pathak

NSCB Medical College, Jabalpur

Department of Pediatric Hemato-Oncology & Bone Marrow Transplant

Triumph over Cancer: From Hospital Bed to JEE Success

“When life tested him twice — once through cancer, and then through exams — Arjun (changed name) emerged victorious both times.”

A Story of Courage and Determination

At just 17 years old, **Arjun Kumar** (name changed), from Jabalpur, faced a challenge few could imagine. Diagnosed with **Acute Promyelocytic Leukemia (APL)** — a rare but curable form of blood cancer — Arjun was admitted under the care of **Dr. Shweta Pathak**, Pediatric Hemato-Oncologist & Bone Marrow Transplant Physician at **NSCB Medical College, Jabalpur**.

Despite prolonged hospitalization and intensive treatment, Arjun refused to give up on his dreams. Even while battling the disease, he continued his studies with unwavering focus, determined to appear for his **Class 12 Board Exams** and the **Joint Entrance Examination (JEE)**.

The Fight and the Faith

Arjun’s treatment journey began in **February 2023**. Under the expert guidance of **Dr. Pathak** and her team, he received targeted therapy with ATRA and Inj Arsenic tri-oxide and supportive care as per standard APL protocols. With his family’s constant encouragement and the medical team’s dedicated efforts, Arjun gradually overcame every hurdle of treatment.

After his completion of an Induction and consolidation therapy for APML, he achieved **complete remission** — marking victory in his first battle.

Success in the Second Test

Soon after recovery, Arjun appeared for his Board exams, scoring an impressive **92.2%**, followed by a strong performance in **JEE Mains**, securing admission to a reputed engineering institute. His success stands as a symbol of resilience, discipline, and hope for all young patients.

“Arjun’s determination to study even through chemotherapy inspired everyone around him.”

— **Dr. Shweta Pathak**, Pediatric Hemato-Oncologist & BMT Physician

Doctor’s Perspective

“Acute Promyelocytic Leukemia is one of the most curable leukemias today,” says **Dr. Pathak**.

“With timely diagnosis and appropriate therapy, children can not only recover fully but also return to their normal lives and ambitions. Arjun’s case reflects the power of optimism, family support, and modern medical care.”

A Message of Hope

Arjun’s journey reinforces the mission of **NSCB Medical College’s Pediatric Hemato-Oncology & BMT Unit** — to deliver **state-of-the-art, compassionate care** while empowering children and families to overcome life’s toughest challenges.

His story is a shining reminder that with **science, strength, and spirit**, recovery is possible — and dreams are achievable.

Dr Kriti Tripathi, MD

Fellowship in Pediatric Oncology TMH, Mumbai
BMT Fellow NH SRCC Hospital,
Mumbai

Hope at the End of the Tunnel: Reflections from Paediatric Oncology

Its early hours of a Monday morning and I wake up to a clear blue sky .With a sense of readiness I head to the hospital.As I enter the pediatric oncology ward, a nurse waves from the station, smiling. I start with my morning rounds with little giggles and laughter of the children echoing through the ward.

One of my first assigned patients when I first joined my training , was a girl, small and delicate against the corner hospital bed, with her favourite doll tucked under one arm. Her hair, just beginning to grow back, catches the light. She gave me a gentle but a trusting smile. I reciprocated the smile, but there was a weight pressing behind it. The latest results told a story the heart doesn't want to hear. Her T cell acute lymphocytic leukemia had had a very early relapse with an aggressive presentation and the decision for only best supportive care was made by our team .I looked at her while taking a slow breath.

Her mother being a single parent looked at me with longing eyes full of fear, hope and anticipation.After breaking the news to the mother and the child, we stood there for a brief moment of silence and the mother just has one statement to make with moist eyes“ Thankyou doctor for everything” In that moment , I stood still and couldn't decipher what to reply to a mother who knew her child would not last many months or days but still was grateful for everything the doctors team could possibly do for her .In that moment I just knew that hope had carried them this far. Now, it will have to carry them through something harder.

As a budding Pediatric oncologist Im often asked by my friends and relatives “How do you do job, is it not the most emotionally draining branch dealing with children with cancer?” It always makes my ponder to such questions and I think even more that why are we so drawn to this field , and what sustains us, even when we lose young people who haven't even begun their own lives? To this I feel we will all agree that there is for sure a deep sense of meaning about what this work means to us. There is definitely profound sadness, but also tremendous and overflowing joy and love in what we do each day.

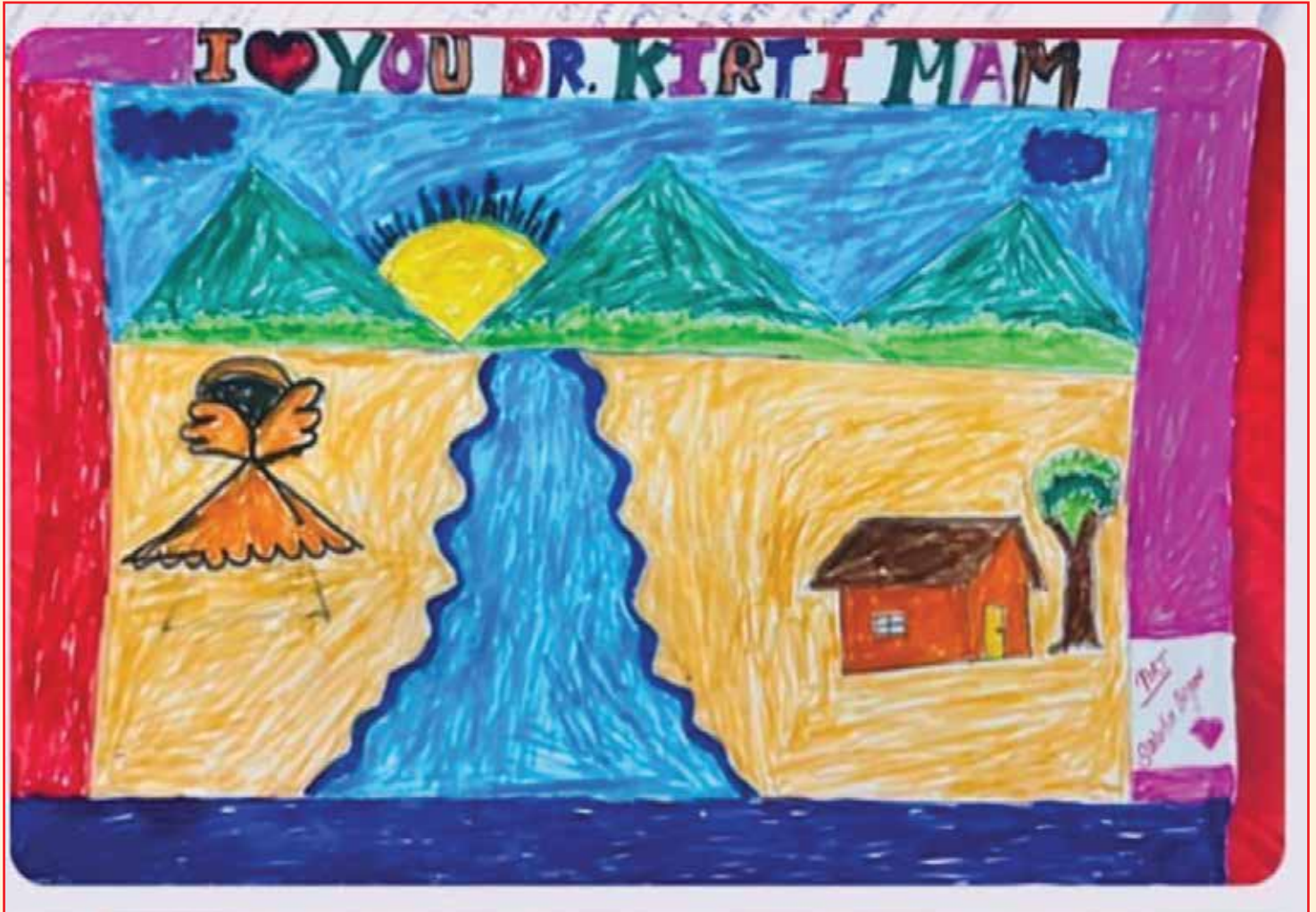
We get burnt out emotionally and physically but smile too because even after long nights and busy work there are days when you have the look of hope , gratitude and strength of the brave survivors and this reminds us why we chose this path , to bring healing , hope and light where its needed the most.

It is rightly said ,while offering the best medical care for our patients holds true but also optimism can provide hope for winning every day. Prudency is in realizing that each situation is unique, we need to have true empathy to the needs of children and parents. As much as we would like to chart out plans and plan our day, taking the time to listen to the concern of a child or parent can help them get through difficult situations.The best we can do for our patients and the parents is a very simple thing – listen .Even when you have nothing to offer , even when you know you are helpless, still – listen.

Childhood cancer is unfair but its also true any child is just as likely to have childhood cancer as an Ambani child. Most cancer patients get a lot of support from friends, family and community members in the beginning when they receive their diagnosis, and again when they're cured, but there is a void in the middle that lacks that same kind of support.Even when

we as doctors go back home and be with our families , our patients' families are constantly up in the middle of the night with their sick child,they have to deal with the diagnosis and its complications all day and night . So I feel sharing awareness at all times and supporting these families into their journey is so important. Oncology is a very stimulating branch but at the same time has its poignant and passionate moments and that's what exactly drew most of us to this career in the first place. A dialogue from my favourite movie The Shawshank Redemption always echoes in my mind and moreso why I love my branch – “Hope is a good thing, maybe the best of things, and no good thing ever dies”.

Choosing this field has definitely made me a better, more empathetic and a changed person and for every friend every relative who asks me why I choose this challenging branch –these famous lines explain it all. "I cannot do all the good the world needs, but the world needs all the good I can do."



When hope becomes the only cure- A young warrior's journey through relapse ALL and transplant

"In the midst of winter, I found there was, within me, an invincible summer." - Albert Camus

In the Winter of 2019, as the world prepared to welcome New year unknown to the unprecedented pandemic that lay ahead, a four year old boy and his family faced a crisis of their own. Diagnosed with B ALL after visiting multiple hospitals his story could have been one of despair. Instead it became a testament to the power of parental love, medical dedication and the indomitable spirit of the child.

The initial battle-

The boy's father, a daily wage laborer and sole provider for a family of seven, faced an unimaginable challenge. With limited resources and constant worry, he guided his son through intensive chemotherapy following the standard-risk ICiCLe protocol, achieving an end-of-induction minimal residual disease (MRD) negative result. Despite a 2.5-month treatment pause during the pandemic, their determination never faltered. By late 2022, he completed eight cycles of maintenance, achieving remission—yet their joy was short-lived.

The devastating return (May 2023)

The cancer returned in May 2023, an early isolated medullary relapse—a challenging scenario in pediatric oncology. The family's fragile finances and the father's responsibilities as family's primary support made it impossible to consider further treatment. But when his son's condition worsened in July 2023, presenting with severe neutropenia, fever and bony pains, with courage as his currency the father against all odds—chose hope and agreed to proceed with intensive chemotherapy and a hematopoietic stem cell transplant.

The transplant journey-Preparing for the battle of a lifetime

The journey to bring him into remission was nothing short of arduous. As clinicians, we faced the daunting challenge of urgently controlling his leukemia while navigating his critical condition. He endured multiple rounds of chemotherapy as per the ALL REZ BFM 2002 S3 protocol, testing both his resilience and the clinical team's expertise.

Following the F1 block, he encountered febrile neutropenia, a Pseudomonas bloodstream infection, and neutropenic enterocolitis, along with thrombophlebitis and cellulitis in his right arm, requiring surgical drainage. Routine transfusions became essential as his body struggled under the intense treatment.

After the F2 block, he developed probable fungal pneumonia, necessitating antifungal therapy. Though he successfully tolerated the R2 and R1 blocks, the final stretch proved extraordinarily challenging. The PICC line that sustained his treatment migrated to his pulmonary artery, requiring removal by interventional radiologists. Complications compounded 24 hours post-procedure, as he experienced complete heart block and electrolyte disturbances; thankfully, he recovered.

Further setbacks included recurring neutropenic enterocolitis, bilateral pleural effusions with pneumonia, and an E. coli bloodstream infection, demanding prolonged intensive care. Yet, with a devoted team and his unyielding spirit, he endured these formidable challenges. His MRD dropped from 1.85% to an astounding <0.01% by the last block—an inspiring testament to his courage and the tireless efforts surrounding him.

The Transplant Journey: A Sister's Gift

"Sometimes the strength of mountains is hidden in small stones." We reminded his father of this as he bravely decided to proceed with a hematopoietic stem cell transplant (HSCT) for his son. Funds were arranged, and in January 2024, his 11-year-old sister, a suitable haploidentical match, became his donor. Fully aware, in her own way, of the significance of her role, the young girl was about to give her brother a second chance. The procedure involved a bidirectional mismatch, managed with careful FFP transfusions, and a rigorous conditioning regimen that included Total Body Irradiation (TBI) and high doses of Fludarabine and Cyclophosphamide. After bone marrow collection, yielding 565 ml, 402 ml was transplanted post-leukodepletion. Cyclosporine was initiated on day +5, followed by post-transplant cyclophosphamide on days +3 and +4. The post-transplant course, as expected, was tumultuous.

Early Post-Transplant Complications: Infections and Viral Reactivations

By day +13, we saw neutrophil engraftment, a promising milestone, but the battles were far from over. With a heavily suppressed immune system, he soon faced a series of infections and viral reactivations, including CMV and BK virus. The BK virus led to hemorrhagic cystitis, causing painful urination and fevers, with viral loads peaking at 44,200 copies/ml in urine. He was initially managed with IV cidofovir, followed by intravesical cidofovir, but relief was elusive. Each day brought new challenges with fluctuating fevers, lab abnormalities, and restless nights. Between days +17 and +48, persistent fevers required escalating antibiotic therapy. A positive galactomannan test on day +27 indicated a fungal infection, necessitating aggressive antifungal treatment. Another CMV reactivation occurred on day +34, reaching 15,000 copies and managed with IV ganciclovir, later switched to oral. By day +51, CMV PCR was finally negative.

Complicating matters further, persistent hematuria with multiple platelet transfusions necessitated a suprapubic cystostomy (SPC) with bladder irrigation on day +34, removing nearly 100 clots. Despite these interventions, the BK viral load soared, exceeding 100 million copies/ml by day +71. Intensive intravesical PRP irrigation from day +71 to day +80 slowly improved hematuria, allowing SPC removal by day +84.

Grappling with Graft-vs-Host Disease (GVHD)

Signs of Graft-versus-Host Disease (GVHD) soon emerged, with the donor cells attacking his body, causing severe skin inflammation (Grade 3 skin GVHD) and exacerbating gastrointestinal symptoms with diarrhea (Grade 3 gut GVHD). Managing GVHD required a careful balance of immunosuppressive therapy. High-dose steroids were administered, but his response was refractory, necessitating the introduction of ruxolitinib. As infections persisted and GVHD threatened, stabilizing him became a race against time. Through each hurdle, this young warrior showed exceptional courage, inspiring us all as he fought his way through severe complications with remarkable resilience.

Turning the Tide: Signs of Recovery and Hope

After months of relentless struggle, small victories began to appear. By March 2024, his platelets engrafted, day +88. The infections, although still a threat, became less frequent. The GVHD began to respond to treatment. By Day +84, we saw marked improvement in the hemorrhagic cystitis. The final hurdles included managing low-grade fever with appropriate antibiotics, leading to a successful transition to oral medications. Every blood test that inched towards normalcy felt like a monumental achievement.

The biggest achievement was seeing his MRD negative and donor chimerism 100% at day +90. We saw glimpses of his former vitality return. His appetite improved, and he began engaging in small activities and talking with his family. For the first time in months, his father allowed himself to believe that his son might actually make it through.

The Long Road Ahead-

When this young warrior was finally discharged, the unit erupted in celebration. After months of gruelling chemotherapy, a prolonged hospital stays, and braving the transplant's challenges, tears of joy replaced the trials, and we all rejoiced, knowing every effort had been worth it. Discharged with the knowledge that months of follow-ups, immunosuppression, and rigorous monitoring still lay ahead, he faced it all with resilience. His journey was far from over, but his survival was a miracle in itself. For the team that included doctors and devoted nurses, his case became much more than a clinical challenge; it was a profound lesson in resilience, hope, and the boundless strength of the human spirit. For his family, survival represented more than mere existence—it was the triumph of love, determination, and the unbreakable spirit of a brave child.

Today, 600 days post-transplant, he is off immunosuppression, with a negative MRD and 100% donor chimerism, his smile a testament to his fight. His journey shines as a beacon of hope for other families facing similar battles, a powerful reminder that while medicine lays the foundation, it is the strength and hope within that truly drives recovery.

"Every storm runs out of rain." Through the darkest clouds of relapse and complications, this family found their rainbow—a second chance at life, forged by determination, teamwork, and exceptional care in a resource-limited government setting. Each victory here reaffirms our commitment to provide the best care possible, breaking barriers and rewriting what's possible, one life at a time.

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The Art of Letting Go and Starting Over

“And suddenly you just know — it’s time to start something new and trust the magic of beginnings.”

— *Meister Eckhart*

There is a quiet poignancy in endings—not because they erase what was, but because they remind us how much it mattered.

After thirteen years in a place that became synonymous with my professional identity, I find myself at a new beginning. Starting a new role has brought excitement, humility, and deep reflection on what it means to build, to grow, and to move on.

When I first joined the department, it was a modest space with big ambitions. Over the years, I witnessed and contributed to its evolution—one patient, one program, one team initiative at a time. Much of what now feels established began as a shared idea with a small team of nurses who believed in the same purpose: to deliver care for children with hematological disorders that was compassionate, evidence-based, and forward-looking. Watching that vision take shape and being a part of it has been one of the most fulfilling chapters of my life.

But time changes us, often in quiet, unassuming ways. In my quest to learn more, I began to sense that growth sometimes requires distance—not from people or places, but from the comfort of familiarity. The decision to move on was not easy. It is, in fact, scary to start fresh. The questions that follow you at such times are deeply human: *Is there an age when one becomes too old to try new things? What is more frightening—being stuck in one place or stepping into the unknown?*

For me, the answer came slowly but clearly—the greater risk lies in staying still when curiosity calls you forward.

I don’t know if the decision was right or wrong, but I suppose time will tell. What I do know is that every change carries within it a chance to rediscover purpose.

Leaving behind a workplace that had become like home meant letting go of routines, relationships, and rhythms built over more than a decade. Yet it also meant creating space for renewal—to learn from new environments, new colleagues, and new challenges.

New beginnings come with their share of doubts. There are moments when everything familiar feels distant—when you must adapt to new systems, learn different ways of working, and face the quiet pressure to prove yourself all over again. The ease of confidence that once came naturally can give way to self-questioning: Am I doing enough? Will I belong here the way I did before?

It’s in these moments that I’ve learned the importance of patience—to give time for new roots to grow and to trust that belonging follows purpose.

All of us have a different life curve—a unique rhythm to how we grow and evolve. There is no single timeline for change. Sometimes, the best decisions are the ones that come from simply following your heart, even when the path ahead feels uncertain.

Transitions test what we have learned. They remind us that the most enduring legacies are not the systems we design or the protocols we perfect, but the people we inspire and the values we leave behind. To see younger colleagues step forward with confidence, to know that a structure continues to thrive beyond one's presence—these are quiet affirmations that the work mattered.

Starting over feels, in many ways, like returning to the beginning: asking questions again, listening more, discovering new perspectives—but this time, with the wisdom that comes from experience and the comfort of knowing that meaningful work transcends places.

Change is never just about geography or titles. It is about continuity—taking the essence of what we've built and allowing it to find new expression elsewhere.

I remain deeply thankful to my family for their constant support, patience, and belief. They have stood by me through late nights, long days, and moments of self-doubt, reminding me that courage is often a collective effort.

“Dilon mein tum apni betabiyen leke chal rahe ho, Toh zinda ho tum.

Nazar mein khwaabon ki bijliyan leke chal rahe ho, Toh zinda ho tum.”

— *Javed Akhtar*

These lines have always resonated with me, a reminder that as long as there is curiosity, yearning, and the courage to dream anew, we remain truly alive. Perhaps that's what this transition means too: not an ending, but a reaffirmation of being zinda: restless, hopeful, and ready for what comes next.

“You are never too old to set another goal or to dream a new dream.”

— *C.S. Lewis*

Sometimes

Maisara F Siddiqu (Age 15 years)

Sometimes life just doesn't seem to add up
Some things least anticipated just gather
Something I was always afraid of was illness and pain
And then life played this very disturbing game
There was I, on the hospital bed,
confused and afraid
Right from the enjoyment of the awaited
Summer break

It all felt quite cold and dark
And all this stung my soft heart
A few days went by with the question,
"why me?"
And the rest too in misery , you may think

But no, you're wrong my friend
I'm not the one to give up
but fight till the end
I smiled and faced it all
And of course,my parents didn't let me fall

I made new friends instead of sulking
Those ten months then felt like nothing
Everyone has a fair share of happiness and pain
which either today or tomorrow you will face
I've faced my fears and fought my battle
Just believe and all the problems you'll bravely tackle.

मेरी कहानी

मास्टर सोनू

मेरा नाम सोनू है। मैं कक्षा नौ का छात्र हूँ। जब मैं कक्षा छह का छात्र था तब अचानक मेरे गले में एक गाँठ निकल आई। उस समय मैं हैदराबाद में था। वहाँ के इएनटी हास्पिटल में पहली बार मुझे दिखाया गया। डॉक्टरों ने बताया कि मुझे इनफेक्शन है। एक दवा दी गई वहाँ, जिससे दर्द तो कम हो जाता था पर गाँठ फिर उभर आती थी और दर्द और बढ़ता जाता था।

आगे हम हैदराबाद से पटना आए जहाँ अपना घर था। पटना में मेरा एफ.एन.एससी टेस्ट डॉक्टर विनय अंकल ने कराया तो बीमारी का शक हुआ। वहाँ के डॉक्टरों ने मुझे मुंबई जाने की सलाह दी, क्योंकि पटना में पूरी सुविधा नहीं थी। मैं पापा, मामा और पाठक जी के साथ मुंबई गया। वहाँ पता चला कि मुझे कैंसर है जब मेरे नाना जी और नानी जी और घर वालों को इस बात का पता चला तो वे दंग रह गए। वे सोचने लगे कि अब इलाज का खर्चा कहां से आएगा।

मेरे पापा पत्रकार हैं। उनके दोस्तों ने हमारी मदद की और इंटरनेट पर मेरे बारे में जानकारी निकलवा दी तब दुनिया भर से लोगों ने मुझे मदद की खुद बिहार विधान परिषद के सभापति श्री जाबिर हुसेन साहब ने मेरे लिए पचास हजार के चेक की व्यवस्था की। आखिर उन्हें कैंसर का दर्द मालूम था। उनकी मां भी कैंसर का शिकार हो चुकी थीं। इस तरह हमारा इलाज दिल्ली एम्स में आरंभ हो सका।

एम्स में मेरा चेकअप हुआ और दवा आरंभ की गई। जब पहली बार दवा चढ़ी तो मुझसे कुछ खाया नहीं जाता था। यहां तक कि पानी पीने पर भी उल्टी हो जाती थी। लेकिन जब इस सबकी आदत पड़ गई तो तकलीफ कम होने लगी। इस बीच पापा मुझे होम्योपैथिक दवाएं लगातार देते रहते थे जिससे दवाओं के साइड इफेक्ट्स कम हो जाते थे। इस बीच धर्मशाला में मैं और मम्मी दस महीने तक अकेले रहे। पापा वहाँ से दूर मोती मामा के यहां रहते थे और रोज धर्मशाला में मुझसे मिलने आते थे, फिर काम पर जाते थे।

एक बार मैंने देखा कि कुछ औरतें बच्चों का मनोरंजन कर रही हैं। तब मैं भी उसमें शामिल हो गया। फिर बच्चों ने बताया कि वह कैंसर के मरीज बच्चों के लिए काम करने वाली संस्था के लोग हैं। तब मैं उस संस्था की प्रेसीडेंट पूनम मैडम से मिला। उन्होंने मुझे गले लगाया और चॉकलेट दी। उनसे मुझे बराबर मदद मिली। इन संस्थाओं ने मुझे चिड़ियाघर, अप्पूघर, इंडिया गेट, चिल्ड्रेन पार्क, कुतुबमीनार तथा अन्य बहुत-सी जगहों की सैर कराई। फिर जिन्होंने मुझे सबसे अच्छा सहयोग दिया, वह हमारी डॉक्टर तूलिका मैम हैं। उन्होंने मुझे बहुत प्यार दिया और मेरा बहुत अच्छा इलाज किया। उन्होंने हर मुश्किल में मेरी मदद की।

मैं जिस धर्मशाला में रहता था। उसमें भी एक संस्था हफ्ते में दो बार आती थी। उस संस्था का नाम कैंसर पेशेन्ट्स ऐड एसोसिएशन है। वह भी हमें घूमने और फिल्में दिखाने ले जाती थी। इस सब से मिल रही खुशी के बीच मुझे एक बड़ा दुख था कि मेरा छोटा भाई मुझसे दूर हो गया था। मेरे बीमार होने के बाद वह नानाजी के साथ रहने लगा था। वह हर हफ्ते फोन पर पूछता कि भैया आप ठीक हो गए। मैंने उसे समझाया कि मुझे ठीक होने में दो-तीन साल लगेंगे। वह कहता कि मैं यहां ठीक हूँ और आप वहां ठीक से इलाज कराओ।

जब मेरा छह महीने का कोर्स पूरा हो गया और मेंटेनेंस चलने लगा तो पूनम मैम ने मेरा एडमिशन हरकिशन पब्लिक स्कूल में करवा दिया। उन्होंने मेरी मम्मी को अपनी संस्था कॅनकिड्स का परेंट मेंबर भी बनाया। अब मैं भी अपनी मम्मी के साथ कभी-कभी आफिस जाता हूँ और कम्प्यूटर चलाता हूँ।

(आज सोनू दिल्ली में ग्राफिक डिजायनर के रूप में काम कर रहा।)

रक्त कर्कट – कुछ कविताएं

एक

मेरे समय को
डंस लिया है सर्पों ने
और उसकी मृतप्राय देह को
तैरा दिया है मैंने धारा में
और चला जा रहा हूँ किनारे-किनारे।

दो

पटाखे फोड़े जा चुके हैं मसीह के नाम पर
पुकारा जा चुका है उन्हें
दर्द भरी आवाज में
अब उठ रही है
करुणा में डूबी अजान की आवाज
मुंबई के महाराष्ट्र हाउस से।
नानाजी पालेकर भवन में भी
जाग चुके हैं श्याम गड्यन के पीछे
भोरे भोरे।
पर सोनू
अभी सो रहा है।
उसके रक्त में
प्रवेश कर चुके हैं कर्कट
उसकी नींद
गहराती जा रही है
काफी झकझोरने पर
जगता है वह।
मुंह-हाथ धोता
याद दिलाता है
कि स्कूल जाने के पहले
नाश्ता करता हुआ अंशु
अभी टाम एंड जेरी देख रहा होगा।
अचानक हंसता हुआ कहता है वह
कितना अच्छा होता पापा
अगर टाम एंड जेरी का नाटक
सचमुच का होता कि मेरे शरीर में पाइप लगाकर
कोई खींच लेता मेरी बीमारी।
तब मैंने सुनाई उसे
रोग शैय्या पर पड़े हुमायूं
और बाबर की कथा...
जिसे सुनकर हंसते हुए कहा उसने –
अगर ऐसा होता
तो इन डाक्टरों का क्या होता...
हां
क्या होता फिर डाक्टरों का... हंसा मैं भी।

तीन

कैसा
सो रहा है यह
कि मेरी गोद में
पड़े—पड़े ही
कुम्हलाने लगा है कि जाने कहां—कहां से आकर
छुपते जा रहे हैं रक्त कर्कट उसकी अस्थि मज्जा में।
इतने रक्त कर्कटों के साथ
कैसे सो पा रहा है वह इतनी गहरी नींद!
क्या चुन सकूंगा मैं उसके रक्त कर्कट
या गोद में पड़े—पड़े ही वह
बदल जाएगा
रक्त कर्कटों के गुच्छे में।

चार

सुबह हो चुकी है। अब तो जागो बेटे
जीवनदायिनी हवा
आ रही है पूरब से
और
प्राणदायिनी धूप भी
जागो बेटे
खुद को सौंप दो इन्हें और चुनने दो रक्त कर्कट
हां.. हां...
असंख्य हैं विषाणु
रक्त कर्कटों के
पर सूर्य रश्मियां भी अनंत हैं,
अनंत हैं सूर्य रश्मियां !

पांच

कितनी संतानें हैं आपकी
पूछते हैं विष्णु खरे
दो.
बताता हूं मैं
बेटी या बेटा....
बेटे हैं दोनों
थोड़ा
आश्वस्त दिखते हैं वे
इससे पहले
कि वे सुनाने लगे कविता बच्चन की
मैं बड़ जाता हूं आगे
कि पिता तो मैं एक ही हूं!

छह

(डॉ तूलिका सेठ के लिए)

एम्स के
दवाओं के गंध से भरे कमरे से
मुस्कराता हुआ निकल रहा है वह
पापा...
जरा भी दर्द नहीं हुआ इस बार
टाटा मेमोरियल में तो
डाक्टरों—नर्सों ने हाथ पैर पकड़
दबा दिया था मुंह ही मेरा
पर यहां
मास्क हटाते ही
हंसते हुए डाक्टर ने कहा...
अरे सोनू तुम हो!
सचमुच
जरा दर्द नहीं हुआ
आज के बोन मैरो टेस्ट में
डाक्टर नवीन ने
जरा—सी चुभोई सूई
कमर के नीचे हड्डी में और फिर कुछ पता ही नहीं चला।
बधाई हो डाक्टर
जीवन देने की बाबत
क्या कहा जा सकता है
पर खुशी के जो क्षण दिये तुमने सोनू को
उसके लिए बधाई।

Sonu

(completed pediatric ALL therapy from AIIMS, New Delhi. Composition written when he was in class IX)

Dr Emine A Rahiman

Assistant Professor, Dept of Pediatric Oncology, KMC,
Manipal

Reflections

Air stretched thin,
Tubes pushed in,
Smiles long gone,
Faces forlorn.

'Beep, beep' boomed the monitors
Amidst 'dhak, dhak' of fallen hearts
'Please do more', pleaded their eyes
Questioned oneself, 'what more else'?

'Fight I can't', she wanted to say
'Rest in peace', we struggled to convey
No words spoken
Only glances stolen

Empty beds and soundless nights
Joyless souls watching the sights
Echoes of failure and whispers of doubts
Restless legs and hands in coats

Etched are their imprints forever
Nestled in our hearts' little corner
Sometimes visiting, many times nudging,
Guiding us, our little beacons of strength

Fail, WE did not
Disappear, THEY did not
Forget, WE will not
March together, WE will
Into the LA LA LAND of HOPE, forever
Hematology Oncology In Pediatrics Ever

Neha Da Rocha

DM pediatric oncology

Kidwai memorial institute of oncology, Bangalore

A few aches and pains

And a fever is all I had
Walking became tiresome
And most food tasted bad

They poked me and took my blood
my mother wept a flood
Its 'cancer' they whispered
While my father looked pale and tired


So to the hospital ,we headed
They packed my bag in haste
What about my toys ,i asked
Shush,there's no time to waste

We entered the ICU
With its beeps and bright light
More needles and masked people
I cried bitterly, too tired to fight

My world shifted from rainbows to black and white
From books and cricket
To painful sleepless nights

Was I too naughty?
Did God punish me?
So much chaos around
I cried but noone heard a sound

They started the chemo
And said I'll be alright
At the end of the tunnel
I now see a faint light

The page is framed by a decorative border of stylized flowers in a light orange or gold color. The flowers are arranged in a repeating pattern along the top, bottom, and sides of the page. The central text is in a simple, black, sans-serif font.

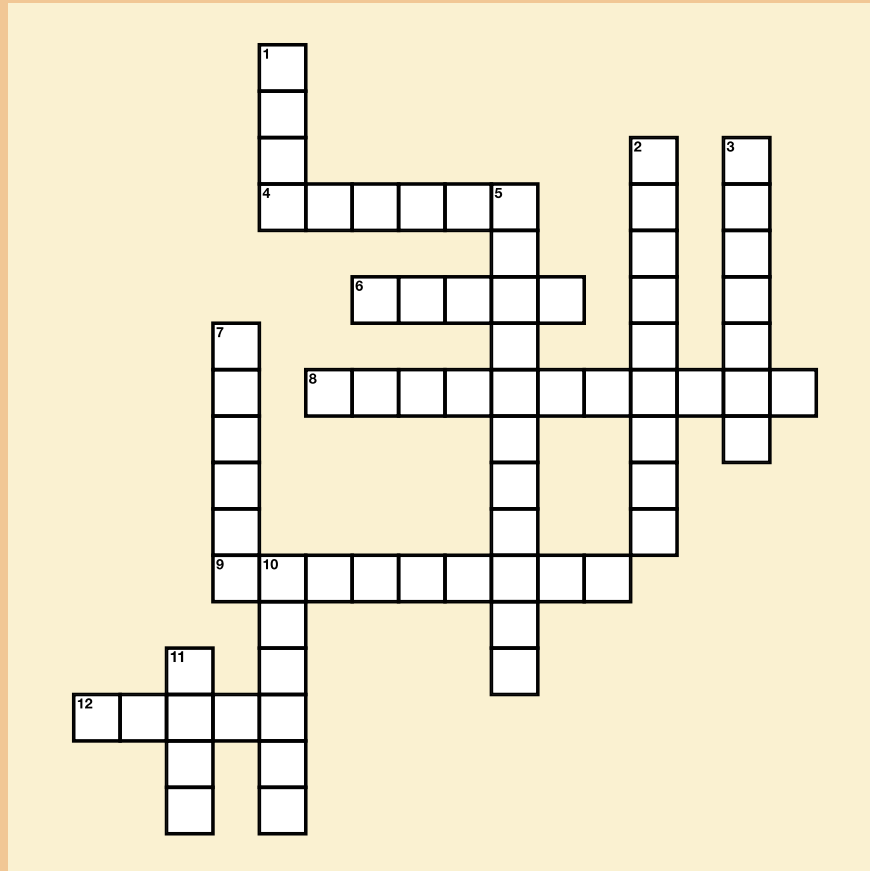
My fever is gone
I feel stronger
I made new friends
Where's their hair gone, I wonder

I miss my classmates
And often think of my teacher
I'll be going home soon
My world now has come color

My blood work is fine
So says my doctor
The light at the end of the tunnel
Just got abit brighter

QUIZ

PEDIATRIC ONCOLOGY 2025



Across

- 4 Method for less invasive tumor biopsy using blood
- 6 bloodstream for disease detection
- 8 Antibody-drug conjugate CD30+ Hodgkin's lymphoma
- 9 Key immune checkpoint inhibitor for pediatric melanoma
- 12 Precision medicine trial matching drugs to mutations, treatment-refractory cancers

Down

- 1 T-cell engager for CD19 DRUG BLINATUMOMAB USED IN -
- 2 oral IDO-pathway inhibitor
- 3 FDA-approved CAR T-cell therapy for ALL
- 5 Monoclonal antibody targeting GD2 in neuroblastoma
- 7 Sherlock friend, AI friend for oncologist
- 10 Organization for pediatric clinical trials
- 11 Fusion gene target inhibitor infantile fibrosarcoma

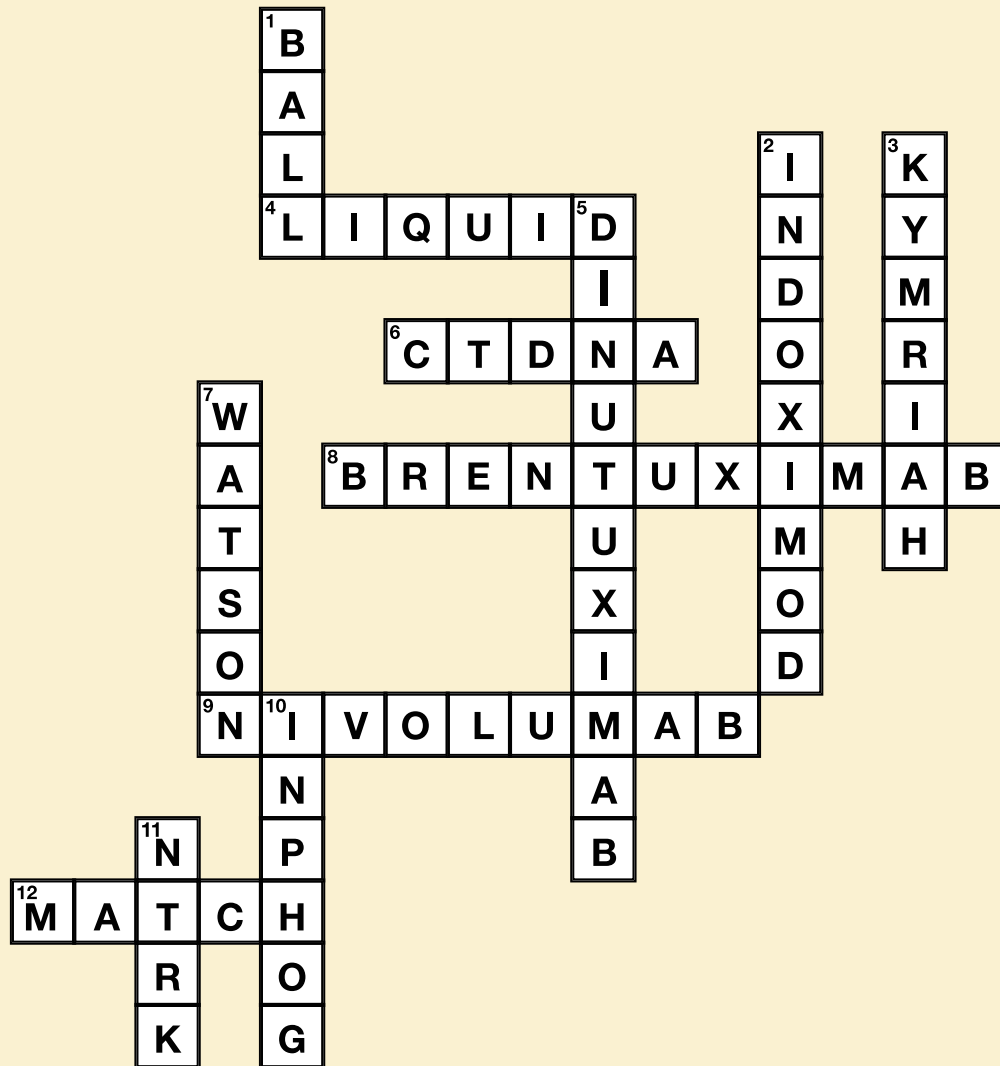
QUIZ

WHO AM I? CLINICAL SYNDROMES

- 1. I cause cytopenia and bone marrow fibrosis in children.**
I come with warts and lymphedema, and a missense mutation in GATA2 betrays me.
- 2. I 'm a "mimic" of ITP, but my platelets are giant and sometimes gray.**
One family may have all of us: macrothrombocytopenia, nephropathy, cataracts.
- 3. I make neonates jaundiced with unconjugated hyperbilirubinemia and severe anemia.**
The osmotic fragility test adores me.
- 4. I cause early childhood vasculitis, cytopenias, and livedo racemosa.**
I masquerade as PAN but responds dramatically to anti-TNF therapy.
- 5. I cause pancytopenia in an infant with persistent diarrhea and eczema.**
My defect is in FOXP3, a transcriptional peacekeeper.
- 6. I masquerade as refractory cytopenia of childhood but with ribosomal stress signatures.**
Mutations make my pancreas and bones just as unreliable as my marrow.
- 7. I present with bruises, eczema, and recurrent otitis.**
Platelets are few and tiny.
- 8. I make toddlers pale, irritable, and transfusion-dependent.**
My marrow shows erythroid hyperplasia but no dysplasia.
Iron stains the cytoplasm in a ring-like halo.
- 9. I cause recurrent infections, neutropenia, and mouth ulcers.**
My marrow has a "Swiss cheese" look with maturation arrest.
G-CSF is my best friend.
- 10. I'm a paradox: preleukemic, self-resolving, but predictive.**
My distinguishing feature from congenital leukemia: spontaneous regression and trisomy 21.

QUIZ

PEDIATRIC ONCOLOGY 2025



QUIZ

WHO AM I? CLINICAL SYNDROMES

ANSWERS

1. Emberger Syndrome (GATA2 deficiency)
2. MYH9-related disorder (May–Hegglin anomaly spectrum)
3. Hereditary Spherocytosis
4. DADA2 (Deficiency of ADA2)
5. IPEX Syndrome
6. Shwachman–Diamond Syndrome
7. Wiskott–Aldrich Syndrome
8. Congenital Sideroblastic Anemia
9. Severe Congenital Neutropenia (Kostmann Syndrome)
10. Transient Abnormal Myelopoiesis (TAM)

Dr Shraddha Chandak



All pictures are hand drawn paintings and sketches collected from various pediatric hematology centres all over the country.

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Aurum Medcom

ROMY

ROMIPLOSTIM 125 / 250 / 500 MCG

125
250
500

Flexibility to choose the best Fit



For Use of Registered Hematologist/Oncologist Only
ABRIDGED PRESCRIBING INFORMATION: Romiplostim Powder and Solvent for Solution for Injection, 250 mcg/0.5 mL and 500 mcg/1.0 mL in vial
COMPOSITION: Romiplostim 250 micrograms powder and solvent for solution for injection: After reconstitution, a deliverable volume of 0.5 mL solution contains 250 mcg of romiplostim (500 mcg/mL). An additional overfill is included in each vial to ensure that 250 mcg of romiplostim can be delivered. Romiplostim 500 micrograms powder and solvent for solution for injection: After reconstitution, a deliverable volume of 1 mL solution contains 500 mcg of romiplostim (500 mcg/mL). An additional overfill is included in each vial to ensure that 500 mcg of romiplostim can be delivered. **INDICATIONS:** Romiplostim is indicated for chronic immune thrombocytopenic purpura (ITP) patients one year of age and older who have had an insufficient response to corticosteroids, immunoglobulins or splenectomy. **DOSAGE AND ADMINISTRATION:** Romiplostim should be administered once weekly as a subcutaneous injection. The initial dose of romiplostim is 1 mcg/kg based on actual body weight. Individual patient dose (mcg) = Weight (Kg) x Dose in mcg/kg. Actual body weight at initiation of treatment should always be used when calculating initial dose. In adults, future dose adjustments are based on changes in platelet counts only. In pediatric patients, future dose adjustments are based on changes in platelet counts and changes in body weight. Reassessment of body weight is recommended every 12 weeks. The once weekly dose of romiplostim should be increased by increments of 1 mcg/kg until the patient achieves a platelet count $\geq 50 \times 10^9/L$. Platelet counts should be assessed weekly until a stable platelet count ($\geq 50 \times 10^9/L$ for at least 4 weeks without dose adjustment) has been achieved. Platelet counts should be assessed monthly thereafter, and appropriate dose adjustments should be made. After reconstitution of the powder, romiplostim solution for injection is administered subcutaneously. The injection volume may be very small. Caution should be used during preparation of romiplostim in calculating the dose and reconstitution with the correct volume of sterile water for injection. If the calculated individual patient dose is less than 25 mcg, dilution with preservative-free, sterile, sodium chloride 9 mg/mL (0.9%) solution for injection is required to ensure accurate dosing. Special care should be taken to ensure that the appropriate volume of romiplostim is withdrawn from the vial for subcutaneous administration – a syringe with graduations of 0.01 mL should be used. **CONTRAINDICATIONS:** Hypersensitivity to the active substance or to any of the excipients or to E. coli derived proteins. **WARNINGS AND PRECAUTIONS: USE IN SPECIFIC POPULATION:** Pregnancy: Romiplostim is not recommended during pregnancy and in women of childbearing potential not using contraception. Nursing Mothers: A decision must be made whether to discontinue breast-feeding or to discontinue/abstain from romiplostim therapy considering the benefit of breast feeding for the child and the benefit of therapy for the woman. Pediatric patients: The safety and efficacy of romiplostim in children under the age of one year has not been established. Geriatric patients: No overall differences in safety or efficacy have been observed in patients ≥ 65 and ≥ 65 years of age. Renal Impairment: Romiplostim should be used with caution in patients with renal impairment. **DRUG INTERACTIONS:** Medicinal products used in the treatment of ITP in combination with romiplostim in clinical trials included corticosteroids, danazol, and/or azathioprine, intravenous immunoglobulin (IVIg), and anti-D immunoglobulin. Platelet counts should be monitored when combining romiplostim with other medicinal products for the treatment of ITP to avoid platelet counts outside of the recommended range. Corticosteroids, danazol, and azathioprine use may be reduced or discontinued when given in combination with romiplostim. Platelet counts should be monitored when reducing or discontinuing other ITP treatments to avoid platelet counts below the recommended range. **ADVERSE REACTIONS:** The most commonly reported AEs (incidence in $\geq 4\%$ patients) were diarrhea (4%), nausea (4%), vomiting (4%), pyrexia (4%), myalgia (4%) and dysuria (4%). **OVERDOSAGE:** In the event of overdose, platelet counts may increase excessively and result in thrombotic/thromboembolic complications. If the platelet counts are excessively increased, discontinue romiplostim and monitor platelet counts. **PRESENTATION:** Romiplostim 250 micrograms powder: One 5 mL USP type-1 glass vial containing 250 mcg of Romiplostim. Romiplostim 500 micrograms powder: One 5 mL USP type-1 glass vial containing 500 mcg of Romiplostim. Solvent: Water for injection. **STORAGE:** Store in a refrigerator (2°C – 8°C). Do not freeze. Store in the original carton to protect from light. Once stored at room temperature, do not place back in the refrigerator. Please refer full prescribing information before using any product.



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