Pediatric Hematology and Oncology Chapter

Indian Academy of Pediatrics

PHO Vibes

Sixth Edition | September 2026

This Edition

- Picture Gallery - Midterm PHOCON 2026, Childhood Cancer Awareness Month, SIOP 2026, ISPNO 2026, ISMPOCON 2026
- PHO Action Forces
- The IAP-PHO Thalassemia Certification Journey
- NGO Corner
- Four States, Many Languages, One Calling
- To Madras, Marghazi And Mentors..
- The chid Who Taught Me Hope
- Drug Safety Monitoring - ICCI
- National And Global Recognition
- From Barren Earth To Healing Gold - Dr Revathi Raj
- The Dilemma - A Page Out Of Pediatric Oncologist's Journal
- Upcoming Events
- Recent Publications
- Whimsical Mind



Message from the Chairperson



Dear colleagues,

It is my privilege to welcome you to **PHOCON 2026 in Chandigarh**, the first annual conference of the Pediatric Hematology and Oncology Chapter of IAP under our new Executive Board.

Our field is at an important point in its development. Scientific advances are changing what we can offer children with blood disorders and cancer, yet access to timely diagnosis, trained teams and appropriate treatment remains uneven. The responsibility of a national chapter is to help close that gap. We must build a strong network of professionals, develop guidance suited to Indian practice, and make quality care possible well beyond a few specialist centres.

This vision is beginning to take shape. Our action forces are bringing clinicians, stakeholders and partner societies together around anemia, thalassemia, sickle cell disease, hemophilia and childhood cancer. The response to the Thalassemia Certification Programme and the Anemia Championship shows the willingness of our colleagues to learn and act. The thalassemia guidelines give us a foundation for more consistent care; the planned sickle cell education programme and forthcoming transplant indication guidelines represent further steps in that direction.

Our next task is to turn these efforts into lasting capacity. Education must reach those who first see a child with unexplained anemia, a suspected malignancy or a sickle cell complication. Guidance must be practical enough to use in different care settings. Collaboration must help children move through referral and treatment pathways without avoidable delay. **The measure of our progress will be the care a child receives, wherever that child lives**.

PHOCON gives us the chance to examine the evidence, learn from one another and decide what needs to happen next. We are honoured that **Dr. Revathi Raj, Chairperson of ISBMT**, will deliver the **R. V. Lokeshwar Oration**. I also welcome the introduction of our hematology awards, through which we recognise work that strengthens the specialty and inspires the next generation.

I thank our Honorary Secretary, Dr. Shweta Bansal, the Executive Board, our action force leads and the PHOCON organising committee for their commitment. I invite every member to take an active part in shaping the chapter's work. Together, we can build a future in which every child in India has a fairer chance of receiving expert, timely and compassionate care.

With best wishes,

DR. SATYA PRAKASH YADAV
Chairperson,
PHO Chapter, IAP
Director, Pediatric Hematology - Oncology Chapter & BMT
Medanta Hospital, Gurugram, Haryana

Message from the Honorary Secretary



Dear colleagues and friends,

It is a pleasure to welcome you to **PHOCON 2026**, the first annual conference of the Pediatric Hematology and Oncology Chapter of IAP. This is an opportunity to meet as a community, share our work, and consider how we can improve care for children with blood disorders and cancer across India.

Over the past year, our chapter has moved several ideas into action. Our **Thalassemia Certification Programme**, a 16-module course, has trained 183 registrants, including colleagues from regions where access to specialist education can be difficult. The strong interest in this programme has encouraged us as we develop the **Sickle Cell Disease Certification Programme**. We have also begun the **PHO Masterclass** to create further opportunities for focused learning and discussion. We are also working on the PHO Chapter website to make it easier for members to find educational resources, follow chapter activities and engage with its initiatives. A useful, accessible website is an important part of building a more connected national community.

Our **Action forces on anemia, Thalassemia, Sickle cell disease, Hemophilia and Childhood cancer** have brought members together with stakeholders and partner societies. The Anemia Action Force has launched the **Anemia Championship**, which has received an enthusiastic response. The publication of the **thalassemia guidelines** is another important achievement. We look forward to the forthcoming sickle cell transplant indication guidelines from SPCTT society and to continued collaboration that helps translate evidence into care.

We are also delighted to introduce new awards like the **International Hematology Scholarship Awards**, recognising colleagues whose work is advancing our field. The **PICK4Kids Research Awards** will bring fresh energy to our chapter by encouraging collaborative research and recognising ideas that can improve care for children with cancer.

I thank our Chairperson, **Dr. Satya Prakash Yadav**, my fellow Executive Board members, the action force leads, faculty, partners and every colleague who has contributed time and expertise. Above all, I thank our members for turning chapter initiatives into work that reaches beyond conference halls.

I hope PHOCON 2026 gives each of us new knowledge, renewed friendships and the energy to take our shared work forward. I look forward to welcoming you to Chandigarh.

Warm regards,

DR. SHWETA BANSAL
Honorary Secretary
Director, Pediatric Hemato-oncology and BMT
Gleneagles Hospital, Mumbai

Message from IAP President



Dear colleagues,

It gives me great pleasure to share this message for **PHO Vibes**, the newsletter of the Pediatric Hematology Oncology Chapter of the Indian Academy of Pediatrics.

Children with blood disorders and cancer deserve timely diagnosis, appropriate treatment and compassionate care. Paediatricians play a vital role in recognising early warning signs, facilitating referral and supporting children and their families. The partnership between IAP and the PHO Chapter offers an important opportunity to strengthen these aspects of care across India.

I am particularly encouraged by the response to the **IAP–PHO Thalassemia Certification Programme**. The first batch received 183 registrations, and I am delighted to learn that the second batch has attracted 470 registrations. This growing participation reflects the strength and relevance of the programme and the willingness of healthcare professionals to learn and improve their clinical practice. I congratulate the faculty and organising team for their commitment to making this learning opportunity available.

India faces a substantial burden of anaemia among children and adolescents. According to the **National Family Health Survey 5 (2019–2021), 67.1% of children aged 6–59 months, 59.1% of adolescent girls and 31.1% of adolescent boys aged 15–19 years were anaemic**. These figures represent approximately two in three young children, three in five adolescent girls and one in three adolescent boys, underscoring the need for collective action.

We must work together to address this challenge, complementing the Government of India's efforts under the **Anemia Mukt Bharat initiative**. Greater awareness, attention to nutrition, early recognition and appropriate treatment are essential, alongside an understanding that anaemia can have varied underlying causes.

Together with the PHO Chapter, we have initiated the **Anemia Championship Programme** and are bringing out an **anaemia booklet** to support practical learning. These efforts aim to equip paediatricians with the knowledge and confidence to investigate anaemia appropriately, provide timely treatment and recognise when specialist referral is needed.

Together with the PHO Chapter, we are championing efforts to strengthen awareness, promote iron-rich and balanced nutrition, encourage appropriate screening and early detection, and support timely treatment of anaemia in children and adolescents. The Indian Academy of Pediatrics is pleased to play an active role in this shared endeavour to improve care for children with blood disorders across India.

I extend my warm appreciation to the Chapter leadership, editorial team, faculty and members for their dedication.

My best wishes for this issue of **PHO Vibes** and for the continued success of our collaborative initiatives.

Warm regards,

DR. NEELAM MOHAN
President, Indian Academy of Pediatrics
Senior Director and Head of Department of Pediatric Gastroenterology, Hepatology, and Liver Transplantation
Medanta - The Medicity, Gurugram

Message from IAP President Elect



It gives me immense pleasure to write this foreword for the PHO vibes 2026. I would like to congratulate the most dynamic Chairperson, Dr. Satya prakash Yadav, and the Secretary, Dr. Shweta Bansal, for their dedicated efforts and leadership.

The Indian Academy of Pediatrics is delighted to work closely with the PHO Chapter, particularly in our shared efforts toward the eradication of anemia among school-going children and adolescents. I am also very happy that, this year, in collaboration with the **PHO Chapter, IAP conducted the Thalassemia Certification Program**. This initiative has been an eye-opener for practicing pediatricians across India, helping them understand how to identify thalassemia early and recognize when timely referral is required.

As the **President of IAP for the year 2027 representing 51000 committed IAP ians**, I assure you that we will continue this journey with a **strong commitment toward the goal of "Anemia Mukt Bharat."** Through our collaboration with the PHO Chapter, we aim to create greater awareness about the early identification of anemia, appropriate management of nutritional anemia, and recognition of other causes of anemia, including thalassemia and other hematological disorders.

We look forward to developing newer guidelines and establishing a structured approach to the diagnosis and management of anemia through continued PHO–IAP collaboration. These efforts will be immensely valuable to practicing pediatricians across the country and will also serve as an important resource for postgraduate students in pediatrics.

I sincerely hope that PHO vibes 2026 will provide valuable, practical, and up-to-date information to pediatricians and contribute meaningfully to improving the care of children and adolescents with anemia and hematological disorders.

I extend my best wishes to the entire PHO Chapter for the continued success of this important initiative.

With warm regards,

RTN PROF DR. M.SINGARAVELU
MD.,DCH.,DNB.,MNAMS(ped).,FIAP
NATIONAL IAP PRESIDENT ELECT 2026
Prof of Pediatrics VMMCH Pondy state

Message from SIOP Asia President



Dear friends and colleagues,

It is a great honor and pleasure to address PHOCON 2026.

We have the science to cure most children with cancer. Our greatest challenge is making sure it reaches them. A child's chance of survival still depends on where they are born. This is unacceptable.

You know this reality very well. You work every day, often with limited resources, to give children the best possible chance.

I come from a resource-limited setting myself. In Armenia, we made progress through a dedicated team, friends and colleagues, learning from you and others. We did it together, and now we are giving back.

For years, children with thalassemia in Armenia received free medicines from India through the Indian Embassy. This meant so much to our children and families. Thank you. It is a powerful example of what cooperation can do.

Once again, I would like to wish you a great meeting.

And right now, it is not a secret that I am running for the World Health Organization Director-General position, with the conviction that geography must not decide who lives. And it is very important for me to get the support from the community, from the people, from my colleagues, and from you.

Thank you very much and all the best.

DR. GEVORG TAMAMYAN
SIOP Asia President
POEM President
Co founder and Editor in chief Onco Daily
Chairman Ped Hematology Deparuemt
Yerevan university , Armenia

Message from SIOP President



Dear friends and colleagues,

On behalf of the International Society of Paediatric Oncology (SIOP), I send warm greetings to everyone gathered for PHOCON 2026.

SIOP and the PHO Chapter share a partnership that goes back to 1997, when together we launched the National Training Project – Practical Pediatric Oncology. Its focus on early recognition, timely referral and shared care remains exactly what children need.

SIOP now brings together more than 4,300 members in 161 countries, and Asia has become our largest region. India, with 280 members, is our third-largest national community. Building on a successful SIOP 2026 in San Antonio, we look forward to welcoming you to SIOP Asia in Tashkent, Uzbekistan, on 24-26 May 2027 and to SIOP 2027 in Sydney, Australia, on 8-11 September 2027.

I warmly welcome your plans to raise awareness and train frontline health workers around the six index cancers of the WHO Global Initiative for Childhood Cancer, which aims to save an additional one million young lives by 2030. Furthermore, we are proud to cooperate on SIOP's Global Mapping Project, and SIOP would be glad to explore how our early diagnosis work with paediatricians can support these vital efforts.

I wish you an inspiring and productive meeting.

With warm regards

PROF. DR. ROB PIETERS
MD PhD Msc
Chief Máxima International | Executive Committee
President International Society of Paediatric Oncology (SIOP)

PHO CHAPER OF IAP : OFFICE BEARERS 2025-26



CHAIRPERSON
Dr. Satya Yadav



HONORARY SECRETARY
Dr. Shweta Bansal



PRESIDENT-ELECT, IAP PHO
Dr. Sunil Bhat



EDITOR PHO JOURNAL
Dr. Vikramjit Kanwar



NTP-PPO COORDINATOR
Dr. Sandeep Jain



NTP-PPH COORDINATOR
Dr. Vandana Bharadwaj



TREASURER
Dr. Shobha Badiger



JOINT TREASURER
Dr. Pankaj Dwivedi



WEBMASTER
Dr. Emine A Rahiman



IMMEDIATE PAST PRESIDENT
Dr. Shripad Banavali



PAST SECRETARY
Dr. Manas Kalra

ZONAL EXECUTIVE COMMITTEE MEMBERS



NORTH
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EAST
Dr. Pritam Roy



WEST
Dr. Ankit Parmar



SOUTH
Dr. Binitha R



CENTRAL
Dr. Narendra Kumar Chaudhary

NEWSLETTER EDITOR TEAM



Dr. Nidhi Dhariwal



Dr. Maharshi Trivedi

Note from the Editors





Dear friends and colleagues of the PHO Community,

It gives us immense pleasure to welcome you to this year's edition of PHO Vibes, the official newsletter of the Pediatric Hematology Oncology (PHO) Chapter of the Indian Academy of Pediatrics.

As editors of this edition, we feel privileged to bring together the diverse experiences, achievements, and contributions of our vibrant PHO community. PHO Vibes serves as a platform to connect colleagues, share knowledge, celebrate milestones, and highlight the remarkable work being undertaken in pediatric hematology and oncology across the country.

Our field continues to evolve through scientific advances, innovative treatment approaches, collaborative research, and the unwavering dedication of healthcare professionals. Behind every milestone lies the collective effort of clinicians, nurses, transplant specialists, researchers, psychologists, social workers, and allied professionals who work tirelessly to improve outcomes for children with blood disorders and cancer. This edition celebrates these collective efforts and offers a glimpse into the academic, clinical, and collaborative initiatives shaping our specialty.

We would like to express our sincere gratitude to the office bearers of the PHO Chapter for their leadership, encouragement, and continued support. We are equally thankful to all our contributors for sharing their experiences, insights, research, and achievements. Your enthusiasm and willingness to contribute make PHO Vibes a true reflection of the spirit and strength of our fraternity.

As we look ahead, may we continue to learn from one another, foster meaningful collaborations, nurture young talent, and advance our shared mission of ensuring the best possible care for every child with a hematological disorder or cancer. We hope this edition inspires new ideas, strengthens professional connections, and reinforces our collective commitment to excellence in patient care, education, and research.

Thank you to everyone who has contributed to this edition and to all members of our PHO community for being part of this continuing journey.

DR. NIDHI DHARIWAL
IAP-PHO West Zone Member
Consultant, Pediatric Hemato-Oncology and Bone marrow transplant
Nanavati Max Super Speciality Hospital, Mumbai

DR. MAHARSHI TRIVEDI
IAP-PHO West Zone Member
Senior Consultant,
Pediatric Hematology Oncology and BMT,
Rajkot Cancer Society, Rajkot

MIDTERM PHOCON 2026



















CHILDHOOD CANCER AWARENESS MONTH

Gold September: Spreading Hope, Awareness and Smiles

September, observed as **Childhood Cancer Awareness Month**, is a time to unite in support of children and adolescents battling cancer. Across PHO centers, Gold September was marked by a range of activities, awareness campaigns, and heartfelt initiatives celebrating the courage and resilience of our young warriors.

Through these collective efforts, we reaffirmed our commitment to raising awareness, fostering hope, and supporting children and their families throughout their cancer journey. Every golden moment reminds us that **every child deserves a future filled with hope, healing, and possibilities**.













CHILDHOOD CANCER AWARENESS MONTH













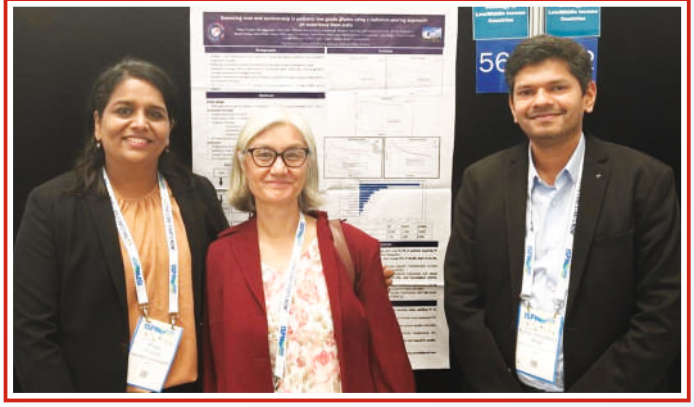


SIOP 2026

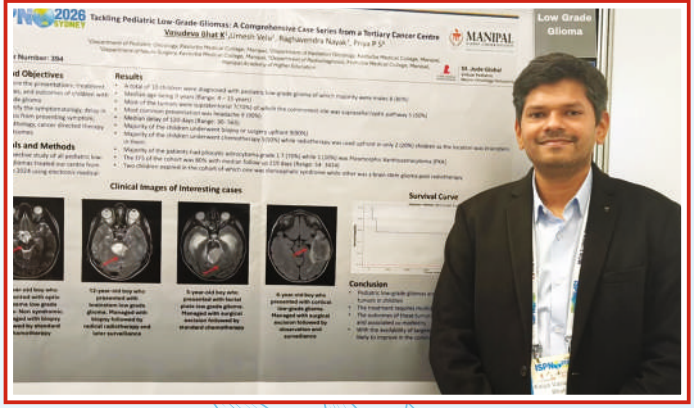


ISPNO 2026









ISMPOCON 2026















NTP PPH AURANGABAD - SEPTEMBER 2026







NTP PPO VARANASI - JUNE 2026







NTP PPO VADODARA - SEPTEMBER 2026









PHO ACTION FORCES : INITIATIVES OF THE PRESENT EXECUTIVE BOARD

The present Executive Board of the PHO Chapter of IAP is taking forward three focused Action Forces to strengthen professional education, promote standardised care and encourage community participation in childhood blood disorders.

1. Anaemia Action Force

The Anaemia Action Force aims to support national efforts to reduce childhood anaemia through the T4 approach—Test, Treat, Talk and Track. Its activities will encourage appropriate testing, timely treatment, awareness among families and healthcare professionals, and follow-up to assess response and ensure continuity of care.

A key initiative is the proposed Anaemia Championship Programme in collaboration with IAP, encouraging paediatricians and IAP branches to undertake activities addressing one or more components of T4. These may include awareness sessions, dietary counselling, appropriate screening and evaluation, treatment support, and follow-up initiatives. Participants will document their activities through a structured reporting form, enabling recognition of contributions and sharing of practical approaches across the country. Educational resources and clinical algorithms are also being developed to support these efforts.

2. Thalassaemia Action Force

The Thalassaemia Action Force is focusing on strengthening knowledge and promoting consistent, evidence-based care through the Thalassaemia Guidelines Book and the Thalassaemia Certification Programme.

The guidelines book is intended to provide practical guidance on diagnosis, transfusion support, iron overload assessment, chelation, monitoring for complications and comprehensive care. Its release and dissemination will support clinicians in applying standardised recommendations in everyday practice.

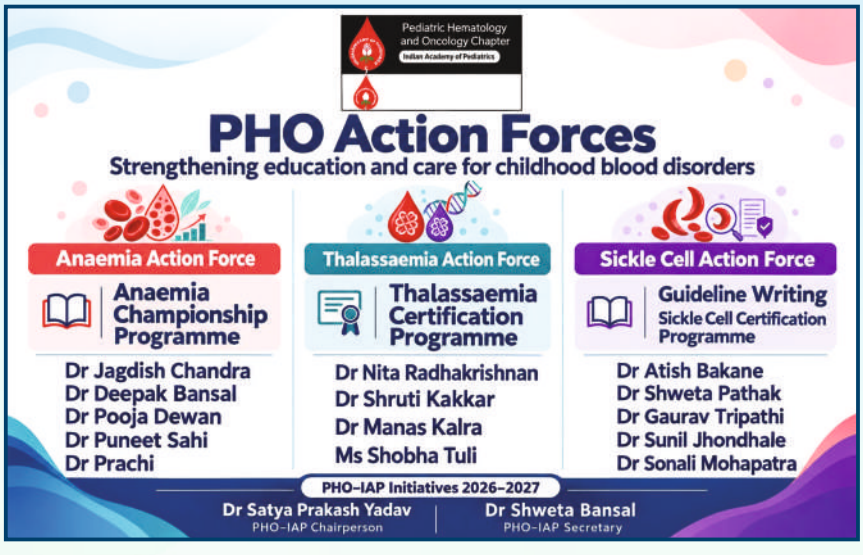
The certification programme extends this educational effort through structured, self-paced learning and module-based assessments. The first batch recorded 183 registrations, while the second batch has received 500 registrations, reflecting strong interest in thalassaemia education. The programme aims to build healthcare professionals' confidence in providing comprehensive care and recognising when specialist referral is needed.

3. Sickle Cell Disease Action Force

The Sickle Cell Disease Action Force is developing a practical guidelines book and a structured certification programme to strengthen the capacity of healthcare professionals caring for children with sickle cell disease.

The planned educational content will cover early diagnosis, preventive care, age-appropriate follow-up, pain management, recognition of acute complications, disease - modifying treatment and referral for advanced therapies, including transplantation where appropriate. Family counselling, comprehensive care and coordination between primary care providers and specialist centres will also be emphasised.

Together, the guidelines book and certification programme aim to promote timely intervention, improve continuity of care and support more consistent management across different healthcare settings.



FROM AWARENESS TO ACTION : THE IAP - PHO THALASSEMIA CERTIFICATION JOURNEY

The idea began during the Thalassemia Day digital awareness programme - with a shared aspiration to carry awareness forward into structured learning and stronger clinical practice.

Through the joint efforts of the Pediatric Hematology Oncology Chapter and the Indian Academy of Pediatrics, this idea took shape as the IAP–PHO Thalassemia Certification Programme: an accessible online learning initiative for healthcare professionals caring for children with thalassemia.

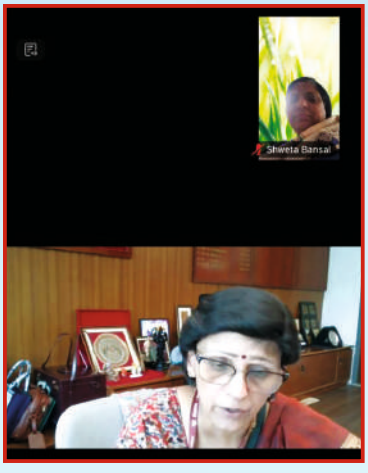
Our first batch, in June 2026, marked an encouraging beginning:
• 202 registrations • 183 participants completed their registration

Behind these numbers are healthcare professionals who committed their time to learning - and a shared determination to strengthen thalassemia care across the country.
Batch 2 is receiving an unprecedented response, registrations started on 6th Oct 2026 with 553 registrations as of 11 October 2026. Online Module based training will start on 15 Th Oct 2026

What began as a conversation during an awareness programme is growing into a national educational effort—bringing together IAP's reach, PHO's specialist expertise, dedicated faculty and enthusiastic learners.

Our heartfelt thanks to the IAP and PHO leadership, the Thalassemia Action Force, all faculty and every participant who has helped bring this initiative to life.

Better Knowledge. Stronger Care. Brighter Tomorrows.







INDIAN CANCER SOCIETY (ICS)

For over seven decades, the Indian Cancer Society (ICS), founded in 1951 by Dr D. J. Jussawalla and Mr Naval Tata, has been helping children and families overcome cancer and rebuild their lives.
With its Cancer Cure Fund (CCF), ICS provides financial assistance of up to ₹5 lakh per patient and has supported 4,527 paediatric patients with ₹77.20 crore up to 31st March 2026. The Arun Kurkure Initiation & Treatment Fund supports diagnosis and emergency treatment.
Through PICASSO, launched in 2017, ICS pioneered India's first national paediatric cancer survivorship model, with 19 ACT Clinics and over 4,000 survivors enrolled, providing medical surveillance, psychosocial support and rehabilitation. PICASSO has supported 141 survivors with late-effects care, 521 with education and 106 with employment.
UGAM, ICS's survivor support group, has grown from nine members in 2009 to over 600 today. Together, these initiatives ensure that children not only survive cancer, but receive the care, support and opportunities they need to thrive beyond it.



Name and brief details of the organisation :
Indian Cancer Society (ICS), National Headquarters
74, Jerbai Wadia Road, Bhoiwada, Parel, Mumbai – 400012
Established in 1951; branches in Bengaluru, Delhi, Kolkata, Nagpur and Lucknow.

Dr Vandana Dhamankar (DDG-Medical Affairs)
Phone: 9819190076
Email : vandana@indiancancersociety.org
Website : www.indiancancersociety.org

ACCESS LIFE ASSISTANCE FOUNDATION

Access Life Assistance Foundation is a Section 8 not-for-profit organisation working to support underprivileged children undergoing cancer treatment and their caregivers. Through our "Home Away from Home" centres, we provide free accommodation, nutritious meals, transportation to and from hospitals, counselling, non-formal education, and holistic psychosocial support. Our centres are located close to major pediatric cancer treatment hospitals, enabling families from distant parts of India to continue treatment with greater dignity and reduced financial and emotional stress. We work closely with hospitals and medical social workers to support families throughout their treatment journey. With a growing network of centres across India, Access Life remains committed to reducing treatment abandonment and ensuring that every child has the opportunity to complete their cancer treatment in a safe, supportive environment. We have 15 centres, including Mumbai (4), Pune (1), Manipal (2), Chandigarh (1), Bangalore (1), Ahmedabad (1), Coimbatore (1), Madurai (1), Silchar (1), Noida (1) and Thiruvananthapuram (1). Currently, we are supporting 239 families.



Name and brief details of the organisation :
Kavita Shetty
Phone : 8657989694
Email : gmpdo@accesslife.org
Website : www.accesslife.org

LEUKEMIA CRUSADERS (An initiative of BansiVidya Memorial Trust)

Leukemia Crusaders (An initiative of BansiVidya Memorial Trust) is a 'not for profit organization', formed in 2012, working towards providing financial assistance for the treatment of underprivileged children battling Leukemia (Blood Cancer). This initiative was set up and founded by the parents of a cancer survivor - Arvind Vohra & Monica Vohra, after their younger son, Aaryan was detected with Leukemia in 2011.

Leukemia Crusaders (LC) is committed towards bringing about a significant change in the prognosis of Leukemia affected children in India.

Our Bridge Fund Model ensures that with minimal paper work the funds are transferred to the registered hospitals within 48 hours of receiving the request.



This enables the treatment to start at the earliest and additionally catalyses the entire support eco-system for fund mobilisation from other sources .
From the first girl child supported in Nov 2013 at Apollo Hospital, Delhi, Leukemia Crusaders has come a long way, having supported 5400 children in more than 50 hospitals across 18 states in India.

Name and brief details of the organisation :
Phone : 9910072747
Email : support@leukemiacrusaders.org
Website : www.leukemiacrusaders.org

CANCER PATIENTS AID ASSOCIATION

Cancer Patients Aid Association (CPAA) is a non-profit organisation, established in 1969, that addresses cancer as a health problem through it's distinctive philosophy of 'Total Management of Cancer'. Every child who overcomes cancer has a lifetime ahead to live, learn, dream and thrive. CPAA is commitment to supporting these children and their families through every stage of the cancer journey.

CPAA provides Medical Aid for investigations, comprehensive treatment and therapy. CPAA also recognises the emotional and developmental needs of children. Through its expressive art therapy workshops, Giving Smiles, children find moments of joy and creative expression during a challenging time. Project Shiksha provides educational support, helping children continue learning despite disruptions caused by illness and treatment.



CPAA believes that the fight against cancer is not just about treating the disease, but about protecting life, dignity and the hope of a healthier tomorrow.

Name and brief details of the organisation :
Phone : +91-22-2492-4000
Email : alka.bisen@cancer.org.in ,webmaster@cancer.org.in
Website : cancer.org.in

NGO CORNER

AROH - GIVING HOPE

Every year, close to 75,000 children in India are diagnosed with cancer. Medical treatment alone is not enough for families. They also face emotional, financial, and social struggles throughout the journey. Aroh Giving Hope was founded in 2013 by Ms. Bindu N. Nair in Coimbatore, Tamil Nadu, to close this gap. Since then, we have partnered with 40+ hospitals across the country - and today, we hold active MoUs with 15 hospitals in 12 states. *"No child should lose the fight against cancer because of financial hardship, lack of awareness, or the absence of emotional support."*

Vision : To work hand-in-hand with hospitals, so every child with cancer gets holistic care — counselling, guidance, treatment support, and family support - not just to survive, but to thrive beyond survival.

Mission – 2030 : To reach nearly 50% of all newly diagnosed childhood cancer cases in India and help build a system where every child and family gets the medical, emotional, and financial support they deserve.

How We Work : Our own staff are placed full-time inside the pediatric oncology departments of partner government and private hospitals - so support reaches the child right where treatment happens.

Our Team on the Ground :

- Social Workers - counselling & patient navigation
- Paramedical Staff - nurses & physician assistants
- Pharmacists - medication support





Name and brief details of the organisation :
Bindu N Nair, Founder & Trustee
Phone : 9003888881
Email : bindu@arohonline.org
Website : Aroh Giving Hope

CANKIDS...KIDSCAN - Change for Childhood Cancer in India

CanKids is India's national NGO dedicated exclusively to childhood cancer, working for 22 years to help every child survive and thrive. Its family-centred 7S Framework and Mandala of Care combine direct support with health systems strengthening.

Through 143 CanKids Hospital Support Unit (CHSU) partnerships, dedicated manpower, social support teams and YANA—You Are Not Alone—CanKids directly supported over 26,000 children in 2025–26 with treatment, diagnostics, navigation, nutrition, accommodation, education and psychosocial care.

With 10 State Government MoUs, CanKids partners with InPHOG, IAP PHO , hospitals , health professionals and donor partners in India and internationally to strengthen access, capacity, research and quality of care. Currently, an estimated 62% of children with cancer reach treating centres. CanKids works towards 100% access to timely treatment, care and support, 100% financial protection, and ⩾ 60% survival by 2030, securing the rights of health impaired children with cancer to health, education, childhood, pain-free and palliative care, and to be heard.



Name and brief details of the organisation :
Phone : 9953591578
Email : info@cankidsindia.org
Website : www.cankidsindia.org

THALASSEMICS INDIA

Founded in 1987 by a group of 10 thalassemia parents, Thalassemics India is a national non-governmental organisation dedicated to improving the lives of patients affected by thalassemia and working tirelessly towards its awareness and prevention. Over the years, we have grown into a strong community of patients, parents, doctors, social workers, and partner institutions working closely with policy makers, corporates, IRCS, TIF, IAP, hospitals & civil society leaders. Some of our major activities have been holding international and regional thalassemia conferences, extending medical support to underserved patients, sharing reliable and updated medical information, coordinating the TBSY Project, holding blood donation and thalassemia screening camps, establishing thalassemia units, promoting safe blood transfusion with access to NAT lab at IRCS and printing of thalassemia material. We have contributed to the National Policy, NHM Guidelines, PM-Jay Ayushman Bharat Thalassemia Packages, Disability Guidelines and inclusion of two oral chelation drugs under EDL. Thalassemics India is the voting member of Thalasseamia International federation (TIF) since 1993 having two board members from India, one of them being the Secretary of TIF. We have been conferred with a number of awards from State Government, Union Government, hospitals, IAP, TIF and several organisations. Our mission is Thalassemia-Mukt Bharat 2047 and treatment for one and all suffering from thalassemia major.



Name and brief details of the organisation :
Phone : 9810019950
Email : tulishobha@gmail.com & thalcind@yahoo.co.in
Website :www.thalassemicsindia.org

UMEEDEIN

In 2015, a group of like-minded IT professionals from Odisha came together through a social media fundraising campaign aimed at helping an economically disadvantaged cancer patient. What began as a one-time act of compassion sparked a deeper realisation: they wanted to give back to society in a more sustained and meaningful way.Driven by empathy and a desire to make their weekends more productive, these engineers laid the foundation for Umeedein, a nonprofit organisation whose name means “Hope.”

From the beginning, Umeedein’s goals were clear. Even with limited resources, the founders were determined to keep the initiative focused. They didn’t want to spread themselves thin—they wanted every effort to count.Umeedein is a registered non-profit and non-governmental organization dedicated to transforming the lives of children battling cancer in Odisha. Since our inception, our mission has been to ensure that no child is left behind in the fight against cancer, especially those from underprivileged backgrounds.

Name and brief details of the organisation :
Nitai G. Panigrahi
Phone : +91-22-2492-4000
Payal Patra
Phone : +1- 973-517-6157
Email : contact@umeedein.org



DR. AKSHAY KAMLE
PHO Consultant
Sashwat Oncology Center, Rajkot

FOUR STATES, MANY LANGUAGES, ONE CALLING

FINDING MY PLACE IN PEDIATRIC HEMATOLOGY-ONCOLOGY

If someone had told me during my MBBS that I would one day practise in Rajkot, I would probably have laughed. Gujarat was nowhere in my plans. Yet life has brought me here, caring for children with cancer and blood disorders, learning a new language, and helping build a service far from where my medical journey began.

"ડૉક્ટર, કીમોથેરાપી પછી શું થશે?"—"Doctor, what will happen after chemotherapy?" A parent's question carries fear, hope, and trust. In paediatric haematology-oncology, we treat disease while helping families face uncertainty.

My journey has taken me through four states: Madhya Pradesh, Maharashtra, West Bengal, and Gujarat. I grew up in Bhopal, completed my MBBS in Nagpur, returned to Madhya Pradesh for my MD in Paediatrics in Indore, and moved to Kolkata for my fellowship in Paediatric Haematology-Oncology at Tata Medical Center. Today, I work at Shashwat Hospital in Rajkot, hoping to make specialist care more accessible to children across Saurashtra.

Bhopal is where my story began. Nagpur kept me close to my Maharashtrian roots; Marathi is my mother tongue. Indore helped me grow as a paediatrician, while Kolkata introduced me to specialised oncology and a different cultural world. In Bengal, I learnt to read, write, and speak Bangla. In Gujarat, I have learnt to read and write Gujarati, and I am now working towards fluency in speaking it. From Ganesh Chaturthi to Durga Pujo and Garba, the celebrations feel familiar.

LEARNING TO BUILD, NOT JUST PRACTISE

In Indore, working with the paediatric bone marrow transplant unit and helping establish a paediatric oncology service taught me that good care is never one doctor's achievement. It takes teamwork, persistence, and resourcefulness. That experience prepared me for the transition from government healthcare in Madhya Pradesh to private practice in Gujarat.

Private practice offers opportunities to build continuity with families, coordinate care across specialties, and respond to the needs of a growing region. It has also made me more aware of the pressures surrounding a childhood cancer diagnosis. Costs extend beyond medicines: travel, accommodation, hospital visits, and time away from work can weigh heavily on families. Parents may understand the need for treatment and still struggle to afford it. Fear, financial uncertainty, and exhaustion can make the next step feel impossible. I have learnt not to mistake hesitation for indifference. Clear conversations and links to available support can help families navigate difficult choices.

Sometimes, gender bias adds another painful layer, particularly when a girl's treatment is valued differently from a boy's. Every child deserves an equal opportunity for care. We must listen without judgement and advocate for every child.

LOOKING BEYOND OUR OWN WALLS

Attending the Master Course in Pediatric Oncology at the Princess Máxima Center in Utrecht, the Netherlands, was an important milestone. I gained insights into structured care pathways, multidisciplinary teamwork, supportive care, and continuous quality improvement. I saw how much excellent care depends on collaboration.

Our circumstances differ, so the answer is not to copy another country's model. We can adapt clear protocols, teamwork, accountability, and family-centred care to the realities and resources of our communities.

A NETWORK OF CARE ACROSS SAURASHTRA

Across Saurashtra, specialist care can mean long journeys. At Shashwat Hospital in Rajkot, we are working towards a model that combines specialist expertise with stronger links to clinicians across the region.

Rajkot can serve as a hub for specialist assessment, treatment planning, complex decisions, and multidisciplinary care. Collaboration with doctors in Jamnagar, Junagadh, Amreli, Gir Somnath, Veraval, Morbi, Surendranagar, Botad, and surrounding towns can help families receive appropriate care closer to home. Complex treatment may require the hub; follow-up can happen nearer home when safe.

This model depends on trusted referrals, trained teams, reliable laboratory and blood-bank services, and organisations that support families. I am glad to contribute to Shashwat Hospital's efforts to strengthen paediatric haematology-oncology care and help ensure that a child's access to treatment is not determined by where the family lives.

GROWING UP, AND FINDING MY FEET

Living away from familiar places has taught me lessons no textbook could. Growing up and entering private practice have made me realise that not everyone we meet will become a friend; many will remain colleagues or acquaintances, and that is all right. A new place can feel lonely when you are establishing yourself professionally and learning its language and culture. Often, you must find your footing, make decisions independently, and create your own place. Sometimes, confidence comes only after you take the first steps.

On difficult days, my parents' calls bring me back to the simplest things: Have you eaten? How was your day? Are you taking care of yourself? Their love steadies me. They remind me that behind the doctor is a person who also needs care. Colleagues, nurses, mentors, and families make this work possible.

A JOURNEY STILL UNFOLDING

Bhopal gave me my roots, Nagpur kept me close to my language and heritage, Indore taught me what it takes to develop services, Kolkata shaped my specialist training, and Gujarat has given me a community to serve.

I am still learning Gujarati and improving how I care for children. I do not see Gujarat as a final destination. There is much more to explore and learn. Every child teaches us something, every family offers a different perspective, and every new setting challenges us to grow.

During my MBBS, I would never have imagined Rajkot becoming such an important part of my life. Today, I am grateful to be here—not because the work is complete, but because there is still so much to build and improve. If a child reaches treatment sooner, if a family feels heard at a frightening moment, or if a parent leaves with a little more courage than they arrived with, this chapter is worthwhile. Wherever the road leads next, I hope to carry these lessons forward, one child and one family at a time, with humility always.

---------x---------

DR. ANURAAG REDDY NALLA
Consultant PHO & BMT
Rainbow Children's Hospitals, Hyderabad

TO MADRAS, MARGAZHI AND MENTORS

My tryst with oncology began almost a decade ago during residency at JNMC, Belagavi. Dr Abhilasha S had just returned from her fellowship, and a dedicated PHO unit had been established. A single person's will and determination have changed the landscape of PHO in one of the most underserved regions of North Karnataka. How lucky was I to get a chance to work in PHO for six months during residency! There was no looking back after that.

As someone who has always gone with the flow, I moved to Mangalore (hands down, the best city I've lived in) for Susmi's (my best friend and life partner) residency. Some of my friends have always chided me for never having a plan for tomorrow. But as I sit down to put my thoughts together for this newsletter, I can't help but feel glad about not having a plan. After a year of senior residency and COVID ruining a lot of things, another door opened when Dr Harsha Prasad started an IAP fellowship at KMC, Mangalore. Always calm and composed, he encouraged me to take the right path. Show me a better gentleman than him. I'll wait.

F**un fact :** I was at Onyx (miss that place!), a couple of beers down, celebrating our anniversary and dancing to Avicii's *The Nights* when I decided to fill out my fellowship application. So much for career planning!

After living away from home for close to 15 years, I was in a dilemma about whether to return to Hyderabad or pursue a transplant fellowship. Being an only child didn't help. But thankfully, Susmi knew what was best for me.

And Madras happened, almost by destiny.

I had frequently heard others speak of Dr Revathi Raj with deep admiration. My dear friend Dr Liza Bulsara (who has always gone the extra mile for me) spoke about wishing to shadow her!

So, where do I begin with Dr RR? Her dedication, work ethic, and as someone who broke many a glass ceiling. From stories of raising funds for a child of Sri Lankan *Tamizh* origin to undergo HSCT in the early 2000s, to the struggles with some of the earliest cord blood transplants in India, to successfully performing HSCT in children with complex clinical scenarios who might otherwise have been deemed unsuitable for transplantation, Dr RR's legacy is one for the books.

Having closely watched her walk into the hospital and leave around the same time as the fellows, rounding on Sundays even at this stage of her career, and constantly striving to uplift the people around her - fellows, nurses, and even those with no direct connection to her work - Dr RR has far more to teach us about life than just medicine.

And then comes Dr Ramya Uppuluri, an equally committed force, full of grit and a perfect companion in carrying forward this legacy. This dynamic duo has a lot to impart about teamwork, determination, and perseverance.

Honestly, moving to Madras made me very anxious. I had heard stories about the language barrier and wondered how welcoming the city would be. But was I in for a surprise! I found Chennaiites very simple and easy-going. Perhaps all they expect is an attempt to speak their native tongue?

On my very first working day in October 2023, the entire team, including the nurses and social workers, was invited to Dr RR's home for Golu. She animatedly narrated the stories of *Andal* and the other *Alvars*. I knew I was in the right place.

My Madras mornings were filled with soulful renditions of *Bhaja Govindam* and *Kurai Ondrum Illai* by M.S. Subbulakshmi, played by my next-door neighbour. Thanks to my apartment's bad acoustics, I am now a

lifelong M.S. Amma fan. We frequented cultural programmes at Narada Gana Sabha, where I was introduced to Vinay Varanasi's musical theatre exploring the spiritual revelations of *Chidambara Rahasyam*. It opened up a whole new world to me about South Indian temples and their stories. Sundays were always about my favourite book club at *The BASK* in Alwarpet (where I actually wrote the Apollo research papers) and my favourite OG Madras filter coffee, which I am craving right now as I sit here drinking a flat white.

As Romanticizing as it may sound, to experience the month of *Margazhi* in Chennai was the icing on the cake. To the uninitiated, it is an auspicious period dedicated to prayer, classical arts, and spiritual discipline. A season of sacred hymns, the fragrance of jasmine, beautiful *kanakambarams*, and *kolams*. To see *Kapaleeshwarar's diety* in all his glory during the evening aarti and to attend the cultural festival at Kalakshetra was a privilege. I am definitely looking forward to going back and experiencing Rukmini Devi Arundale's composition of Sita Kalyanam once again.

I thought comparing a mentor to Margazhi was a bit audacious. But the more I think about it, the more fitting it seems.

Who is a mentor anyway? Someone who guides you, influences you, but at the same time lets you carve your own path. Much like *Margazhi*, which is rooted in tradition and discipline, yet inspires learning, creativity, and finding one's own expression. The influence of a good mentor transcends work. Having a good mentor, I believe, is a little like experiencing *Margazhi*. The season may pass, but what it leaves with you stays for a lifetime.

I am privileged to have a few of them.

All of us have lived in different places over the course of our lives. Childhood, relocating for a parent's job, graduation, fellowships, moving for the people we love, and so on. I have lived in six cities so far, and I've left a piece of my heart in each one of them. But Madras will always hold a special place. Which cities have had a profound impact on you? Do you think of them often?

As you sit down to read this, I would like you to remember all those mentors who made a difference in your life. Those who helped shape who you are today.

This one is for them.

My sincere *pranaams* to them.

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DR. LAVANYA R A
PHO CONSULTANT
Meenakshi Mission Hospital Madurai

THE CHILD WHO TAUGHT ME HOPE

Some children leave footprints on our hearts that time can never erase.

Some kids become part of us forever. In case sheets they are a diagnosis or a hospital number, but in our hearts, they are stories of courage, resilience and hope.

During my training in PHO, I met a little girl, just three and a half. She arrived with symptoms that seemed ordinary: a fever, a cough, a cold. Beneath them lay Acute Lymphoblastic Leukemia - High risk, a diagnosis that would change her life and the lives of everyone around her.

I still remember her days moving between the PICU, PITU and PHO ward, through chemotherapy, complications and endless monitoring. For us, each day meant clinical decisions. For her, it was unfamiliar faces, needles and medicines no child should have to endure.

And yet what I remember most is her smile. In a place filled with fear, she kept finding moments of happiness. She stayed a child who wanted to play, and her smile made the room lighter even on the hardest days.

We are trained to interpret numbers, assess risks and anticipate complications. But children like her teach lessons no textbook can.

She taught me that courage does not always come with understanding. Sometimes it is simply a child who wakes each morning and smiles, unaware of the battles being fought around her. She taught me that hope does not mean expecting perfection. Sometimes it is a fever settling, a blood count recovering, or a child asking for food after days of illness.

This specialty is where science and emotion meet. We celebrate remission, but we also face setbacks and the limits of medicine. Our duty goes beyond treating disease: it is preserving childhood, comforting families, holding difficult conversations and being present when the future is uncertain.

I do not know whether she will remember every doctor who cared for her or every day she spent in the hospital. But I will remember her smile, and how she found happiness in the middle of uncertainty.

We enter this field believing our purpose is to save lives. Over time, we realize our patients change ours. They teach us patience when we are exhausted, humility when we feel confident, and hope when the road seems hard.

We may treat Leukemia with chemotherapy and supportive care, but it is the children who teach us the true meaning of hope.

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DRUG SAFETY MONITORING FOR PAEDIATRIC ONCOLOGY - INDIAN CHILDHOOD CANCER INITIATIVE

As part of the India Childhood Cancer Initiative (ICCI) Drugs and Diagnostics Task Force, an activity was initiated to strengthen the monitoring of medicine quality and safety for children receiving cancer treatment in India. The activity began with a systematic review of drug safety information available through the Central Drugs Standard Control Organisation (CDSCO) and the Pharmacovigilance Programme of India (PvPI) websites, focusing specifically on medicines included in the WHO Essential Medicines List for Children (EMLc) and used in childhood cancer care.

The analysis reviewed CDSCO Not of Standard Quality (NSQ) alerts issued between January 2021 and August 2025 and PvPI Drug Safety Alerts for Healthcare Professionals issued between March 2016 and August 2025. Among 3,453 CDSCO NSQ alerts, 39 (1.13%) concerned childhood cancer medicines included in the WHO EMLc. Of these, 34 alerts related to hormones/anti-hormones, including dexamethasone, hydrocortisone and prednisolone, while five concerned cytotoxic medicines—carboplatin, doxorubicin, ifosfamide and paclitaxel. The reported quality concerns included issues related to assay, identification, water content, loss on drying, particulate matter and related substances. The review of PvPI notifications identified four (2.17%) of 184 drug safety alerts involving childhood cancer medicines. These included alerts for allopurinol, dexamethasone and doxorubicin, with adverse drug reactions including uveitis, hiccups, peripheral neuropathy and photosensitivity. Notably, all identified PvPI alerts were reported during 2016–2018, with no subsequent alerts through August 2025.

These findings highlighted an important gap: although childhood cancer medicine safety alerts were relatively uncommon in the national databases, there was no dedicated paediatric oncology pharmacovigilance mechanism to systematically capture and monitor adverse drug reactions (ADRs) and medicine quality concerns emerging from routine clinical practice. This led to the development of Drug Safety Monitoring for Pediatric Oncology under the Drugs and Diagnostics Task Force. The activity aims to establish a structured mechanism for collecting ADRs and drug-quality concerns from the paediatric oncology community, identifying recurring patterns, and highlighting gaps requiring further action.

As part of this activity, a regular medicines safety reporting mechanism was initiated. Initially, reports were generated on a bi-weekly basis to share relevant medicine safety information and encourage reporting from the paediatric oncology community. Subsequently, the reporting frequency was transitioned to a monthly format to support sustained engagement and systematic monitoring. From the initiation of the activity in November 2025 to 15 September 2026, a total of 17 medicines safety reports has been generated, and 16 ADRs have been reported through this monitoring activity.

This work represents an initial step towards building a more responsive pharmacovigilance approach for childhood cancer medicines in India. Continued reporting and analysis of ADRs and medicine-quality concerns can help identify emerging safety signals, improve awareness among paediatric oncology professionals, and provide evidence to inform future mechanisms for dedicated childhood cancer medicine safety monitoring.

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NATIONAL AND GLOBAL RECOGNITION

Congratulations



DR. MAYA PRASAD

Professor
Pediatric Oncology
Tata Memorial Hospital, Mumbai

RECIPIENT OF GHN AYA CARE AWARD 2026 BY THE SIOP GLOBAL HEALTH NETWORK ADOLESCENT AND YOUNG ADULT WORKING GROUP



DR. MAHARSHI TRIVEDI

Senior Consultant,
Pediatric Hematology Oncology and BMT
Rajkot Cancer Society, Rajkot

SELECTED AS SIOP EPIDEMIOLOGY AND OUTCOMES NETWORK SG MEMBER - SEPT 2026- SEPT 2029



DR. SWATI BHAYANA

Pediatric Hematology, Oncology and BMT
Max Smart super speciality hospital and Max cancer care
Saket, New Delhi

SELECTED BY SOCIETY OF NEURO ONCOLOGY 2026-2027 FOR SNO EDITORIAL FELLOWSHIP PROGRAM OF 1 YEAR



DR. SANDEEP JAIN

Associate Director
Department of Pediatric Hematology Oncology & BMT RGCIRC, Delhi

SELECTED FOR THE MASTER OF SCIENCE IN GLOBAL CHILD HEALTH (MSGCH) AT THE ST. JUDE GRADUATE SCHOOL OF BIOMEDICAL SCIENCES. THE MSGCH IS A TWO-YEAR, 30-CREDIT DEGREE DEVELOPED IN COLLABORATION WITH THE ST. JUDE DEPARTMENT OF GLOBAL PEDIATRIC MEDICINE.

DR. KAVITA GANESHA

Apollo Chennai

HEMATOLOGY AWARD WINNER

DR. GEETHA RANI

AIIMS Bhubneshwar

DR RK MARWAHA AWARD

Congratulations

DR. CHETAN DHAMNE
FOR WINNING THE HANS-PETER WAGNER PRIZE 2026

In his own words...

Varicella outbreaks are not uncommon in pediatric oncology units, in crowded OPDs and oncology units that share facilities with general pediatrics. Though mortality is low after treatment with acyclovir, varicella infection adds to significant morbidity and treatment delays for children on chemotherapy protocols. Isolation facilities get saturated. Post exposure prophylaxis might have limited value as contact tracing becomes difficult in a setting where exposure is unpredictable.

Based on our inhouse experience we designed a double blind, randomized, placebo controlled trial to test whether pre-exposure prophylaxis with acyclovir could prevent development of varicella in children with hematolymphoid malignancies. This protocol was designed at CERDO workshop and had a robust design.

Children with hematolymphoid malignancies and negative varicella IgG titers were randomized in a 1:1 ratio to receive either placebo or acyclovir. At interim analysis, 223 children were evaluable. Following unblinding, 24/113 (21.2%) children in the placebo arm developed Varicella compared to only 2/110 (1.8%) on the acyclovir arm resulting in a 90% relative reduction in incidence of varicella. None of the patients developed acyclovir related toxicity and no drug interactions were noted. Consequently, early termination of the trial, for efficacy, was recommended.

This simple, scalable, safe and relatively inexpensive strategy is highly effective in reducing the varicella infection related morbidity and treatment interruptions.. This strategy can also be implemented during episodes of varicella outbreak to interrupt the chain of transmission. About 4.4% children with previous exposure to varicella and positive IgG titers developed infection while on chemotherapy. Based on these results we have implemented Acyclovir prophylaxis for all children treated at our unit are receiving acyclovir prophylaxis.



Congratulations

DR. REVATHI RAJ
FOR THE PRESTIGIOUS R.V. LOKESHWAR ORATION 2026

From Barren earth to healing gold...

It is beautiful to watch the metamorphosis of a caterpillar to a radiant butterfly. The journey of a child going through haematopoietic stem cell transplantation is akin to this transformation. Many little children who have been fighting leukaemia, blood disorders such as thalassaemia major, aplastic anaemia or inborn errors of immunity find a permanent cure to their ailments. This journey literally takes a village to heal a child and teaches us the meaning of team work. The contribution of every single person in the team including housekeeping, nursing, laboratory staff is required to make the process seamless.

Over the last 25 years, transplantation and cellular therapy have improved in leaps and bounds in India. There were no paediatric transplantation teams in India and the service was delivered by adult physicians resulting in suboptimal outcomes. Building nursing teams dedicated to serving children undergoing transplantation was a but a humble beginning. We now have transplant critical care physicians and nurses and apheresis teams dedicated to providing care for children. This has made an enormous impact and we now have over 70% success rates. Access to the latest in cellular therapy like CAR-T cells is also possible now in India and novel therapies like Gene therapy are now undergoing trials.

A transplant physician truly encompasses the best of all specialities – acute medical care, chronic medical care, social worker, play therapist, psychologist and palliative care. Managing children and their family long term is especially important and we now begin to understand the importance of long term follow up. Data management, learning from our work and performing group clinical trials is now possible and India is now poised to generate evidence-based guidelines in the field of transplantation. The journey of a physician involved in the care of children undergoing transplantation involves learning and adaptation. We learn from yesterday, live for today and hope for a better tomorrow....



DR. JUHI MEHROTRA
Clinical Associate in BMT
The Hospital for Sick Kids
Toronto, Canada

The dilemma ~ A page out of pediatric oncologist's journal

So,
I decided to go for that walk
and feel that wind in my hair,
actually just listen to the leaves
rustle and fall -
for real, today.
I had to do it.
I had to.
Knowing he would not be able to,
knowing I had to pour some home into him,
I had to have mine full to the brim
and a little more -
over.
I remind myself, to be strong for him,
as he fights something, bigger than him

We are all so fragile and strong
in the same places.
This life of ours
is so big and so little a thing
at the same time.
Lest we forget,
we are all on borrowed time.



UPCOMING EVENTS

AIIMS BHOPAL
All India Institute of Medical Sciences
Bhopal

12th MID- TERM PHO CME

PEDIATRIC HEMATOLOGY-ONCOLOGY

16 – 18 July 2027
(Friday - Sunday)

AIIMS Bhopal
Madhya Pradesh



Hematology:
Pediatric Platelet Disorders: Common, Complex & Curious

Oncology:
Advancing Pediatric Brain Tumor Care: Recognise early. Diagnose Precisely. Treat Together.

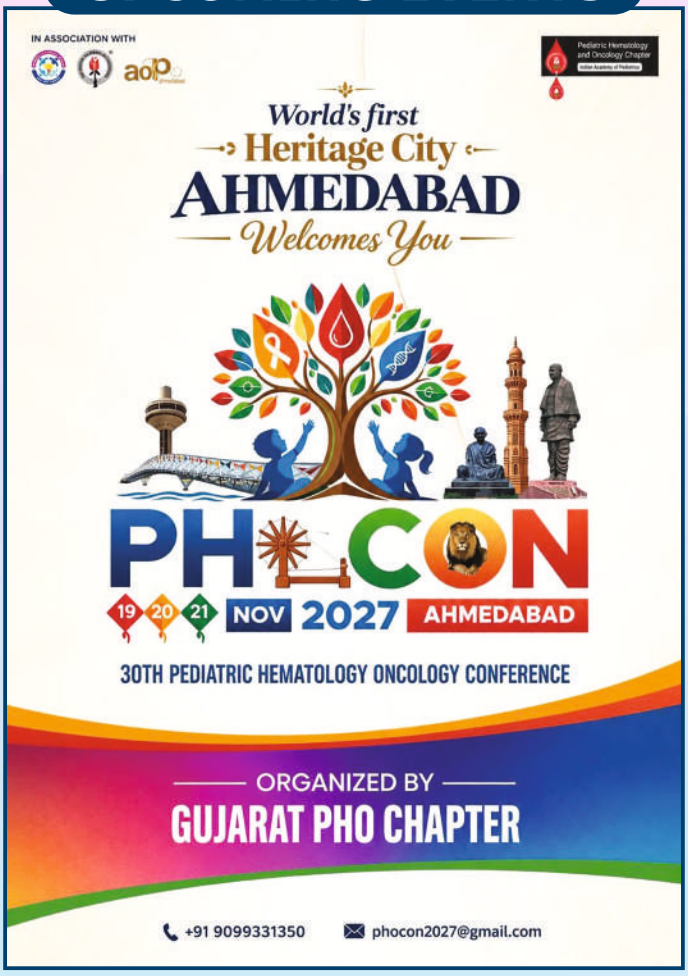
अखिल भारतीय आयुर्विज्ञान संस्थान
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
BHOPAL

Invitation:

It is our proud privilege and pleasure to invite you to the 12th Midterm PHO CME 2027, scheduled on 16 to 18 July 2027 at AIIMS Bhopal, Madhya Pradesh.
The academic programme is dedicated to two important and rapidly evolving
areas of paediatric practice — Platelet Disorders and Brain Tumours in Children.
From a child presenting with unexplained petechiae or thrombocytopenia to the subtle early manifestations of a brain tumour, timely recognition and a structured diagnostic approach can make a major difference to outcomes.
This conference brings together experts to translate current evidence into
Practical clinical decision-making through focused talks,
case-based discussions and interactive sessions.

Organized by
Department of Pediatrics
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BHOPAL

UPCOMING EVENTS



RECENT PUBLICATIONS FROM INPHOG

Home › Indian Pediatrics › Article

Diagnosis and Management of Transfusion-Dependent Thalassemia: Evidence-Based Guidelines From the Pediatric Hematology Oncology Chapter of the Indian Academy of Pediatrics

FROM THE ACADEMY | Published: 23 July 2026

Volume 63, pages 612–637 (2026) Cite this article

Save article

Nita Radhakrishnan, Pooja Dewan, Jagdish Chandra, Ratna Sharma, Satyam Arora, Sunil Bhat, Shrut Kakkar, Amit Jain, Anand Prakash, V. K. Khanna, Tulika Seth, Amita Trehan, Deepak Bansal, Amita Mahajan, Shobha Tuli, J. S. Arora, Revathi Raj, Roshan Colah, Prateek Bhatia, Prashant Sharma, Reena Das, Ashish Jain, Vinita Srivastava, Hem Chand Pandey, ... Mamta Manglani Show authors

Pediatric Blood & Cancer

RESEARCH ARTICLE

Treatment and Outcome of Children With Neuroblastoma in India: Report From the InPOG-NB-18-01 India Neuroblastoma Registration Study

Jyothi Muni Reddy, Yamini Krishnan, Veerendra Patil, Ramandeep Singh Arora, Arpita Bhattacharya, Faisal Guru, Shruti Kakkar, Manas Kalra, Amita Mahajan, Sangeetha Mudaliar, Venkataraman Radhakrishnan, Revathi Raj, Sirisha Rani, Nikita Patel, Shakeel Modak, Vikramjit S. Kanwar

Pediatric Blood & Cancer

RESEARCH ARTICLE

Prospective Collaborative Study for Pulse Dexamethasone and Lenalidomide in Relapsed/Refractory Langerhans Cell Histiocytosis (LENDEX-LCH Study): INPHOG-HIST-19-03 (CTRI/2020/07/026937)

Ramya Uppuluri, Manas Kalra, Satyendra Katewa, Vinod Gunasekaran, Nita Radhakrishnan, Chetan Dhamne, Sirisharani Siddaiahgari, Revathi Raj

The Whimsical Mind

She says, "You think way too much."
But do I?
Or does my mind merely snap its tether,
a kite deserting the hand that reared it?

It happens each time a little one weeps.
Something in me comes unmoored,
and I abscond
to a realm where laughter is the only weather,
where small feet outrun their own shadows
and no one keeps a ledger of days.

There, this same child is a riot of colour:
boisterous, unburdened, knees stained with grass,
quarrelling with the sky over bedtime.
I linger as long as I am permitted.
Then the weeping summons me home.

And home is where the questions lie in wait.
Did we falter somewhere?
Did we trample this little tulip
before it could unfurl its flamboyant hues?
Could we have been a gentler rain,
a more forgiving soil?
Were our hands too impatient?

So no, do not indict me for thinking,
for thinking this relentlessly.
Someone must stand sentinel over that realm.
Someone must remember the colours
this tulip was promised.

Yes, I do harbour
a whimsical mind.

— Priya

DR. PALLAVI PRIYADARSHINI
1st year DM resident,
Kidwai Memorial Institute of Oncology, Bangalore

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