



# Healing Hearts

Stories of Young Cancer Warriors

February 26, 2026

Vol. II





## PREFACE

We are pleased to present the second annual publication of the Department of Philanthropy and Patient Welfare Services, RGCIRC (Rajiv Gandhi Cancer Institute & Research Centre). Following the success of our inaugural edition, which illuminated the spirit of philanthropy and the transformative power of giving, this year's volume throw lights into the lived experiences of young cancer survivors and the communities that walk beside them.

Over recent years, we have witnessed remarkable kindness and unwavering support from individuals, organizations, and partners who share our mission. Their generosity has enabled us to extend vital assistance, nurture dignity and resilience, and champion the values of compassion and humanity.

**Healing Hearts: Stories of Young Cancer Warriors** amplifies this spirit in a new way. Through survivor narratives and scholarly reflections, this publication underscores a powerful truth: cancer may be a chapter, but it is not the ending. These stories remind us that survivorship is filled with possibility that life after cancer can unfold with health, happiness, and hope. They reaffirm that healing is not only medical, but emotional, social, and deeply human.

As we look ahead, we remain committed to expanding our reach, strengthening partnerships, and serving with empathy and purpose. We extend our heartfelt gratitude to survivors, families, clinicians, donors, and well-wishers, and we invite you to continue this journey with us as we work toward a future where every young warrior thrives.

With warm regards

**Dr. Gauri Kapoor**

Medical Director, RGCIRC (Niti bagh) and  
Director - Pediatric Hematology Oncology  
& BMT, RGCIRC (Rohini)



## Chief Executive Officer's MESSAGE

It gives me immense pride to share this message for Healing Hearts: Stories of Young Cancer Survivors, the second annual publication of the Department of Philanthropy and Patient Welfare Services, RGCIRC. This edition holds a special place in our institutional journey, as it brings forward the voices of children and young adults who have faced cancer with extraordinary resilience. Their stories remind us that cancer does not define them, it is only a chapter, not the ending.

Cancer in childhood is not just a medical condition; it is a family experience. It tests the emotional strength of parents, challenges the hope of siblings, and demands courage from the child far beyond their years. Yet, in our wards and clinics, we have seen a constant truth emerge: young patients possess a rare and powerful spirit. They fight, they adapt, they dream, and they continue to build lives filled with meaning. This publication is an ode to that spirit.

At RGCIRC, we have long believed that comprehensive cancer care goes beyond treatment protocols. It embraces holistic support physical, emotional, social, and financial. Childhood cancers require prolonged therapies, careful follow-up, and multidisciplinary care, often placing immense strain on families. Through our philanthropic initiatives, we ensure that no child is denied care due to financial constraints, and no family walks this journey alone. The generosity of our donors, the dedication of our clinicians, and the unwavering trust of families form the foundation on which these young survivors stand today.

As you read these narratives, you will find that they are not tales of defeat, but of transformation. They speak of classrooms resumed, careers pursued, milestones celebrated, and futures reclaimed. They remind us that health, happiness, and hope are not abstract ideals, but lived realities when care is compassionate and community is strong.

We extend our deepest gratitude to our donors, volunteers, partners, and well-wishers who continue to strengthen our mission. Your belief ensures that dreams survive, treatments continue, and childhood is protected even in the face of illness.

As we look ahead, we reaffirm our commitment to advancing childhood cancer care, expanding support services, and nurturing a world where every young warrior not only survives but thrives.

With warm regards,

**D.S. Negi (Retd. IAS)**  
Chief Executive Officer  
RGCIRC

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## *A Smile Through the Storm: A Teenager's Fight for Life*

*Kritika Bhargava*

**Today, I am 23 years old, and working as Functional Consultant at Deloitte.**

When I was 16 years old, I began experiencing intermittent pain in my right leg. Since the pain came and went, I continued playing sports and carrying on with my routine activities. Gradually, the pain worsened, and one night it became so severe that I woke up from my sleep.

My parents took me to an orthopaedic centre, where an X-ray revealed a mass. This led my family to consult multiple doctors. A biopsy finally confirmed the diagnosis, a rare paediatric bone cancer known as **Ewing sarcoma**, affecting my femur.

Like any parents, my parents' first question to the doctors after learning about my diagnosis was, "Is she going to live?" The doctors were honest with us: "We are going to do everything we can to save her life." My parents knew that RGCIRC and Research Centre was the best place for my treatment. We all believed in our hearts that whatever was needed to provide the safest and most advanced care for me would be available there. My condition required the combined expertise of oncologists from the Cancer Centre and surgeons from the Division of Orthopaedics.

I began the first of 16 rounds of aggressive chemotherapy. Every two weeks, we came to the hospital for chemotherapy, each admission lasting between two and five days. Halfway through the treatment, radiation therapy was added to my rigorous treatment regimen. The goal was to shrink the tumour as much as possible before deciding whether surgery would be necessary. **Ewing sarcoma** patients often require limb-sparing surgery, in which the diseased bone and joint are removed and replaced with a metal endoprosthesis. Before radiation, doctors also advised a surgical procedure to preserve my ovary and protect it from the side effects of radiation.

Our family had to adapt to a completely new way of life. My parents spent long days with me in the hospital while trying to keep life as normal as possible for my younger sibling. My sister struggled to understand what was happening to me. She was scared to see me so sick and upset that our parents had to be away from her so often. Meanwhile, I was fighting my own battle; dealing with nausea from chemotherapy, missing my friends and tuition classes, and coping with the fear and uncertainty that had become part of my everyday life.



Yet, my smile rarely dimmed, and my personality shone through it all. The paediatric oncology team became a great source of support for me, as well as for other patients and parents. During my treatment, I developed a close friendship with another teenage cancer patient, and our bond became an important support system for both of us.

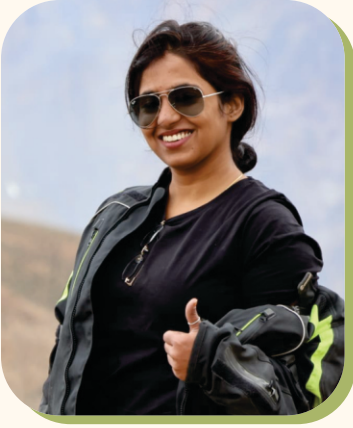
I turned 17 in November 2019, about four months into my treatment. That same month, a new round of scans brought encouraging news for my family and the medical team. The large tumour in my leg had reduced significantly in size. The doctors told my parents that if the progress continued, there was a possibility that I might not require surgery. I continued with chemotherapy and radiation and successfully completed my treatment in June 2020.

***I completed my Bachelor of Business Administration (BBA) from IMS Ghaziabad and currently pursuing MBA from Amity University, Noida.***

***My journey with cancer has been truly life-changing. It has taught me gratitude not only for what I have, but also for what I once missed. Today, I feel more connected to my family and friends than ever before.***

Through this journey, words can never fully express my gratitude to the entire paediatric team at RGCIRC. Every patient here is strong and special. I truly believe there is hope for everyone. There is always hope beyond what we see. It is possible not just to survive, but to thrive and live a healthy, meaningful life again. Life is 10% of what happens to us and 90% of how we react to it. One can be a victim of cancer or a survivor of cancer, it is a matter of mindset.





## *When Cancer Met Courage: A Little Girl's Journey Through Illness to Inner Strength*

*Arya Singh*

I was **six years** old when I was diagnosed with **Acute Lymphoblastic Leukemia**. I used to have low-grade fever frequently. It would improve with medication, but after a few months, my parents noticed that I was having difficulty in breathing. My health was deteriorating day by day, and there were a few lumps in my neck and nose. No medication was helping.

One of the doctors suggested that a few tests be done, and the results indicated the possibility of blood cancer. My parents were informed that it was curable and were advised to visit RGCIRC. Being from a middle-class family, it was not easy for my parents to seek treatment at a private hospital. They were even advised by some people to save money for my younger siblings, who were four years and two months old at that time, rather than spending on such expensive treatment, as according to their perception, cancer could not be cured. It was a very tough decision for my parents, and they chose “Not to Give Up.”

My parents brought me to RGCIRC, where I met the second hero of my life, Dr. Gauri Kapoor.

After careful clinical examination, she counselled my parents about my disease and the treatment process. Her words gave them hope and reassurance. I was admitted to the hospital, and our battle began.

During the treatment, I used to get high fevers, became very weak, and started losing weight and hair. Food became tasteless, and irritation peaked. My parents patiently counselled me about the side effects and encouraged me to do whatever I could during the treatment. I could not understand everything they said at that time, but their body language always communicated what needed to be done for me to get better soon.

We stayed in Delhi, away from our home in Bihar, for the next six months. During my maintenance therapy, I was allowed to travel back home with precautions and continue my schooling.

I was demoted to the previous class, which broke my heart. However, my new friends and teachers were very supportive. Gradually, I started feeling comfortable and did well in both academics and co-curricular activities. By the end of 2002, my treatment was completed.

The Department of Pediatric Hematology & Oncology at RGCIRC became like a family to me. Even after completing my treatment, the stigma related to cancer stayed with me and my parents for a very long time. Although the doctors allowed me to attend school and live like a normal person, my parents were always worried about my health and future. One of their biggest concerns was, “Will I ever get married?” They were well aware of how unwelcoming society can be towards cancer survivors.

I consider myself very fortunate to have met a man who did not change even after knowing that I am a childhood cancer survivor. He never looked at me with sympathy, nor did he ever make me feel different from others. He has been positive and supportive throughout. We got married in the year 2020.

***I am 31 years old. I completed my Master’s in Computer Applications (MCA) from IGNOU and currently work as an HR Admin (Work From Home) with DPS, Muzaffarpur, Bihar. My journey was far from easy, but I emerged victorious along with my loved ones who stood by me throughout. Today, I am cancer-free, and cancer is just a chapter of my life, not my identity. I am happily married, living a beautiful life, and have recently completed my MCA and applied for a PhD, ready to embrace the next phase of my journey.***

When I look back, I realise that in return for all our sacrifices, cancer has given my family and me a new vision towards life. It has given me mental strength, positivity, patience, and strong determination.

I am grateful to each and everyone who stood by my side throughout this journey. I am a proud Childhood Cancer Warrior. Just because of cancer, today I am strong enough to face any challenge that life brings, with no fear of losing, because I know I have already won the biggest battle of my life, and I have the power to conquer anything that challenges me.

***I dance, travel, and play, and I am also one of the team leaders of the “Childhood Cancer Support Group – Aashayein,” which was formed by the Department of Pediatrics at RGCIRC.***





## *Where Care Became Family: A Parent's Story of Trust, Treatment, and Healing Far from Home*

*Alex Ker Onyango*

At just ten months old, our son, Alex, had recurring ear infections, which led to a diagnosis we never imagined **leukemia**. What we believed would be a routine counselling session became the moment our world changed forever.

Our son was initially diagnosed in Kenya. Given the urgency and complexity of infant leukemia, we made the difficult decision to seek treatment in India. We began treatment in November 2023. As parents of an infant with cancer, we immersed ourselves in understanding infant B-cell leukemia so that we could make informed decisions for our child.

While the prognosis for infants can be challenging, advances in research and treatment gave us hope. After induction therapy, our son became MRD negative, which was deeply encouraging.

Throughout the course of treatment, the medical team remained updated on emerging therapies, including immunotherapy options such as blinatumomab, ensuring that our child received evidence based and forward-thinking care.

From the moment we arrived at RGCIRC, we felt supported.

The medical team was knowledgeable, well-coordinated, and deeply committed to our son's care. Trust was built quickly and that trust became the foundation of our journey.

Being far from home, without family or friends, was incredibly difficult. Over time, the doctors, counsellors, nurses, and support staff became our extended family. Our son was never treated as "just another patient." His well-being mattered deeply to every member of the team.

After eight months of intensive frontline treatment, transitioning back home for maintenance therapy was emotionally challenging. The hospital had become our safety net. Even after returning home, we continued to feel supported, guided, and reassured by the team.

As we approach our son's end of treatment milestone, we are filled with gratitude. This journey has been painful and transformative, but we are thankful for the care, compassion, and dedication that carried us through.

## *Message of Gratitude*

*We extend our deepest thanks to Dr. Gauri Kapoor, Dr. Sandeep, and Dr. Payal, as well as to the counsellors, nurses, and support staff at RGCIRC, Rajiv Gandhi Cancer Institute & Research Centre. Your expertise, compassion, and commitment gave our child the best possible chance and gave us hope when we needed it most.*

*To families facing a similar journey, we wish you strength, grace, and a medical team as dedicated as the one we were blessed to have.*



## *From a Patient to a Warrior: My Childhood Cancer Story*

SJ

**I currently serve as Deputy Director in the Finance Department, Government of Chhattisgarh.**

It was a pleasant September morning in 2006 when I went for a regional basketball tournament with my team. While playing, I suddenly felt dizzy and was unable to continue the game. What followed was a series of consultations and diagnostic tests in my hometown in Chhattisgarh, and later in Delhi and Mumbai. Eventually, I was diagnosed with **Ewing Sarcoma – Stage IV (PNET – Left Kidney)**. One day, I was playing basketball, and a few days later, I was facing advanced-stage cancer at the age of 15. My doctors explained that I had very slim chances of survival, as the cancer had already spread across my body.

I began treatment at RGCIRC, which lasted for a year and involved **16 cycles of chemotherapy** along with a major surgery for the removal of my left kidney. Although chemotherapy worked, it came with serious side effects; hair loss, oral ulcers, loss of appetite, nausea, vomiting, and weakened immunity.

The repeated insertion of needles and cannulas blocked most of my

veins, and eventually even the veins in my legs had to be used.

Cancer treatment affects both physical and mental health, and through it all, I tried to remain calm and composed rather than focusing on the adversities. To keep myself occupied, I continued my studies during chemotherapy.

Undoubtedly, the patient suffers the most, but everyone around the patient also has their own share of struggles. My family supported me immensely, especially my grandmother, my father, and my bua, along with her family. Even today, I have experienced the taboo around openly speaking about cancer and being a survivor. During my graduation, I often overheard people saying that I would not survive more than six months. It was hurtful and depressing, but I refused to let negativity distract me. I remained focused and determined about my goals.

After my treatment ended, I asked myself, I lost so many things during treatment, but **what did I win?** The answer came from within: **I won back my life**, the most precious thing.

I discovered that whatever you think, you attract. This mindset worked wonders for me. What was supposed to be a tragic event became a blessing that transformed my life for the better.

I had a virtual handshake with death, and that experience transformed me in ways I had never imagined. It has become a lifelong memory, one side filled with pain, fear, and breakdowns, and the other inspiring me to give my best in every situation.

After treatment, I **scored 88% in Class 12**. During graduation, I ranked among the **Top 5 students in my university**. Later, I completed my **M.Sc. in Chemistry**, becoming a **Gold Medalist**. By the grace of God and with the blessings of my elders, I cleared the **State Public Service Commission (State PCS) Examination twice**, securing **State Rank 40 and 17** respectively. Currently, I am posted as an **Assistant Director under the Finance Department of my state**. I have cleared more than **10 competitive examinations** and was also selected for the post of **Chemist in the State Pollution Control Board, securing 5th rank across the state**.

Through my journey, I encourage everyone to follow a healthy lifestyle, engage in regular physical activity, eat a balanced diet, and avoid stress. And if there is stress, turn to **Yoga and Meditation**. There will be obstacles in life, but we have the power to cope with every situation the only need is to recognise it.

*This journey taught me to appreciate the smallest things in life and to enjoy every moment. A positive mindset makes all the difference, so always stay positive and live your life positively need is to recognise it.*

*“Life changes beautifully in a very positive way if you allow it to.”*





## *From Surviving to Thriving: A Survivor's Voice in the Face of Cancer*

*Aarushi Chauhan*

Two worried parents rushed from hospital to hospital every day, searching for a simple answer to one question: “Why is my daughter’s eye getting swollen?” After several tests and many confused doctors, my mother kissed me on my forehead and entrusted her child to a group of strangers, praying they would make her daughter healthy again, help her smile brightly, and see the world with her beautiful eyes.

Completely unaware of what was coming, my parents waited and fought with strength, emotionally and financially. They were eventually confronted with a term they had never imagined hearing: Non-metastatic **rhabdomyosarcoma of the left orbit**, a rare form of cancer typically seen in children and young adults. This was the diagnosis given to their six-year-old daughter. In that moment, every priority in their world shifted. The work life that once seemed so important no longer mattered. All that existed was hope and the will to protect me at all costs.

It was a long journey, one that felt like an eternity. Missing school and losing my hair were not the brightest moments of my childhood.

But my parents fought for me and with me. Because of that fight, today I am living a healthy life, fulfilling my dreams, and becoming the woman I always knew I deserved to be.

For a long time, I believed that surviving was the same as moving on. I pushed forward, focused on school and life, and tried to fit into a world that hadn’t paused when mine did. But somewhere deep inside, there was still a version of me carrying the weight of that journey, a six-year-old who had seen more than she could understand. Over the years, I realised that healing is not just physical; our emotional world needs just as much care.

That realisation was strengthened when I connected with Aashayein, (childhood cancer support group of RGCIRC). I attended an event they hosted and walked into a room full of strangers who, in reality, were never strangers at all. They were people who understood what it meant to be a survivor, people who accepted that identity proudly instead of hiding it away in a dark corner. The support I didn’t realise I needed came through participating in awareness events for parents and survivors.

At that time, I read a book named “Shakti” by Rhonda Byrne, through which I learned about the essence of life.

I attended talks, panel discussions, worked on newsletters, joined fun activities, and contributed in every way I could. This community of survivors transformed my perspective in ways I never expected.

This understanding deepened further when, a few days ago, I found myself in a debate with an ethics professor on a topic he called “The disease called cancer.” I was deeply unsettled by the way he framed his argument, stating with certainty that “cancer always comes back.” I could not let that pass not in front of a classroom full of young minds, many of whom had never heard a survivor’s story. I challenged him firmly and factually, explaining that presenting a one-size-fits-all narrative is not only scientifically flawed, but emotionally irresponsible, especially from an ethics professor. Behind every word I spoke stood the strength of my community, Aashayein, a support group that gave me not just awareness, but clarity; not just connection, but conviction.

I did not “find my voice” that day, I always had it. But through Aashayein, I made peace with cancer and with being a survivor. Today, I speak with the strength of a community behind me survivors who show up, stand tall, and prove that life after cancer is not just possible, but powerful. It can be revolutionary. It can be joyful. It can be as happy as you choose to make it.

*Today, I am a budding psychologist, living an international student life and making every moment count, grateful for the greatest gift I received: life.*





## When Hope Was Stronger Than Cancer

Payal Solanki

I am pursuing a BA LL.B at Maharaja Agrasen Institute of Management Studies, Rohini, Delhi. At the age of 13 - an age meant to play, learn, and grow I was diagnosed with **osteosarcoma (bone cancer)**. I was a very active student and a strong athlete in my class. One day, I experienced sudden and uncontrollable pain in my leg that brought me to my knees.

Following this, I underwent multiple tests and scans, but every report initially concluded that I had a reduction in calcium. Finally, after my third biopsy, it became clear that I was diagnosed at RGCIRC with **Stage 1 osteosarcoma** an aggressive form of bone cancer. As my chemotherapy began, I lost my hair and a significant amount of weight. There was a lot to endure.

After my cancer surgery, there was a difference of four inches in my leg length, and my backbone shifted from the centre to the left side, a condition known medically as scoliosis. I was bedridden for three months. I still remember the intense surgical pain, chemotherapy side effects, anxiety, blood clots, dressing procedures, paralysis attacks, and negative thoughts that I had to fight every day.

After surgery, I had to use customised shoes to manage the leg length difference and wear scoliosis braces to prevent spine injury and hunchback. Finally, after 10 surgeries and 15 chemotherapy cycles, my treatment was completed in 2018.

***"My faith in me never let me down. I accepted that everything happens for a reason, and I never gave up. I started watching cancer survivors' stories, which helped me stay positive."***

After my cancer treatment, I was interviewed about my cancer journey and connected with many survivors. In 2022, **I became First Miss India Cancer**, a beauty pageant for cancer survivors and patients held in India for the first time. I have received several honours, including India's Real Life Heroes Award from the Governor of Sikkim and the Help Artist India Influencer Women's Award, 2024.

I also run my own NGO, which works for cancer awareness. I have been appreciated by Cabinet Minister Dr. Virendra Kumar and the former Chief Minister of Delhi, Mr. Arvind Kejriwal and I also interviewed on DD National.

*As a law student, my dream is to become a judge and serve my country. Throughout my treatment, my family has been my strongest support system they never let me down. I believe that cancer is never bigger than hope and positivity. Life has its ups and downs, and that is what makes it meaningful, because even a straight line on an ECG means life has ended.*





## *When Life Became Precious: What Society Never Taught Us About Cancer*

*Saksham Katiyar*

I was diagnosed with **medulloblastoma, a brain tumour**, at the beginning of my teenage years. At an age when life is usually about school, friendships, and discovering who you are, my world changed completely. Like many others, I had grown up in a society where cancer is often perceived as a pathway to death due to lack of awareness and understanding. I soon realised that the real struggle for a cancer patient is not always the treatment itself, but the life that comes after it.

My journey of fighting cancer lasted nearly one and a half years, and medically, it was relatively painless. The real war was still to be fought after the treatment ended. Cancer impacts an individual's life in two major ways physical and emotional. We often talk about surgeries, chemotherapy reactions, and radiation side effects, but what is rarely discussed is the emotional burden a survivor carries. Your identity changes drastically from who you were before and who you become after cancer. I found myself navigating an existential crisis, trying to rediscover who I was beyond my diagnosis.

Being diagnosed at around the age of twelve meant that my personality was still being shaped. Friendships at that age, though immature, are deeply emotional and dependable. Dropping out of school during treatment felt like a nuclear bomb had gone off in my life. To avoid the pressure of watching classmates move ahead a year and to protect myself emotionally, I chose to step away from school temporarily while staying in touch with a few close friends.

As a young boy undergoing treatment for **Stage IV cancer** at RGCIRC, I faced challenges not just medically, but socially as well. Society often attacks from multiple fronts, fear, misinformation, and stigma all of which can deeply affect a survivor's mindset. From my experiences, I have learned that people who endure intense struggles often become more mature, patient, and understanding.

The lack of awareness about cancer in our society became very clear to me. Informing people about my diagnosis often felt like announcing my demise. The public mindset still equates 'Cancer = Death'.

Reactions from people close to me ranged from extreme negativity to excessive sympathy. Even today, many of my school classmates do not know about my survivor story because I remain uncertain about how they might react and how it could affect our relationships. As survivors, we do not seek sympathy or fear we seek neutrality. We have fought and won our battle and are ready to face the world with determination. Our experiences have equipped us to handle future challenges more efficiently.

Standing so close to life-and-death situations taught me that life is extremely precious. Concepts like revenge and hatred lost all meaning for me. Positivity and willpower played a crucial role in getting me through treatment. I have always been outspoken and willing to stand up for what is right, even when it meant standing alone. While this trait sometimes made forming deeper connections difficult, my cancer journey helped me refine it with wisdom.

Shaking hands with death turned out to be a powerful teacher. I learned the value of choosing the right company in a world that can often feel toxic and overwhelming. One genuine friend is far more valuable than many superficial ones. Meaningful relationships are built on mutual understanding, not transactions. Creating a likeminded community and staying connected with them has worked greatly in my favour.

Cancer was undeniably a roller-coaster ride, full of twists and turns. Yet, in hindsight, it was a profound learning experience and, in many ways, a blessing. From the day I completed my treatment, I made a promise to myself never to devote even a single moment of my precious life to negativity.

***I am 26 years old. I completed my MBA from IIM Rohtak and am currently working as a Chief Manager at TATA AIG (Insurance) in Mumbai. Today, I am living a healthy and purposeful life, carrying forward the resilience, clarity, and strength that my cancer journey has given me. Life is no longer something I take for granted, it is something I truly cherish.***





## *When Life Gave Me a Second Chance: Faith, Fight, and the Future*

*Risha Saini*

“I am 24 years old and working as an Associate Account Manager (Marketing) with Kia & Hyundai Motors. In October 2016, I was diagnosed with **Acute Lymphoblastic Leukaemia (ALL)**. It began one morning when I noticed a small lump behind my right ear. When I mentioned it to my mother, she casually assumed it was from a playful knock, and we brushed it aside. At the time, I was a happy-go-lucky girl with everything planned ahead, excited about college life—unaware that my world was about to change completely.”

Within two weeks, the swelling became hard. I underwent X-rays and ultrasounds, but the reports showed nothing abnormal. Still worried, we consulted two well-known doctors in Delhi, who advised an MRI and FNAC (a needle test). The FNAC was extremely painful because the swelling was so hard that the needle struggled to penetrate it. Even after multiple attempts, the results were inconclusive. I was advised not to worry and to undergo surgery to remove the lump.

Around the same time, Diwali arrived, and we visited our hometown, Dehradun.

That visit changed everything. One of my uncles, a cancer surgeon, noticed the swelling during a family gathering.

He asked me to visit the hospital the next day for a routine check-up. Despite normal reports from repeated tests including X-rays, FNAC, MRI, and ultrasound his experience told him that something was not right. He ordered a high-level test, which took five days for results.

In the meantime, I underwent surgery to remove the lump, and a biopsy was performed. The biopsy revealed the presence of cancerous cells. A few days later, the reports confirmed the diagnosis: **Acute Lymphoblastic Leukemia (ALL)**, a type of blood cancer. My chemotherapy began immediately. What was expected to be an eight-month treatment extended to eleven months due to severe side effects. My Diwali break turned into full-time hospital visits.

When chemotherapy started from RGCIRC, I remained positive. I didn't want to give up, and I knew I had to be strong for my family.

The first two months went smoothly, and I believed the journey would be manageable. However, as the sessions continued, the side effects intensified, and chemotherapy was often postponed. For nearly two months, I underwent chemotherapy on alternate days. I lost 17 kilograms and all my hair. The hardest part was being unable to attend college or meet my friends. I had always dreamed of pursuing law, but I couldn't prepare for the entrance exams and had to let go of that dream. I was shattered.

There was a time when, just before chemotherapy, I developed a high fever and my blood counts dropped drastically. I was on the verge of death. My haemoglobin dropped to 3, WBC to 700, and platelets to 30,000. My bone marrow had stopped producing blood cells, and I began passing blood clots in my urine. I underwent three days of continuous blood transfusions. Along with this, I suffered from multiple chemotherapy side effects, including UTIs, anal fistulas, haemorrhoids, nausea, severe constipation, extreme weight changes, and hair loss.

I won't deny that there were moments when I cried alone and questioned God—why me, out of millions? The unbearable pain of injections and side effects often broke me. I felt like I was losing my college life, career, and future. But one belief stayed firm: to heal, I had to stay positive. Even medicines cannot work if the mind gives up.

Whenever I felt weakest, my mother reminded me that I would get through this.

I focused on my mindset. I watched TED Talks, read positive books, and learned to appreciate the fact that I was alive. I stopped covering my head and embraced my transformation. I felt like a phoenix rising from ashes. Cancer is an excruciating process, but it teaches you invaluable lessons.

During the thirteen months I couldn't attend college, I began valuing the smallest joys, home-cooked food, friends making notes for me, shared laughter, and my family's unwavering support. My friends even completed my assignments, and on my birthday, they threw me a small party. A simple cake and balloons had never meant so much.

That is how I battled cancer, appeared for my exams, and secured admission to my dream school in Bangalore. However, life had other plans. Due to medical restrictions, I was not cleared to travel. After everything I had faced, I accepted it calmly. I took up Spanish and classical dance, regained my health, and set my sights on new goals.

### *I did my PGDM in Advertising and Marketing from University of Delhi*

I could choose to dwell on how hard the journey was, but cancer gave me more than it took away. It taught me gratitude, resilience, and positivity even when life doesn't go as planned. If not for cancer, I wouldn't value life the way I do today. I wouldn't feel this strong or this invincible. The eleven-month journey took a toll on my physical health and appearance, but what carried me through was my willingness to live life once again and fight through the disease.



## *Cancer Was Only a Chapter in My Life, Not the Whole Story*

*Sanya Goel*

I was always the skinny kid constantly told to “eat more” and “gain some weight.” It never really bothered me. But in November 2008, things began to change. I started falling ill more frequently than ever before. I looked paler and thinner, and the comments increased. I had been experiencing intermittent fever for over six months and terrible pain in my legs that made me cry at night. My parents grew increasingly worried.

Our family doctor advised a few tests, and that was when the truth behind all my suffering came to light: cancer. I was diagnosed from RGCIRC with **Acute Lymphoblastic Leukemia at the age of 9**. My family was shattered, but I had little understanding of what was really happening. I was simply told that I had a blood infection and needed to take a break from school for two months.

I was an optimistic child and tried to take my illness positively. Days passed, and soon hospitals, painful tests, and chemotherapy became my everyday reality. One day, someone told me, “*You have pretty hair, but you will start losing it soon.*”

That moment broke me. I cried and told my mother, “I don’t want to be treated anymore. I can’t lose my hair.” She gently comforted me and explained, “Your hair is not greater than your life.”

I eventually learned about my illness through a newspaper advertisement about a child needing money for cancer treatment. Seeing my disease written in bold letters was painful, but I never spoke about it to my parents. I had seen them cry behind my back while acting strong in front of me. That was when I decided I would be strong for them and fight cancer like a true warrior.

Then came a moment when, for the first time, I nearly lost all courage. A blood clot travelled to my brain and paralysed half of my body twice. But there was no turning back. I had to win this battle. I refused to let it break me. My doctor often called me a true soldier.

By February 2010, I was ready to return to school. But cancer does not simply end when treatment ends. Some scars remain. I had short hair, a chipmunk face, and visible scars on my body.

I noticed classmates once friends whispering behind my back. However, within days, things began to feel normal again. I appeared for my final exams and passed the 5th standard with flying colours.

With my parents' and friends' support, my doctors' relentless efforts, and my own determination to prove negativity wrong, I continued to fight. Finally, in December 2011, I became cancer-free.

*I am 26 years old and hold a Master's degree in Counselling Psychology from Amity University, Noida. I currently practice as an independent Counselling Psychologist, integrating my personal experiences into my work to foster empathy, understanding, and meaningful healing for others. As I reflect on my journey so far, I am filled with profound gratitude.*

I share my story because hardships are inevitable in life. They may come as cancer, the loss of a loved one, failure, or heartbreak. But **we must always remember to see the rainbow**, we must pass through the storm. And to anyone reading this: it's just a bad day, my friend, not a bad life.



## *Survival to Science: Turning Cancer Pain into Pharmaceutical Purpose*

*Mohan Tripathi*

In 2012, at the age of **14**, my life took an unexpected turn when I was diagnosed with **Hodgkin's Lymphoma** from RGCIRC. Like many young teenagers, I was still discovering who I was and what I wanted to become, when cancer suddenly entered my life. The treatment phase was challenging, marked by chemotherapy and its many side effects, but it also planted a deep desire within me to one day contribute to reducing the suffering of cancer patients.

I am a cancer warrior, and that identity has strongly influenced my academic and professional journey. Witnessing the adverse drug reactions (ADRs) caused by chemotherapy and radiotherapy motivated me to pursue a career in pharmacy, with the aim of improving treatment outcomes and quality of life for patients.

I completed my schooling in Delhi, my residential state, and passed my Class 12 in 2018 from the Science stream with Biology and Mathematics as core subjects. Determined to aim high, I pursued my graduation in Pharmacy from I.T.S College of Pharmacy, Ghaziabad,

where I completed my degree with First Division with Honours.

Currently, I am a first-year M.Pharm student (Pharmaceutics – Drug Designing and Development) at the Institute of Pharmacy, Bundelkhand University, Jhansi, Uttar Pradesh. Alongside my studies, I am actively working on research focused on a Novel Drug Delivery System for cancer (squamous cell type), with the objective of overcoming the adverse drug reactions experienced by patients undergoing chemotherapy.

Academics have played a vital role in shaping my goals and aspirations. Through my academic journey, I have developed a strong understanding of scientific concepts essential to my field. I have also improved my communication skills and vocabulary through academic interactions, enabling me to build meaningful relationships with professors and peers. Most importantly, I have learned to apply classroom knowledge to real-world research and problem-solving scenarios.

Beyond academics, I have actively participated in competitions, internships, and research programs. These experiences have helped me discover my passion and opened doors to new opportunities that continue to shape my professional growth.

*At 25, I hold a master's degree in Pharmacy (Pharmaceutics) and am currently pursuing a PhD in Pharmaceutical Engineering & Technology at IIT-BHU, Varanasi, where I work as a full-time Research Scholar. My journey as a cancer survivor gives deeper purpose to my work in science, driving me to contribute meaningfully to cancer research and treatment—transforming personal pain into progress for patients.*

To all young learners, I encourage you to pursue your interests, explore new opportunities, and believe in your potential. Every challenge carries the power to shape your future if you choose to rise from it.



## *Post-Therapy Issues: A Journey of Self-Acceptance and Strength*

*Dr. Pooja Neelakantan*

As a teenager busy shaping my life, being diagnosed with **Mixed Germ Cell Tumour of the Ovary** felt like a dead end. My family looked anxious when they heard the words “cancer” and “chemotherapy,” but I stood there blank. The efficient oncology team from RGCIRC explained the process and reassured us that the changes would be temporary. That was when anxiety finally hit me, but my family took everything in the right spirit and stood by me as pillars of strength. Together, with faith, we stepped into the unknown.

Anticipating the upcoming changes, I got a short tomboy haircut with a heavy heart. After the first cycle, a gentle touch made my tresses fall right into my hands. Soon, I resembled my bald childhood photographs. But since my family and the hospital team did not treat me differently, I gradually came to terms with it and began diverting my mind to other things.

Chemotherapy brought nausea that made me averse to food. I lost weight rapidly, and seeing my new bony reflection sent a chill down my spine. When my six-month treatment came to an end, I was hopeful yet anxious.

I soon realised that growing my hair back would not be a miracle. As a solution, we were guided to Marchers; the wigmakers. Hoping to get my old look back, I went in with excitement. When he finalised a bob-cut style for me, my smile vanished. It took a lot of convincing for me to accept his idea of a “new me.” I also worried about the questions my friends would ask about cutting my long tresses.

With hope and anxiety woven together, I joined back school. Surprisingly, the new look became a hit, but my classmates remained uncomfortable. Over time, I realised this discomfort was due to a lack of awareness, not judgment.

In this process of settling socially, I learnt the importance of self-acceptance and how feeling good plays a role in looking good. It gave me the courage to carry my new look with confidence. I also realised the importance of encouragement and warmth from people who truly matter, parents, family, friends, teachers. Their support acted like a fertilizer in helping me re-establish myself and move forward in life.

Almost all cancer survivors face similar body-image issues. Our acceptance and belief help us cope with the new normal, and this process is strongly influenced by how people close to us react. When they accept and take it in the right spirit, it becomes easier for us to move on. With time, we also understand that all of it is indeed a temporary phase of life.

*I am 34 years old and a doctor by profession. Having once been in my patients' shoes, I am able to truly connect with them and support them through their challenges with empathy and understanding. I hold a BAMS degree from Amrita School of Ayurveda (Amrita Vishwa Vidyapeetham), Kollam, Kerala, and an MD (Ayu) from Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Udupi, Karnataka. With over 10 years of clinical experience in managing a wide range of health conditions, I currently work as an Assistant Professor in the Department of Samhita Siddhanta at PDEA's College of Ayurveda and Research Centre, Nigdi, Pune.*

When I look back at those unpleasant days, I realise that I am stronger. Acceptance and hope; both mine and my family's, helped me tide over challenges. As survivors, we imbibe gratitude, empathy, the spirit of a warrior, and learn to celebrate every moment of life.



## *We All Have the Strength*

*Prakshi Vig*

Let me take you on a roller coaster ride;  
My Name is Prakshi, and I am the guide

Starting the ride from a heavy downfall;  
The ride surely went up and today I am a gold medalist in basketball.

From the phase of a bumpy ride to survive;  
The ride also went smooth and made me thrive.

Ah! The heavy shook of the coaster, brought to me cancer;  
And then took me to the top, for me to receive the award, of The Best Dancer.

On the ride I have experienced the toughest face;  
Surely it prepared me to win A Gold in Shuttle Run Race.

Even when I fell low on the ride, I never forgot to pay gratitude;  
And with god's grace only I achieved Bronze in Olympiad of reasoning and Aptitude.

From the voice of harsh cry of not seeing my future so far;  
To today winning The voice of stage, with my friend guitar.

The flashback of the ride when I laid down and consumed cancer tablets.  
Now shines bright on the girl who was declared to be amongst India's top ten poets.

The people who thought I became weak after cancer, now wonder;  
By what magic today I have become an all-rounder.

# हर दिन नये आयाम

*Dr. Rahul Sharma*  
*Dr. Neha Sharma*

जो हम सभी को अजीज़ हैं  
ये जो पेड़ बनते बीज हैं

किसी डर से भी ना वो डरे  
फिर कैंसर क्या चीज़ है

अपनों का आशीर्वाद था  
आत्म बल का साथ था

बस जीतने की बात की  
कैंसर को तुमने मात दी

ये प्रेणा हम सब की है  
इनमे चेतना गजब की है

हर प्रहार को गुपचुप सहा  
कभी दर्द पर कुछ ना कहा

ये हौसलों की खान है  
संघर्ष की पहचान हैं

पग पग पे ये डट के लड़े  
बेलगाम जीने पर अड़े

जीवटता इनकी ना थकी  
किस्मत भी छल ना कर सकी

बस यूँ ही तुम फलते रहो  
बस यूँ ही तुम चलते रहो

अपने हृदय में न लो  
सूरज की किरणें थाम लो

तुम विजयी हो और वही रहो  
हर दिन नये आयाम लो  
हर दिन नये आयाम लो





# नया जीवन

*Nabin Phuyal*

मुस्कुराहट भरे जीवन में दुःख सारा छा गया था  
उमर तो थी छोटी सी ज़हर जैसा रोग आ गया था

बुखार, खाँसी, गाँठ जैसे लक्षण अब दिख रहे थे  
दर्द तो कहाँ सहन करे आँसू के साथ चिर रहे थे

कोई कसर छोड़ी नहीं, पूजा पाठ मंदिर सब कर लिया  
मानने में तो थे हम हिंदू, नमाज, बाईवल सब पढ़ लिया

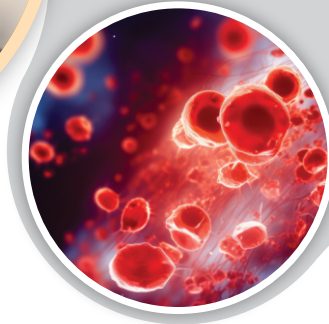
मन ही मन उम्मीद का खत RGCIRC को लिख रहे थे  
भगवान तो होते है सुना था यहाँ साक्षात आगे दिख रहे थे

छोटी से छोटी पीड़ा को आपने धीरे-धीरे दूर भगाया  
बुझने वाले दीपक आए थे, हमे रोशन करके फिर जगाया

चुनौती से भरे जीवन में सुन्दर रंग भरके दिखाया  
जीने के ख्वाब खो चुके थे, फिर से जीना सिखाया



## “Rewriting the Story of **BLOOD CANCER:** Science, Survival, and Hope”



### **Dr. Sandeep Jain**

Sr. Consultant  
Pediatric Hematology Oncology  
and BMT, RGCIRC

Hearing the words “Blood Cancer” can feel like the ground has disappeared beneath your feet. For patients and families, it brings fear, confusion, and a flood of questions. Will treatment work? Will life ever feel normal again? Until not very long ago, these fears were often justified. Blood cancer is a fast-growing cancer of the blood and bone marrow. It can strike young children and adults, often without warning. Traditional chemotherapy saved many lives, but it was tough, unpredictable, and not always enough. Today, however, the story of acute leukaemia is being rewritten. Modern medicine is no longer fighting blindly, it is fighting intelligently and with compassion.

**Three major advances—Immunotherapy, Bone Marrow Transplant (BMT), and CAR-T cell therapy—have transformed both survival and hope.**

#### **Immunotherapy: Helping the Body Fight Back**

One of the most painful realizations for patients is learning that their own body has failed to stop the cancer. Immunotherapy gently changes that narrative. These treatments help the immune system recognize leukaemia cells that were previously “invisible.” Specially designed antibodies attach themselves to cancer cells and mark them for destruction, like turning on a spotlight in a dark room. For many patients, immunotherapy has meant fewer side effects, better tolerance, and renewed strength, especially when standard chemotherapy was too harsh or no longer effective. Families often describe it as a turning point not just medically, but emotionally, when hope quietly returns after months of uncertainty.

### **Bone Marrow Transplant: A Second Chance at Life**

A bone marrow transplant is more than a medical procedure, it is a chance to start again. In acute leukaemia, the bone marrow becomes crowded with cancer cells. A transplant replaces this damaged system with healthy stem cells, allowing the body to produce normal blood again. When the donor is a matched sibling, relative, or even a carefully selected unrelated donor, something remarkable happens: the new immune system can actively hunt down any remaining leukaemia cells. For many patients, this is the moment when the focus shifts from survival to the future. Yes, the journey is difficult. Yes, it requires courage, patience, and strong support. But for thousands of patients worldwide, BMT has meant watching children grow up, returning to work, celebrating milestones and simply living.

### **CAR-T Therapy: When Science Feels Almost Magical**

CAR-T cell therapy sounds like science fiction but it is very real. Doctors take the patient's own immune cells, retrain them in a laboratory to recognize leukaemia, and send them back stronger and smarter. These cells then seek out and destroy cancer with incredible precision. For patients, especially children with leukaemia that returned despite every other treatment, CAR-T therapy has offered something that once felt impossible: another chance. Many families describe it as witnessing a miracle born out of science. Though still expensive and available in specialized centres, CAR-T therapy continues to evolve, becoming safer, more effective, and more accessible each year.

### **A Message to Patients and Families**

It is important to say this clearly: every leukaemia journey is different. Treatments must be carefully chosen, and not every option is right for every patient. But what has changed forever is this, Acute leukaemia is no longer a sentence of despair. With early diagnosis, expert care, and modern therapies, survival rates have improved dramatically. Behind every statistic is a human story, a child returning to school, a parent holding their family again, a patient daring to dream beyond hospital walls.

Science has given us tools. Compassion gives them meaning. And together, they are turning fear into hope, one life at a time.

# “FERTILITY COUNSELING in Childhood Cancer Survivors: Preserving Future Choices”

## Dr. Neeta Singh

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AIIMS, New Delhi, India



### Introduction:

Advances in pediatric oncology have dramatically improved survival, shifting attention from short-term cure to long-term quality of life. One of the most significant survivorship concerns is fertility. Many cancer treatments like chemotherapy, radiation, and some surgeries can impair gonadal function, yet awareness and access to fertility counseling and preservation for children and adolescents remain uneven. Timely, sensitive counseling preserves future reproductive choices and supports emotional wellbeing across development.

### Why fertility counseling matters:

Preservation of autonomy: Childhood survivors grow into adults who value the ability to make reproductive decisions. Early counseling helps protect options that would otherwise be lost.

Psychosocial impact: Infertility can cause long-term distress, affect identity, relationships, and life planning. Counseling reduces uncertainty and improves coping.

Clinical planning: Discussing fertility before treatment enables selection of less gonadotoxic regimens where feasible and facilitates rapid referral when preservation is possible.

### How cancer treatments affect fertility:

Alkylating agents (eg.cyclophosphamide) and high-dose chemotherapy can destroy ovarian follicles or testicular germ cells. Pelvic or cranial radiation may damage the ovaries, uterus, or hypothalamic-pituitary axis, affecting hormone function and uterine capacity.

Surgery involving gonads or reproductive tract can remove reproductive tissue or disrupt anatomy.

**Age and sex matter:**

Pre-pubertal gonads have different vulnerabilities; pubertal status influences the available preservation methods and success rates.

**Timing and Approach to Counseling****Early and routine:**

Counseling should occur at diagnosis or as soon as treatment planning begins. If immediate preservation is not possible, document risk and plan for future fertility assessment.

**Multidisciplinary care:**

Pediatric oncologists, reproductive specialists, nurses, psychologists, and social workers should collaborate to provide accurate, coordinated information.

**Age-appropriate communication:**

Use simple, honest explanations for younger children; include adolescents directly in discussions, balancing assent and parental consent.

**Respect and reassessment:**

Revisit fertility topics during survivorship clinics, as developmental changes, relationship goals, and new technologies may alter options.

**Fertility preservation options by age and sex:**

Options vary by the child's age, pubertal status, and treatment urgency. Some methods are established; others are experimental.

**For males:**

- Sperm cryopreservation: Standard for post-pubertal males able to produce a sample.
- Testicular sperm extraction (TESE): Considered when ejaculation is not possible.
- Testicular tissue cryopreservation: Experimental for pre-pubertal boys; tissue can potentially yield sperm in the future via maturation techniques.

**For females:**

Oocyte cryopreservation: Standard for post-pubertal adolescents who can undergo ovarian stimulation; requires time and coordination.

Embryo cryopreservation: Option when there is a partner or donor sperm; ethical considerations apply for minors.

Ovarian tissue cryopreservation: An option for pre-pubertal girls or when immediate treatment is required; tissue can be re-implanted later or used for in vitro maturation—currently increasingly successful but still partly experimental.

Gonadal shielding and ovarian transposition: Surgical or radiologic strategies to reduce exposure during pelvic radiation

**Adjunctive approaches:**

Gonadotropin-releasing hormone (GnRh) analogs: Used to suppress ovarian function during chemotherapy; evidence on effectiveness is mixed but may be considered when other options are not feasible.

**Ethical, Legal and Psycho Social Considerations**

**Informed consent and assent:**

Parents provide consent, but adolescents should give assent and be included according to maturity. Discuss future use, disposition of stored tissue, and potential risks.

**Future decision-making:**

Storage duration, ownership, and disposition if the survivor dies or is incapacitated must be addressed.

**Equity and access:**

Cost, geographic access, and insurance coverage create disparities. Programs should strive to minimize financial and logistical barriers.

**Emotional support:**

Fertility concerns can provoke grief and anxiety; psychosocial services are essential before and after preservation procedures.

**Practical barriers and strategies:**

Common barriers include urgent need to start cancer therapy, limited institutional resources, and lack of awareness among clinicians and families, and costs.

**Strategies to improve uptake:**

- Implement standardized fertility risk screening at diagnosis.
- Have rapid referral pathways to reproductive specialists.
- Provide decision aids and clear written materials tailored to families and adolescents.
- Advocate for institutional funding, insurance coverage, and partnerships with fertility programs to subsidize costs.

## Follow-up and Survivorship Care

### Long-term follow-up should include:

Periodic assessment of pubertal development, menstrual function, and hormone levels.

Counseling on options as survivors mature: assisted reproduction, use of stored tissue, donor gametes, surrogacy, and adoption.

Fertility testing and referral when survivors express reproductive goals.

### Conclusion:

Fertility counseling for children with cancer is not optional—it is a critical component of holistic care that preserves future choices and supports lifelong wellbeing. Timely, multidisciplinary, developmentally sensitive counseling paired with access to appropriate preservation techniques offers survivors the best chance of achieving parenthood if they wish. Systems-level changes to improve awareness, referral, and affordability are essential to ensure every child facing cancer has the opportunity to protect their reproductive future.

# FINANCIAL Toxicity of CHILDHOOD CANCERS: Economic Burden on Families in LMICs



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## **Dr. Rohini Pandey**

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Each year, around 400,000 children worldwide are diagnosed with cancer. Nearly nine out of ten of these children live in low- and middle-income countries (LMICs) [1, 2]. In high-income countries, over 80% of children survive cancer. However, in many LMICs, survival rates range from 20% to 40% [3]. These gaps are often explained through the clinical prism with late diagnosis, shortages of specialists, or lack of medicines. But for families, the situation is more immediate: the cost of care becomes a barrier to survival. For parents, a childhood cancer diagnosis is both a medical emergency and an economic shock. The issue is not just how to treat the disease; it's whether the family can afford to keep the child in treatment. This lived reality is increasingly described as financial toxicity, the harmful economic and emotional consequences of cancer care.

### **What financial toxicity means for families:**

Financial toxicity describes the financial strain and emotional stress that families experience as a result of medical expenses. In childhood cancer, this responsibility is largely borne by carers, as treatment is often long-term, intensive, and difficult to balance with regular employment. Household expenses generally fall into three broad categories: Direct medical costs include medicines, diagnostic tests, blood products, and hospital care.

Direct non-medical costs arise from repeated travel for treatment, accommodation near hospitals, and food expenses during extended periods of care and Indirect costs occur when parents reduce working hours or stop working altogether in order to care for their child, resulting in lost income.

Even when childhood cancer care is available at low or no cost in public hospitals, families may still face out-of-pocket expenses due to medicine shortages, limited diagnostic services, and referrals to specialised centres. Over time, these costs can place continued pressure on household finances. Financial pressures may influence care-related decisions, including reduced employment among carers. Financial stress can affect family well-being and may contribute to treatment delays or discontinuation. Economic factors therefore remain an important non-medical influence on treatment abandonment in LMICs.

### **The Scale of the Economic Burden**

Evidence from LMICs shows that **financial hardship among families of children with cancer is nearly universal**. A global systematic review led by the International Agency for Research on Cancer and St Jude Children's Research Hospital found that most families experience **catastrophic health expenditure, distress financing, or long-term impoverishment** during treatment[2]. In many settings, cancer-related spending exceeds **30-40% of annual household income**, a level widely recognized as catastrophic.

Families cope by exhausting savings, borrowing at high interest rates, selling land or livestock, or withdrawing siblings from school. These strategies may keep treatment going temporarily, but they often push households into **chronic poverty**.

### **India and LMIC Realities: When Geography and Poverty Intersect**

India reflects many of the economic challenges seen across LMICs. Despite the availability of subsidised services in public hospitals, cancer remains one of the leading causes of catastrophic health expenditure nationally. National survey data show that **medicines and diagnostics account for the largest share of OOP spending** highlighting persistent gaps in public procurement and availability.

For childhood cancer, these challenges are compounded by geography. Specialised paediatric oncology services are concentrated in urban tertiary centres, requiring families, often from rural or remote areas, to travel repeatedly over long distances.

Transportation, accommodation, and food costs accumulate over prolonged treatment periods, sometimes exceeding the cost of medicines themselves. Limited insurance coverage and uneven implementation of public financing schemes further force families to rely on charitable organizations or informal borrowing.

### **A Global Policy Moment: Childhood Cancer on the World Stage**

The growing recognition of childhood cancer as a global equity issue has reached the highest levels of international policy. The **United Nations General Assembly has formally recognized childhood cancer as a global health priority** calling on governments to strengthen health financing, social protection, and access to essential medicines as part of universal health coverage and the broader noncommunicable disease agenda. This political recognition marks an important shift from viewing childhood cancer as a rare clinical problem to acknowledging it as a matter of **social justice and economic protection**. The WHO's CureAll framework further reinforces this vision, emphasizing that survival depends not only on medical care but also on **financial protection for families**.

### **What Must Change**

Addressing financial toxicity requires coordinated action across health systems and social policy. Inclusion of comprehensive childhood cancer care within universal health coverage frameworks can substantially reduce direct medical costs and improve equity. Equally important are interventions that address indirect costs. Travel subsidies, accommodation support through home-away-from-home facilities, and short-term income protection for carers can reduce treatment abandonment and improve adherence.

### **Conclusion**

Financial toxicity is not an inevitable consequence of childhood cancer; it is a policy choice. When families are forced to choose between survival and solvency, the health system has failed its most vulnerable patients. Recognising that **a child's chance at life should not depend on their parents' bank balance** is central to achieving equitable childhood cancer outcomes.

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## The Power of Early Diagnosis in Childhood Cancer: Saving Lives Through Timely Detection

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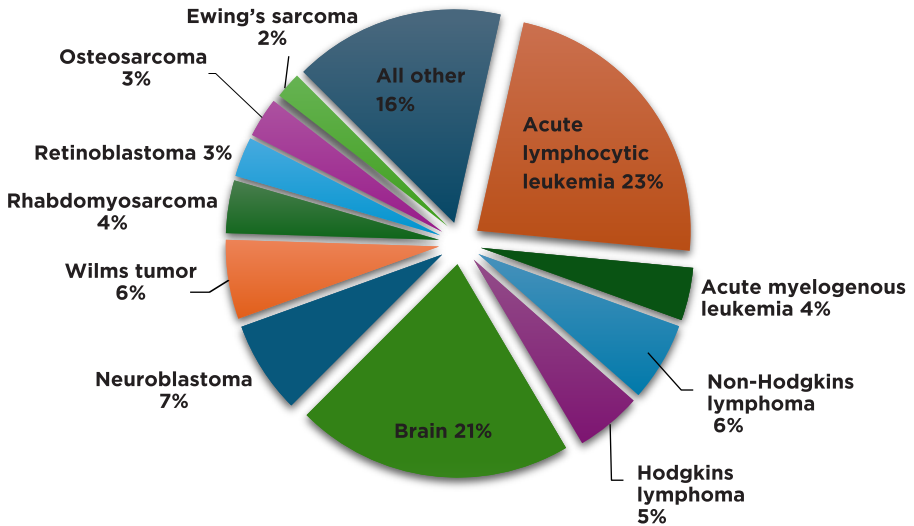
It is estimated that approximately 4,00,000 children (0-19 years) are diagnosed with cancer annually across the globe. Most of these children live in low - and middle-income countries (LMICs) where treatment is not available/affordable leading to wide disparity in survival of childhood cancers (30% in LMICs vs 80% in HICs). In India, childhood cancers in children aged 0-14 years account for 4% of all cancers in India.

Childhood cancers are often perceived as rare, incurable, or uniformly tragic. It is one of the most **curable groups of cancers** when diagnosed early and treated appropriately. Each year, an estimated **50,000–70,000 children in India develop cancer**. With timely diagnosis and access to standard treatment, **over 70–80% of these children could survive globally**. Yet, in India, survival rates remain significantly lower largely because many children are diagnosed **too late, some not have access to diagnostic or treatment facility, referrals to appropriate treatment may be delayed or accompanying malnutrition may further affect the treatment outcomes**.

The most common types of childhood cancers include acute leukaemia, Brain and spinal cord tumours, Neuroblastoma, Wilms tumour, Lymphoma (Hodgkin and non-Hodgkin), Rhabdomyosarcoma, Retinoblastoma, Bone cancer (osteosarcoma and ewing sarcoma). While majority of childhood cancers do not have an identified cause, about 5-15% can be attributed to familial causes and about 5% to environmental exposures. Diagnostic modalities are determined based on suspected cancer, and treatment is decided based on the diagnosis and may include chemotherapy, surgery, radiation, stem cell transplantation, or immune therapy.

Early diagnosis is not about expensive technology or rare expertise alone. It is about **awareness, suspicion, access, and action** by families, caregivers, doctors, and society at large. There has to be a high index of suspicion to detect cancer early.

### Spectrum of Childhood Cancers



### Why Early Diagnosis Matters

Cancer in children behaves differently from adult cancers. Childhood cancers are much less common than cancers in adults. Pediatric cancers are generally:

- **Childhood cancers are different from adult cancers**
- More curable if treated early
- More aggressive and more responsive to treatment
- Many adult cancers are related to lifestyle risk factors (tobacco use, alcohol consumption, inappropriate diet, sedentary lifestyle) while the causes of most childhood cancers are not known.
- Associations with genetic syndromes is more commonly reported.
- Most common childhood cancers are leukemias, lymphomas, brain tumors, and bone cancer. Adult cancers are more likely to occur in the lung, colon, breast, prostate, and pancreas
- Treatment is more likely to be successful in childhood than adult cancers
- Long term and late effects are a significant concern in survivors of childhood cancer

A child diagnosed at an early stage often requires **less intensive therapy**, experiences **fewer complications**, less likely to be exposed to other modalities for treatment and has a **higher chance of complete cure**.

In contrast, delayed diagnosis leads to advanced disease, higher treatment costs, more investigations, increased toxicity, long-term disability, and, tragically, preventable deaths. In India, studies show that many children experience a **delay of weeks to months** between the first symptom and reaching a pediatric cancer centre. This delay can mean the difference between life and death.

### Common Warning Signs: What Families and Caregivers

Parents and caregivers are the **first line of detection**. Childhood cancer often presents with **non-specific symptoms**, which are easily mistaken for common infections or nutritional problems. It often happens that the signs of symptoms of common diseases if ongoing a

Red flags that require medical evaluation include:

- Fever for over 7 days with no apparent cause
- Easy fatigability, weight loss, progressive pallor
- Easy bruising or bleeding
- Headache: Persistent and progressive, and primarily nocturnal, that awakens the child or appears when rising in the morning and may be accompanied by vomiting, convulsions, and gait abnormalities
- Bone pain that has increased progressively in the last month and disrupts the child's activities, limping
- Lymph node enlargement which is persisting/increasing and not explained by other causes like sore throat/others and not responding to antibiotic course
- Requirement for blood component therapy
- Abdominal enlargement, Swelling of abdomen, face, or limbs
- Soft tissue/bony hard swellings in the body
- White reflex in eye(especially in photographs), squint, proptosis
- Unexplained jaundice, rash, ear discharge, polyuria, air leaksShould Know

These symptoms **do not always mean cancer**, but they should **never be ignored if persistent**. Trusting parental instinct and seeking timely medical advice saves lives.

### Risk Factors for Occurrence of Childhood Cancers

Unlike adults, most often there is no cause for childhood cancer. However there are certain risk factors that increase the chance of occurrence for childhood cancer, these are as follows

- Exposure to infections (e.g., EBV, HPV, HBV, HCV)
- Radiation / Radiotherapy exposure / chemotherapy
- Knowledge about hereditary nature of some cancers and cancer predisposition syndromes

- Environmental exposures (eg: pesticides)
- Exposure to infections (e.g., EBV, HPV, HBV, HCV)
- Radiation / Radiotherapy exposure / chemotherapy
- Knowledge about hereditary nature of some cancers and cancer predisposition syndromes
- Genetic conditions (e.g., Downsyndrome, Beckwith-Weidemann Syndrome, Familial Adenomatous Polyposis (FAP), Li-Fraumeni Syndrome, Fanconi Anemia (FA), Noonan Syndrome)

### The Role of Doctors: Think Cancer Early

For doctors, especially general **practitioners, pediatricians, and primary care physicians**: early diagnosis depends on maintaining a **high index of suspicion**.

Key challenges include:

- Overlapping symptoms with infections and anemia
- Limited access to diagnostics in peripheral areas
- Fear of alarming families unnecessarily

However, the guiding principle should be simple:

**“It is safer to rule out cancer than to miss it.”**

Prompt referral to a pediatric oncology centre, basic investigations like blood counts, imaging, histopathology and early specialist consultation can dramatically alter outcomes. Short delays compound rapidly in childhood cancer.

It is important to keep in mind clinical presentations (both usual and unusual). Risk factors for occurrence of cancers should be known.

Sign/Symptom-based screening can be done to ensure timely and accurate diagnosis and prevent treatment delays. Family history of cancer should always be taken particularly for some cancers like retinoblastoma. If there is a suspicion/diagnosed case of cancer in any member of family particularly if has had cancer at early age (40-45 years), such cases need further evaluation.

### Survivors: Living Proof That Early Diagnosis Works

**With improvements in diagnosis and advances in therapeutics and supportive care, there is a growing population of childhood cancer survivors.**

Childhood cancer survivors are the **strongest ambassadors of early diagnosis**. Many survivors lead completely normal lives—studying, working, marrying, and becoming parents.

Their stories remind society that:

- Childhood cancer is treatable
- Cancer in children is **not a death sentence**

- Early treatment reduces long-term complications
- Survivorship is a reality worth investing in

Survivors also highlight an important truth: **cure is not the end of the journey**. Early diagnosis reduces the burden of late effects such as heart disease, infertility, learning difficulties, and second cancers allowing survivors to live healthier, fuller lives.

It is important to know that while survivors can lead normal lives, they need to be included into the society but should be under long term follow up with the treating team.

### Caregivers: The Invisible Pillars Behind Every Child with Cancer is a

caregiver most often a parent who sacrifices work, income, sleep, and emotional stability. Late diagnosis intensifies this burden:

- Longer hospital stays
- More aggressive treatment
- Higher financial stress
- Greater emotional trauma

Early diagnosis not only saves the child but also **protects families from catastrophic hardship**. When treatment is shorter, less toxic, and more predictable, families can cope better and remain resilient.

### Donors: Your Support Saves More Than One Life

For donors and philanthropic organizations, early diagnosis represents one of the highest-impact investments in healthcare.

Donor support can enable:

- Awareness campaigns in schools and communities
- Training programs for frontline doctors
- Diagnostic facilities in underserved regions
- Patient navigation and referral systems
- Financial support for early treatment initiation
- Rehabilitation, survivorship, palliative care

Importantly, **money spent on early diagnosis saves future costs** both medical and social. A child cured early becomes a productive adult, contributing back to society many times over.

### The Indian Context: Unique Challenges and Opportunities

India faces specific challenges:

- Large population with uneven healthcare access
- Rural vs urban disparities
- Financial constraints and delayed referrals
- Social stigma and myths around cancer

- At the same time, India has unique strengths:
- Strong family systems
- Expanding pediatric oncology networks
- Government schemes supporting childhood cancer care
- Growing survivor and advocacy communities

Harnessing these strengths requires coordinated action across public health, private healthcare, non-governmental organizations, and community leaders.

### What the General Public Can Do

Early diagnosis is not the responsibility of doctors alone. Society plays a crucial role.

- Spreading awareness of warning signs
- Encouraging families to seek medical advice early
- Reducing stigma associated with cancer
- Supporting childhood cancer charities
- Advocating for better pediatric healthcare policies

### A Call to Action

Childhood cancer is curable if detected in time and treated properly

- **Parents:** Trust your instincts.
- **Caregivers:** Seek help early and persist.
- **Doctors:** Think cancer, refer early.
- **Donors:** Invest in awareness and access.
- **Survivors:** Share your stories.
- **Society:** Stand together for children.

Early diagnosis is not just a medical strategy: it is a moral responsibility. By recognizing symptoms early, supporting timely referral, and ensuring access to care, we can transform childhood cancer from a feared diagnosis into a **story of hope, survival, and success.**

Saving children's lives begins with seeing the **signs in time.**

To summarize, Early diagnosis is important

- Better results on treatment outcome
- Less intensive treatment
- Less toxicity of drugs
- Better chances of survival
- May avoid radiation & surgery
- Less cost
- Improved quality of life
- Less late effects

## The Invisible Patients: Siblings of Children Undergoing Childhood Cancer Treatment



**Aayushi Khaneja**

Sr. Psychologist, Department of  
Pediatric Hematology Oncology,  
RGCIRC

When a child is diagnosed with cancer, the entire family is affected. While medical care and psychosocial support rightly focus on the child undergoing treatment, siblings are often unintentionally overlooked. These children remain largely unseen earning them the term “the invisible patients.” As a psychologist who has worked with children with cancer and their families for many years, I have come to believe that siblings require just as much care and understanding as the child who is ill.

Parents usually receive diagnosis first and often struggle with how to communicate this information to siblings. To protect them, especially younger children—parents may delay or limit disclosure. However, this silence can create confusion, anxiety, and fear, as siblings attempt to make sense of visible changes in family routines, parental availability, and emotional climate. Older siblings are frequently expected to understand, adjust, and help. Many assume caregiving roles prematurely, missing school, examinations, or career opportunities. Younger siblings, meanwhile, may feel neglected, insecure, and desperate for attention. Both scenarios place siblings at risk of emotional distress and altered developmental trajectories.

Siblings of children with cancer commonly experience anxiety, sadness, anger, guilt, fear, and loneliness. Research has shown higher rates of psychological distress and post-traumatic stress symptoms in this population, sometimes persisting long after treatment completion. Disruptions to daily life are common. School routines, academic performance, peer relationships, and extracurricular activities may all be affected. Siblings may feel invisible within the family, perceive reduced parental engagement, or struggle with peers who do not understand their circumstances. In some cases, children also face stigma or bullying, further compounding their distress.

One clinical encounter remains deeply etched in my memory. A child with terminal illness expressed a strong wish to return home during his final days. His mother explained that she could not fulfill this wish because she had assured the older sibling that the younger child would return home cured. As the prognosis worsened, the mother experienced profound guilt—feeling she had failed both her children. This moment underscored an essential truth in pediatric oncology: we do not treat an individual child in isolation; we treat an interconnected family system.

In another instance, a younger sibling developed significant behavioral difficulties at school while her sister underwent prolonged cancer treatment. With parents spending most of their time in hospital, the child's emotional distress manifested as aggression, attention-seeking behaviors, and somatic complaints reflecting an unmet need for connection and reassurance.

These experiences highlight the urgent need to include siblings in the care process. I strongly believe siblings should be part of counseling sessions whenever possible and should be given honest, age-appropriate explanations of the situation that match their developmental understanding. Shielding them from reality may feel protective, but it often leads to confusion, anxiety, guilt, and long-term mental health concerns.

Beyond psychological support, families may benefit from structured interventions such as:

- Supervised hospital visits for siblings,
- Interactive sessions with doctors where siblings can ask questions,
- Joint participation in hospital and department activities,
- Education/employment support/ scholarships for siblings

Parents often feel torn between the needs of the ill child and those of their other children. While it is undeniably difficult, it is essential that parents strive to treat each child with equal care and consideration. Siblings should not be made to feel guilty for attending school trips, birthday parties, or spending time with friends. Denying them these experiences may lead to suppressed anger, resentment toward both parents and the ill sibling, and long-term disruptions in family functioning.

When sibling needs are ignored, the entire family system becomes vulnerable to emotional strain, miscommunication, and unhealthy coping patterns. However, when siblings are supported, informed, and emotionally nurtured, families become more resilient, cohesive, and better equipped to face the cancer journey together.

# Rehabilitation for Childhood Cancer Survivors: Restoring Strength, Function and Independence



## Dr. Jessica Sparrow

Occupational Therapist, Rehabilitation Services Director,  
St. Jude Global Rehabilitation Services Program

When we think about children with cancer, we often picture hospital rooms, chemotherapy sessions, and the courage it takes to face each day. Yet for many survivors, the journey doesn't end when treatment finishes. Life after cancer brings its own challenges and rehabilitation can help children regain strength, independence, and a sense of normalcy.

Thanks to incredible advances in cancer care, survival rates for childhood cancer have dramatically improved. Today, in high-income countries, more than 80% of children survive at least five years after their diagnosis. In the United States alone, it's projected that nearly 580,000 survivors will be living by 2040. Worldwide, approximately 400,000 children develop cancer each year, with survival rates varying dramatically, particularly in low- and middle-income countries.

Surviving cancer is only part of the story. Children should have the services and resources not only to survive but to thrive. Many face challenges from the disease or its treatment from diagnosis through long-term survivorship, that can affect mobility, strength, cognition, hearing, vision, and mental health. These challenges can make everyday activities: going to school, playing sports, or managing daily routines more difficult. Rehabilitation addresses these needs.

Rehabilitation includes interventions that help children regain strength, mobility, developmental skills, and speech and language abilities, while also building strategies to navigate cognitive and sensory challenges. Its goal is to support children in returning to meaningful activities and achieving the highest possible quality of life.

Emerging research suggests that timely, high-quality rehabilitation can improve functional outcomes and participation for children with cancer. While the evidence base continues to grow, my 18 years as a clinical rehabilitation therapist have given me firsthand insight into the profound impact rehabilitation can have for children and their families. This value is evident in moments such as the joy parents feel when their child takes their first re-learned steps after complex bone tumor surgery; in helping a child at the end of life fulfill a wish to return home for the holidays, made possible through a specialized wheelchair and care-giver transfer training; and in enabling a child with chemotherapy-related hearing loss to fully participate in school with hearing aids and teacher support.

Yet, access to rehabilitation is far from equal. In low-resource settings, children often face multiple barriers to rehabilitation –limited funding, limited numbers of trained rehabilitation providers, and limited access to services and assistive products like wheelchairs and hearing aids. Recognizing these disparities, recently, international policy statements have called for rehabilitation to be a core part of health systems, emphasizing its importance in the care of individuals with non-communicable diseases, including cancer. At the same time, global initiatives are pushing for change in childhood cancer care. In 2018, the World Health Organization (WHO) launched the Global Initiative for Childhood Cancer (GICC), aiming to raise survival rates for six key childhood cancers to 60% worldwide by 2030, while also improving quality of life.

The field of pediatric oncology rehabilitation is advancing rapidly. Dedicated clinicians, researchers, and patient advocates are driving the development of evidence-based programs and expanding access to services worldwide. This growing momentum is evident at the Rajiv Gandhi Cancer Institute and Research Center, where a multi-disciplinary team is leading meaningful progress within the institution.

Members of the pediatric oncology team, rehabilitation team, and philanthropic department collaborated with St. Jude Global, an initiative of St. Jude Children's Research Hospital, to participate in a comprehensive assessment of rehabilitation services for children with cancer. The goal was to identify opportunities to strengthen rehabilitation care and better support function and quality of life. Globally, rehabilitation is increasingly recognized not as an optional add-on, but as an essential component of pediatric cancer care. The call to action now is for clinicians, researchers, policymakers, families, and survivors to work together to remove barriers and ensure that every child who needs rehabilitation can access it regardless of where they live.

Rajiv Gandhi Cancer Institute and Research Center is responding to that call and improving rehabilitation care for children in the Asia Pacific region. Every day, children with cancer demonstrate remarkable strength in the face of illness and treatment. Rehabilitation can help them regain function and engage in the activities that matter most to run, play, learn, and live with independence and joy. As the global community advances equity in childhood cancer care, we move closer to a future in which every child has access to rehabilitation that supports their abilities, goals, and quality of life.

## Saving More than Lives: Organ Preservation in Pediatric Solid Tumors



**Dr. Shalini Mishra**  
Consultant Pediatric  
Surgical Oncology, RGCIRC

Childhood cancer care has witnessed remarkable progress over the past few decades, with a dramatic rise in survival rates from under 30% in the 1960s to over 80% today; largely due to advancements in multi-agent chemotherapy, risk-stratified treatment, and improved supportive care. Once focused almost exclusively on survival, modern pediatric oncology has now evolved to emphasize not only curing the child but also preserving organ function, growth potential, and quality of life.

Solid tumors in children such as Wilms' tumor, neuroblastoma, hepatoblastoma, rhabdomyosarcoma, and germ cell tumors, often arise in vital organs. Historically, aggressive surgery involving complete organ removal was considered necessary to achieve cure. While effective in disease control, such approaches frequently resulted in long-term morbidity, including chronic kidney disease, hepatic insufficiency, infertility, skeletal deformities, limb amputation, and psychosocial challenges. Today, advances in multimodal therapy have transformed this landscape.

The principle of organ preservation rests on achieving oncologic safety while minimizing functional loss. This has been made possible by a better understanding of tumor biology, risk stratification, and response-adapted therapy. Preoperative (neoadjuvant) chemotherapy (NACT) plays a pivotal role by reducing tumor size, facilitating less extensive surgery, and decreasing the risk of intraoperative tumor spillage. For instance, in Wilms' tumor, one of the most common pediatric renal malignancies, such an approach further reduces the need for postoperative radiotherapy, thereby limiting potential long-term sequelae, particularly when treatment is administered at a very young age.

Similarly, in neuroblastoma, risk-adapted protocols allow low- and intermediate-risk tumors to be managed with limited surgery or just observation, avoiding unnecessary organ damage. Even in aggressive high-risk Neuroblastoma, removal of all tumor tissue with careful preservation of the adjoining organs, like kidney, is done with precision. In hepatoblastoma, advances in chemotherapy have improved resectability rates, allowing partial hepatectomy rather than total liver removal, and reducing the need for liver transplantation in many children.

Limb salvage surgery can be successfully performed in majority of adolescent children with osteosarcoma or Ewing's sarcoma after NACT, thus mitigating the need for limb amputation and lifelong disability.

Surgical innovation has further strengthened organ-preserving strategies. Improved imaging, intraoperative ultrasound, virtual 3-D reconstruction and printing, along with meticulous surgical techniques, enable precise tumor excision while safeguarding surrounding structures. In tumors involving the pelvis or thorax, nerve-sparing and structure-preserving dissections help maintain continence, mobility, and respiratory function.

Radiation therapy, once a major contributor to long-term organ damage, has also evolved. Modern conformal techniques, such as intensity-modulated radiotherapy and proton therapy, allow for the precise targeting of tumors while sparing adjacent healthy tissues. This is particularly important in growing children, where radiation-induced damage can have lifelong consequences.

Organ preservation extends beyond the immediate surgical field. Fertility preservation strategies, including gonadal shielding, ovarian transposition, and cryopreservation, are increasingly integrated into treatment planning. Functional outcomes related to hearing, vision, cardiac health, and endocrine function, are actively considered; ensuring that survivors can lead productive and fulfilling lives.

The success of organ preservation in pediatric solid tumors is inherently multi-disciplinary. Pediatric surgeons, oncologists, radiologists, pathologists, radiation oncologists, intensivists, and rehabilitation specialists collaborate closely to individualize care. Such coordinated efforts require robust infrastructure, specialized expertise, and sustained support.

In conclusion, organ preservation in the management of childhood solid tumors represents a paradigm shift from survival alone to survivorship with dignity. It embodies the belief that curing cancer should not come at the cost of lifelong disability. Through innovation, collaboration, and commitment, pediatric oncology continues to move closer to its ultimate goal: saving lives while preserving the essence of childhood.



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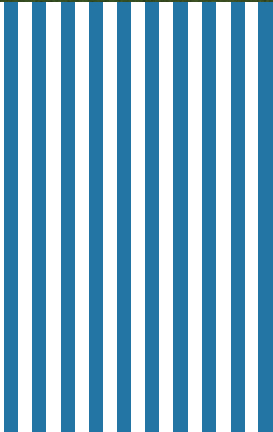
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