

# AOI ONCOLOGY



# CHRONICLE

July 2026

Volume 1



## Advancing Oncology Through Expertise & Evidence

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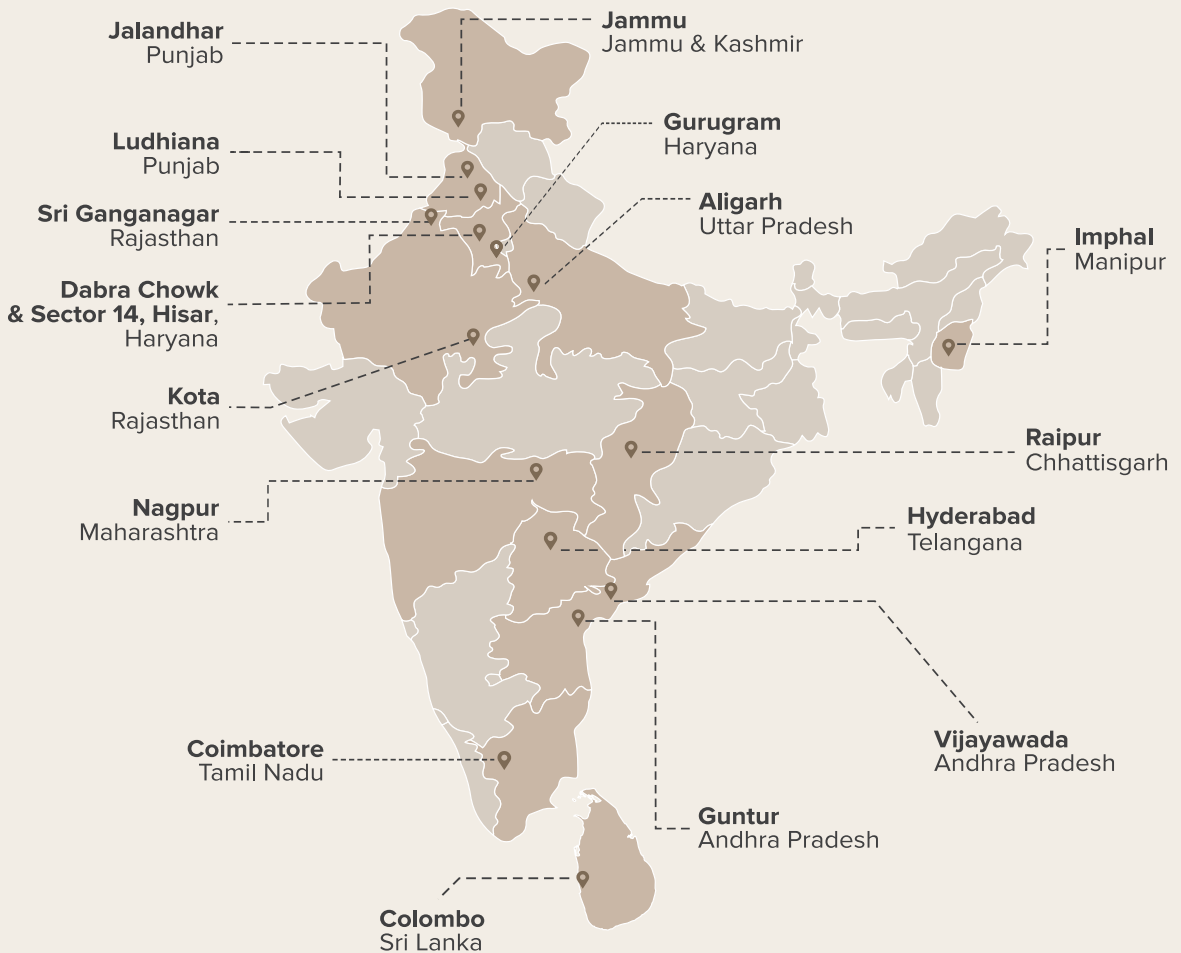
**17** ONCOLOGY CENTERS

**150+** MULTIDISCIPLINARY EXPERTS

**1** INTEGRATED ONCOLOGY NETWORK

[www.americanoncology.com](http://www.americanoncology.com)

# Our facilities across South Asia



*We journey with you...*

*From the*  
**Chairman's Desk**

This edition of AOI Oncology Chronicle brings together a diverse set of clinical cases that reflect the evolving landscape of cancer care. Each case has been curated to highlight not only clinical complexity, but also the depth of decision-making and multidisciplinary coordination that underpin effective outcomes.

Across these narratives, there is a clear shift toward precision-led oncology where treatment strategies are increasingly individualized, particularly in high-risk and challenging scenarios. From organ-preserving radiation approaches to the management of rare malignancies and treatment-related complications, the emphasis remains on delivering care that is both clinically rigorous and outcome-focused.

Equally significant is the role of collaboration. The integration of expertise across specialties continues to be central in navigating complexity and ensuring that each patient benefits from a well-rounded, evidence-based approach.

AOI Oncology Chronicle is intended to serve as a platform for shared clinical insight capturing real-world experiences that reflect how oncology practice is advancing through innovation, discipline, and continuous learning.

We hope this edition provides meaningful perspectives and contributes to ongoing dialogue within the oncology community.



## **Dileep Mangsuli**

Chairman at Cancer Treatment  
Services International (CTSI)



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# Editorial Committee



**Mr. Faisal Siddiqui**

**Vice President &  
Chief Operating Officer,  
Processes**

Advances in oncology today call for more than individual expertise – they require teams to come together around proven evidence and shared learning. When evidence – based thinking becomes part of everyday practice and insights are openly exchanged across clinicians and our units, care becomes more consistent and outcomes more predictable.

This not only minimizes variation but also nurtures a culture where excellence is collectively owned. In doing so, we build greater trust with patients, deliver better results and create lasting value across our entire organization.



**Dr. Vibhor Gupta**

**Director  
Medical Operations &  
Quality (Oncology), South Asia**

It is my privilege to welcome you to the inaugural edition of our clinical newsletter. This publication has been envisioned as a platform to share the remarkable work being undertaken across our hospitals and to celebrate the expertise of our oncology teams.

In this issue, we present a selection of complex and unique cancer cases that demonstrate clinical excellence, multidisciplinary collaboration and innovative problem-solving. These experiences not only highlight successful patient outcomes but also provide valuable learning opportunities for all of us. I thank every contributor and look forward to growing this knowledge-sharing tradition together.



**Dr. Mir Raza Ali Khan**

**Director  
Medical Operations &  
Quality (Multi-specialty)  
South Asia**

Oncology today demands evidence-based practice, multidisciplinary collaboration, and innovation in diagnostics and therapeutics.

The AOI Oncology Chronicle captures our clinical experiences, treatment insights, and evolving best practices to strengthen cancer care across our network. In India's growing oncology landscape, this platform advances knowledge for clinicians while empowering patients through shared expertise. I am honoured to be associated with this initiative, reflecting our commitment to clinical excellence and improved patient outcomes.

## Medical Committee



**Dr. Jagdishwar  
Goud Gajagowni**  
Senior Consultant & National Director  
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Surgical Oncology  
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**Dr. Vijay Koduru**  
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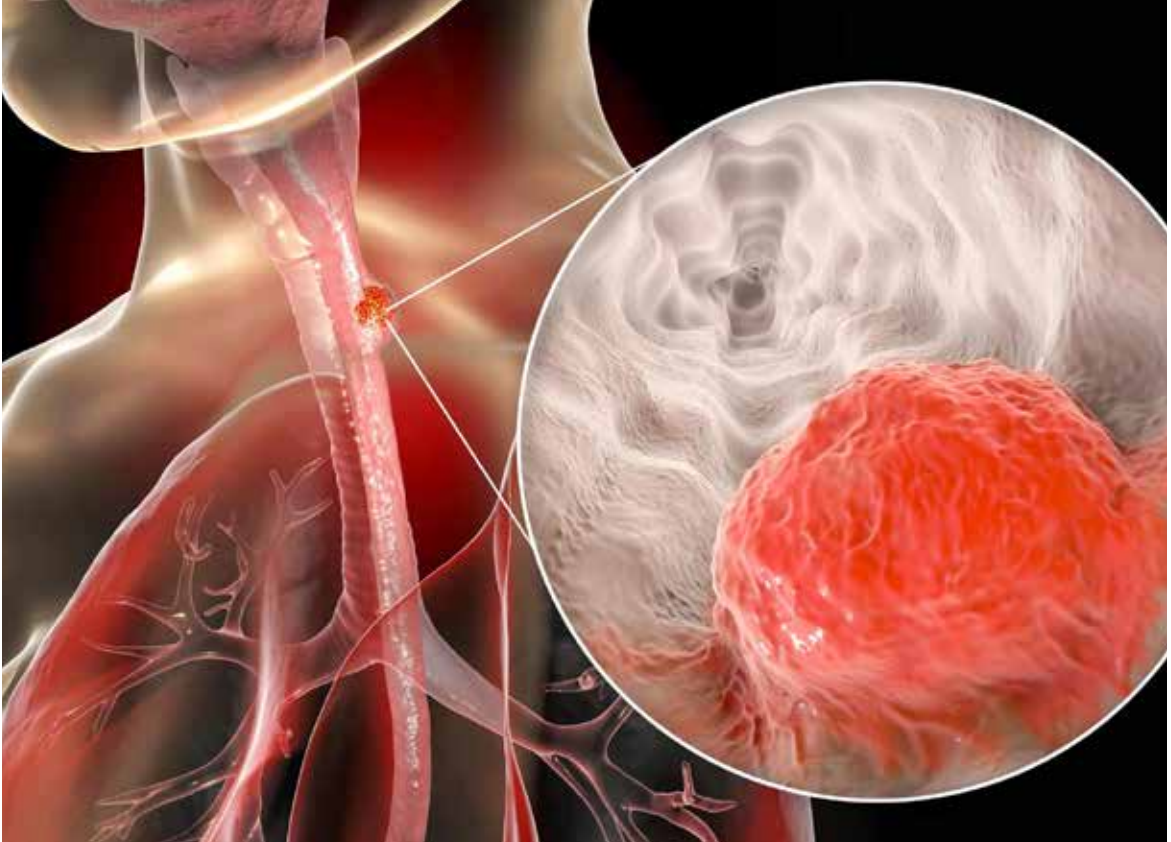
**Dr. Ashish Bhange**  
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**Dr. Eshant Inapuri**  
Consultant  
Surgical Oncology  
AOI Vijayawada, Kanuru

# Precision Oncology: The New Frontier in Esophageal Cancer Surgery

## A Global Success Story in Hyderabad



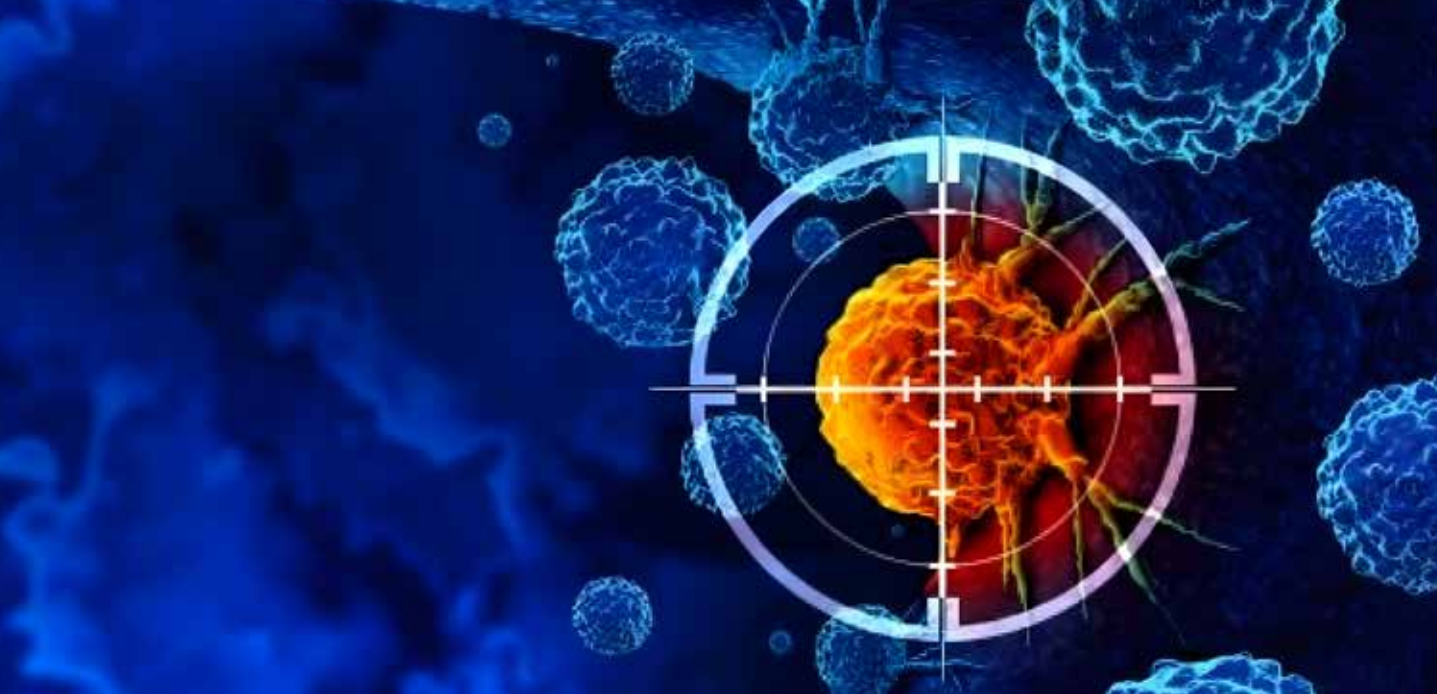
In a significant milestone for precision medicine, the American Oncology Institute (AOI), Hyderabad, recently performed a high complexity robotic esophagectomy on a 54-year-old patient from the United States. This case highlights a major shift in cancer treatment: the integration of robotic assisted surgery with Indocyanine Green (ICG) fluorescence guided technology.

The patient, diagnosed with an early-stage adenocarcinoma at the gastroesophageal junction, sought treatment at AOI Hyderabad a Facility now recognized globally for hosting one of the largest series of esophagectomy procedures in India.



**Dr. Jagdishwar  
Goud Gajagowni**

Senior Consultant & National Director  
Robotic Onco Surgery,  
AOI Hyderabad



## The Invisible Threat

Small tumours (in this case, only 1.5 cm) often hide beneath the surface, making them nearly invisible to the naked eye during standard surgery. By integrating ICG fluorescence with robotic surgery, we are moving from subjective surgery to objective, image guided precision. This significantly enhances safety and oncological outcomes Dr. Jagdishwar Goud Gajagowni.

To solve this, the surgical team utilized the Firefly imaging system. By injecting a small dose of ICG directly into the tumour, surgeons were able to see the cancer "glow" bright green in real time. This allowed for perfect localization and ensured that the tumour was removed with safe, clean margins.

## Critical Structure Protection

Visualizing the Thoracic Duct and Airway to prevent accidental injury to the lungs and lymphatic system.

## The "Triple ICG Strategy"

Redefining Surgical Safety

The AOI team didn't stop just finding the tumour. They implemented a comprehensive Triple ICG Strategy to safeguard the patient during the Robotic Ivor Lewis esophagectomy.

## Tumour Localization

Ensuring 100% Oncological Clearance.

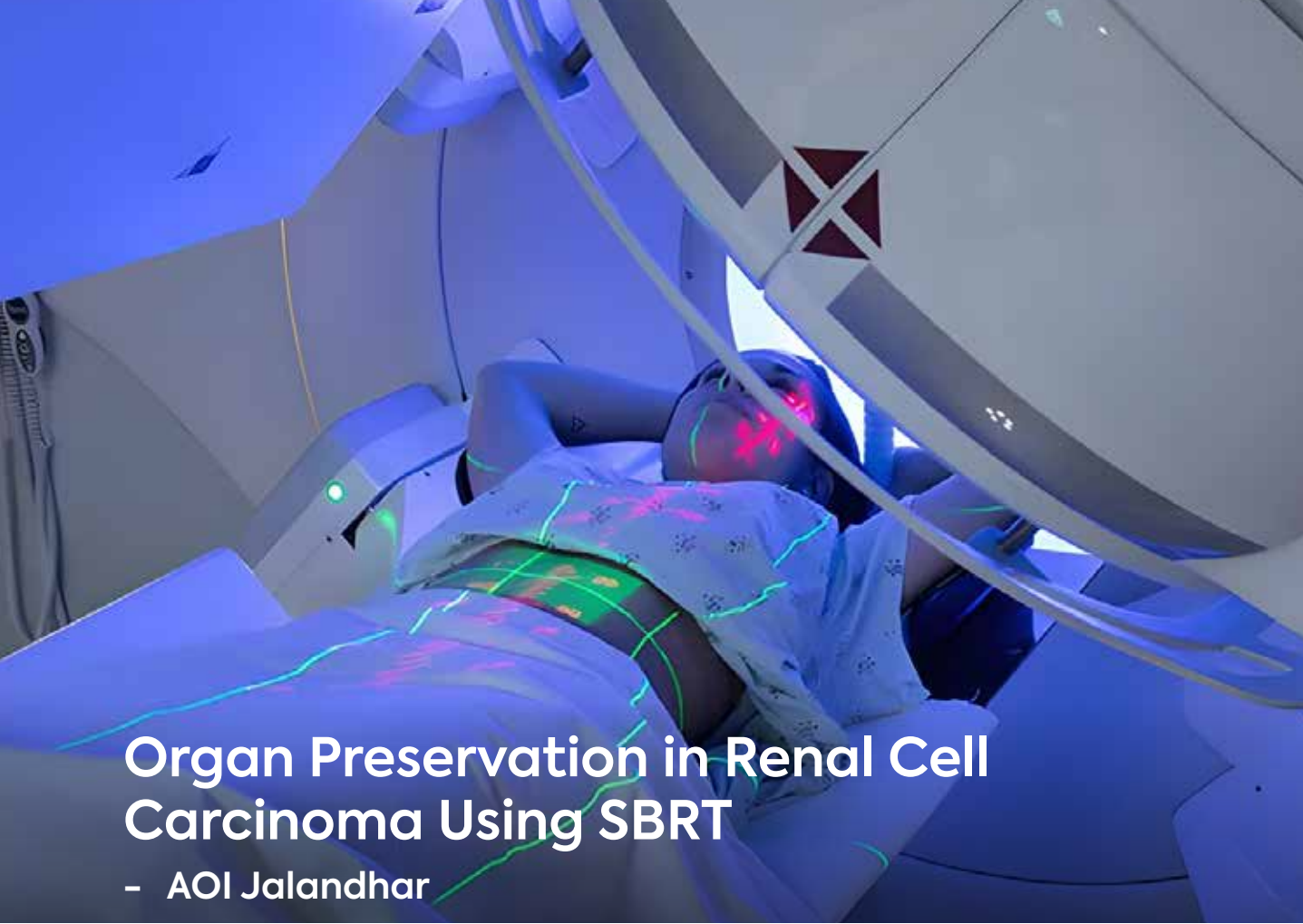
## Perfusion Assessment

Real-time monitoring of blood supply to prevent surgical leaks.

## Proven Results

A Study of 32 Patients

This wasn't just a one-time success. A prospective study conducted by the AOI team on 32 patients revealed the transformative power of this objective guidance.



# Organ Preservation in Renal Cell Carcinoma Using SBRT

- AOI Jalandhar

American Oncology Institute (AOI), Jalandhar continues to push the boundaries of non-invasive oncology. In a landmark case, a multi-disciplinary team has successfully treated a 62-year-old patient battling Renal Cell Carcinoma (Kidney Cancer) complicated by chronic kidney disease (CKD) and Liver Cirrhosis, avoiding both the surgeon's knife and lifelong dialysis.



## Dr. Rahul Lal Chowdhary

Consultant  
Radiation Oncology,  
AOI Jalandhar

## The Clinical Challenge

### High Risk, High Stakes

For this specific patient, conventional surgical intervention was not just difficult, it was exceptionally dangerous.

## The Risk

Surgical removal of the kidney would likely have triggered total renal failure, necessitating permanent dialysis.

## Comorbidity

Pre-existing liver cirrhosis added a secondary layer of high surgical mortality risk.

## The Solution

### Targeted SBRT

Guided by the successful results of the FASTRACK clinical trials, Dr. Rahul Lal Chowdary, Consultant Radiation Oncologist opted for Stereotactic Body Radiotherapy (SBRT).

## What is SBRT?

It is an advanced radiation technique that delivers high-precision, potent doses to the tumor while sparing healthy surrounding tissue.

## Frequency

Only 3 short sessions over a single week.

## Invasive level

Zero cuts, zero blood loss.

## Outcome

10 months post treatment, the patient remains clinically stable with preserved kidney function.



## Expert Voices

This is not just about curing cancer; it is about preserving dignity, organ function, and quality of life. Radiation is no longer the last resort it's the new frontier in organ-preserving cancer care.

Dr. Rahul Lal Chowdary, Radiation Oncologist, AOI Jalandhar states, In cases where surgery is not an option due to compromised organ function, targeted radiation therapy allows us to treat malignancy while protecting the kidney. Outcomes like these reinforce the importance of patient-centric, organ-preserving approaches.



# Autologous PBSCT in HIV-Positive Multiple Myeloma

- AOI Imphal

At American Oncology Institute (AOI), Imphal, a 54-year-old male, known retro positive case for more than 20 years, receiving antiretroviral therapy with Abacavir, Lamivudine and Dolutegravir with good adherence. The patient presented severe back pain for 3 weeks in August 2025. The patient had comorbid T2DM and hypertension. This report highlights a significant clinical achievement in the management of Multiple Myeloma within the context of chronic HIV infection.



**Dr. A. I. Singh**

**Consultant**  
Hemato Oncology,  
AOI Imphal



Key takeaways from this case include:

## The Invisible Threat

The patient presented with Stage III Multiple Myeloma (ISS) and severe renal dysfunction (S. Creatinine 4.4 mg/dl) despite a 20-year history of well-managed HIV.

## The CD4 Milestone

A critical factor in moving toward transplant was the recovery of the CD4 count. Starting at  $<100$  cells/ $\mu\text{L}$ , the patient reached a safe threshold of 255 cells/ $\mu\text{L}$  through effective induction therapy and continued ART.

## Successful Mobilization

Using G-CSF and Plerixafor, a robust stem cell yield of  $6.15 \times 10^6$  CD34<sup>+</sup> cells/kg was achieved.

## Rapid Engraftment

Despite the complexities of comorbid T2DM, hypertension, and HIV, neutrophil engraftment occurred on Day +9 and platelet engraftment on Day +11. This case demonstrates that with a multidisciplinary approach and careful viral management, Autologous PBSCT is a safe and effective “*standard of care*” option even for patients with long-term HIV-induced immunosuppression.

# 72-Year-Old Triumphs Over Stage IV Lymphoma

- AOI Sri Ganganagar

In a significant milestone for geriatric oncology in India, the American Oncology Institute (AOI), Sri Ganganagar, recently celebrated the successful treatment of an advanced-stage lymphoma patient. This case serves as a powerful reminder that age and stage are no longer insurmountable barriers to effective cancer care.

## The Challenge

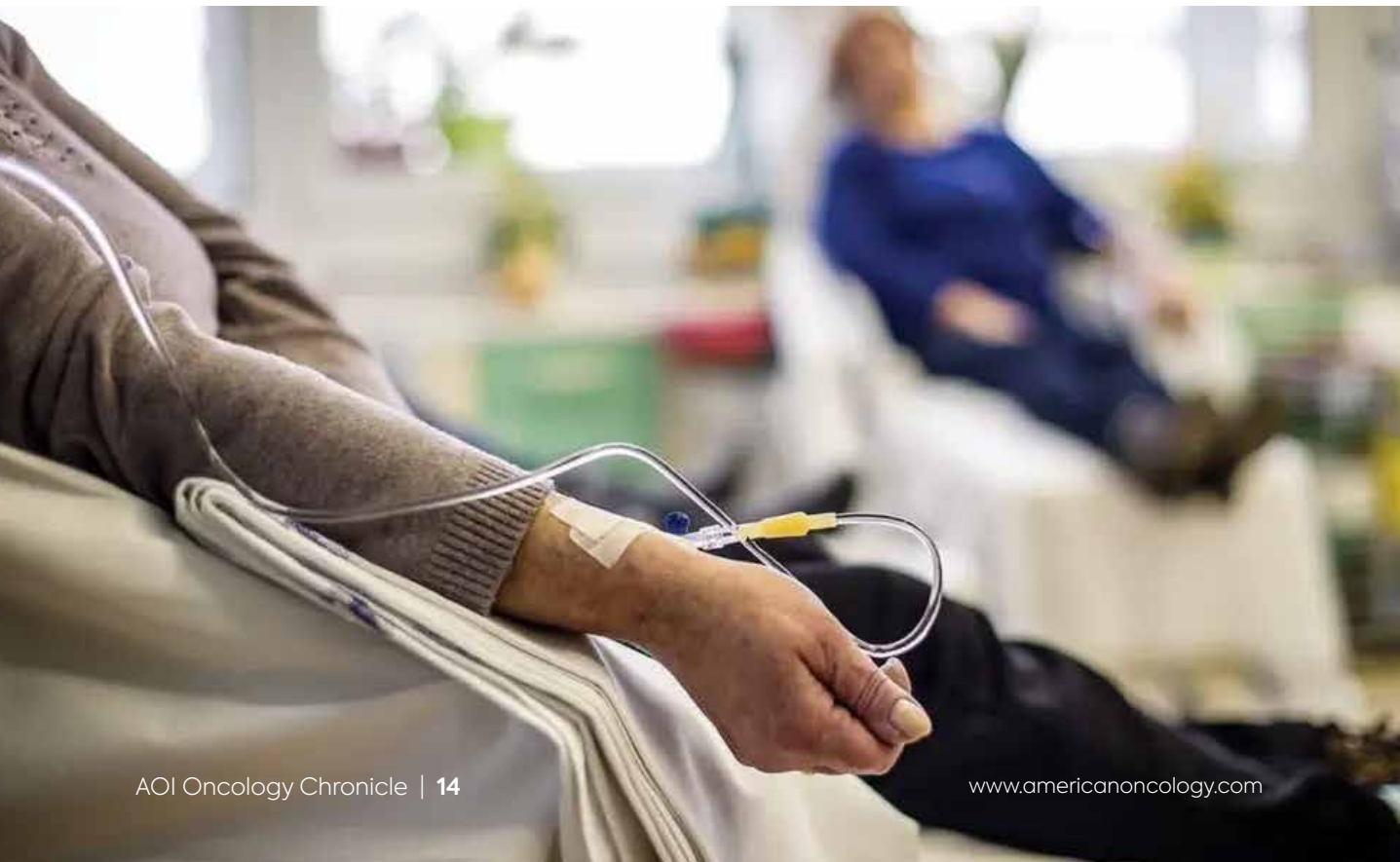
### Advanced High-Grade DLBCL

In March 2024, a 72-year-old patient presented with a large, firm mass (10 x 8 cm) on the nape of the neck. While painless, the swelling restricted mobility and was accompanied by noticeable weight loss.



**Dr. Navaneeth Reddy**

Medical & Hemato-Oncology,  
AOI Sri Ganganagar



Diagnostic evaluations revealed a complex clinical picture:

## Diagnosis

High-grade Diffuse Large B-cell Lymphoma (DLBCL).

## Biopsy Markers

CD20+, CD45+, and a Ki-67 index of 60–70%, indicating rapid cell proliferation.

## Staging

PET-CT scans confirmed Stage IV lymphoma, with FDG-avid deposits spreading across the chest wall, thighs, pelvic muscles, and abdominal wall.

## Breaking the “Elderly Barrier”

There is a common misconception that aggressive chemo-immunotherapy is too taxing for elderly patients. However, the medical team at AOI tailored a strategy focused on CD20-directed therapy combined with specialized chemotherapy.

*“This case highlights the effectiveness of modern chemo-immunotherapy in elderly patients,” says Dr. Navaneeth Reddy, Medical & Hemato-Oncologist at AOI. “Contrary to common belief, well-tailored regimens can lead to successful outcomes even in advanced stages.”*

## Why This Matters for India

The incidence of non-Hodgkin lymphoma (NHL) is rising across India, often linked to urban lifestyle shifts and late-stage diagnoses. This success story underscores three critical pillars of modern Indian healthcare

## Early Intervention

Recognizing symptoms like persistence, painless swellings and unexplained weight loss.

## Tailored Care

Customizing treatment based on comorbidities and ECOG performance scores rather than age alone.

## Global Standards

Access to American and European guideline-based therapies is now a reality in India, reaching patients across all socioeconomic backgrounds. This breakthrough reinforces AOI’s commitment to providing world-class, internationally aligned care. For patients and families navigating a lymphoma diagnosis, this case stands as a beacon of hope. Advanced cancer is treatable, and age is not a contraindication for recovery.

# Metastatic Breast Cancer: A 6-Year Success Story - AOI Jammu

At American Oncology Institute (AOI), Jammu, we believe that no diagnosis is too complex when met with clinical excellence and advanced technology. Today, we celebrate a remarkable milestone a patient who has remained cancer free for six years after battling metastatic breast cancer.

## The Challenge

### A Complex Diagnosis

A 50-year-old female patient arrived at our facility seeking hope during an incredibly difficult period. Following a comprehensive evaluation by Dr. Satyanker Gupta (Sr. Con. Medical Oncology), she was diagnosed with metastatic breast cancer.

As the journey progressed, the clinical challenge intensified. Further investigations revealed that the cancer had spread, manifesting as metastases in both the brain and the liver.

## Strategy

### A Multidisciplinary Approach

To combat this advanced stage of the disease, our multidisciplinary team engineered a personalized, aggressive treatment protocol. This integrated plan combined systemic and targeted interventions

## Targeted Therapy

Precision medicine to attack specific cancer cells.

## Chemotherapy

To aggressively manage the systemic spread.

## Hormonal Therapy

To block the hormones fueling the cancer growth.

## Advanced Precision

### SRS & SBRT

Addressing the spread to the brain and liver required the highest level of technical expertise. Our Radiation Oncology team, led by Dr. Deepak Abrol (Sr. Consultant, Radiation Oncology), utilized cutting-edge technology to deliver pinpoint treatment



**Dr. Satyanker Gupta**

Senior Consultant  
Medical Oncology,  
AOI Jammu



**Dr. Deepak Abrol**

Senior Consultant  
Radiation Oncology,  
AOI Jammu

## Stereotactic Radiosurgery (SRS)

For the non-invasive treatment of brain metastases.

## Stereotactic Body Radiotherapy (SBRT)

For highly precise targeting of liver lesions.

## The Outcome

### Six Years' Cancer-Free

The synergy of expert clinical judgment and state-of-the-art technology led to a remarkable recovery. Today, six years later, the patient shows no evidence of disease (NED).

*"This case is a testament to the power of timely intervention and a reminder that even in the most complex metastatic cases, world-class care can lead to life-changing outcomes."*

At AOI Jammu, we remain committed to pushing the boundaries of oncology to ensure every patient has the best possible chance at a healthy, cancer-free future.



# The "PSA Paradox": When FDG PET/CT Outperforms Traditional Markers

- AOI Sri Ganganagar

## The Case: An Aggressive Phenotype Hiding in Plain Sight

At American Oncology Institute (AOI), Sri Ganganagar, a recent clinical case involving a 73-year-old male presenting with lower urinary tract symptoms (LUTS) has highlighted a critical diagnostic challenge in prostate cancer management. Despite a PSA of only 3.33 ng/ml a level often considered low-risk initial MRI imaging revealed alarming skeletal metastases, prompting a deeper metabolic investigation via 18F-FDG PET/CT.



**Dr. Anjali Meena**

Consultant  
Nuclear Medicine  
AOI Sri Ganganagar

## Imaging Findings

The FDG PET/CT scan provided a comprehensive map of a highly aggressive disease state that traditional markers failed to fully capture.

## Primary Site

An intensely FDG-avid, heterogeneously enhancing mass involving the entire prostate gland.

## Rare Soft-Tissue Deposits

Unusual metastatic involvement was identified in the paravesical and pararectal spaces, as well as the penile shaft, a highly rare site for secondary deposits.

## The Diagnostic Dilemma

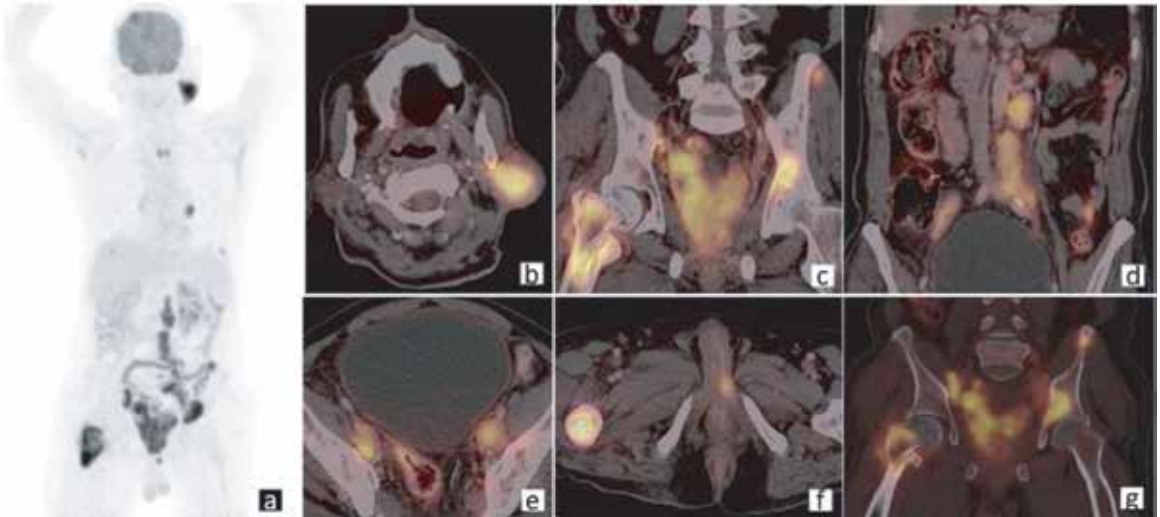
A localized FDG-avid lesion in the parotid gland with regional nodal involvement was detected. This raises the clinical suspicion of either an extremely rare metastatic site or a synchronous dual primary malignancy.

## Clinical Analysis

### The Neuroendocrine Suspicion

The stark contrast between the low PSA levels and the high FDG avidity is a clinical "red flag." Typically, prostate cancer cells are well differentiated and rely on fatty acid metabolism rather than glucose.

However, when a tumour demonstrates high glycolytic activity alongside low PSA production, it suggests a dedifferentiated or biologically aggressive phenotype, such as: Small-cell carcinoma of the prostate.



## Neuroendocrine differentiation

- High-grade Gleason patterns.
- The Evolving Role of FDG PET/CT in Prostate Cancer
- While 18F-PSMA PET/CT remains the gold standard for staging and recurrence due to its specificity, this case underscores the indispensable “niche” role of FDG imaging.
- When to consider FDG PET/CT

## Castration Resistant Disease (CRPC)

Identifying clones that have evolved beyond

## PSMA-Negative Lesions

In “flip-flop” scenarios where lesions are visible on FDG but not PSMA, indicating a loss of differentiation and a poorer prognosis.

## Treatment Stratification

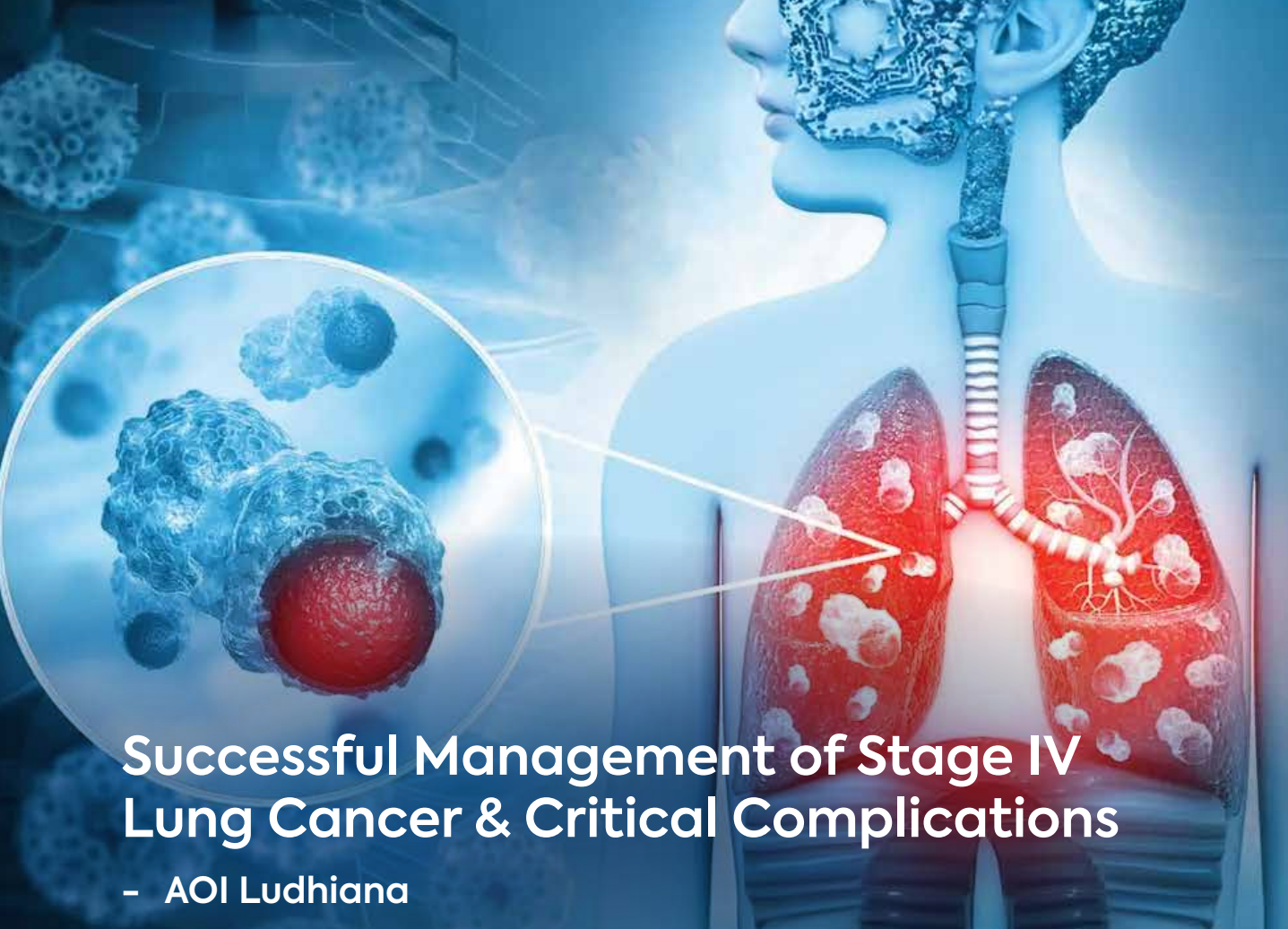
Assessing suitability for Radioligand Therapy; high FDG uptake in PSMA-negative zones often predicts a diminished response to targeted therapy.

## The Bottom Line

This case serves as a powerful reminder that PSA is not a universal barometer for disease burden. In the presence of aggressive variants, FDG PET/CT provides a whole-body assessment that can uncover unexpected synchronous malignancies and rare metastatic sites, ultimately guiding more aggressive or systemic therapeutic interventions.

## Key Takeaway

When the clinical picture doesn't match the PSA, look to the glucose. High FDG avidity in prostate cancer is a hallmark of high-grade transformation and requires a pivot in management strategy.



# Successful Management of Stage IV Lung Cancer & Critical Complications

- AOI Ludhiana

In a significant milestone for our oncology department, American Oncology Institute (AOI), Ludhiana, our multidisciplinary team recently managed a complex Stage IV lung cancer case complicated by life threatening treatment related to emergencies. This case serves as a testament to the power of rapid clinical intervention and integrated specialist care.



**Dr. Gurvinder Singh Grewal**

Assistant Professor  
Medical Oncology,  
AOI Ludhiana

## Case Presentation

The patient, a 60-year-old male, presented with Stage IV malignant neoplasm of the lung (T2b, N3, M1). Having been under observation since 2020 for progressive lymphadenopathy, advanced diagnostic evaluations including PET-CT and biopsy confirmed a primary small cell neuroendocrine carcinoma.

## The clinical picture was further complicated by

- Extensive lymph node metastasis.
- Pleural and pericardial effusion.
- Suspected secondary lymphoproliferative disorder identified via FNAC.
- Treatment Strategy & Response

Under the guidance of Dr. Gurvinder Singh Grewal (Assistant Professor, Medical Oncology), a robust therapeutic regimen was initiated

## Chemotherapy

Etoposide and Carboplatin.

## Immunotherapy

Serplulimab.

Initial results were highly encouraging, showing a significant reduction in lymph node size, confirming the efficacy of the selected protocol against the primary malignancy.

## Managing Critical Complications

The recovery journey was marked by two life-threatening events that required immediate, high-stakes intervention.

## Cardiac Tamponade

The patient developed severe pericardial effusion. Our team performed an urgent pericardial drainage to relieve pressure on the heart and restore hemodynamic stability.

## Immune-Related Adverse Event (irAE)

The patient experienced immunotherapy-induced encephalitis. This rare neurological complication was successfully reversed using high-dose corticosteroids and Rituximab.

## Current Status & Clinical Takeaways

Today, the patient is stabilized. His cardiac function is excellent, with a Left Ventricular Ejection Fraction (LVEF) of 60%, and only mild pericardial effusion persists.

This case underscores that in the era of advanced immunotherapy, success depends not just on the drugs we administer, but on our ability to monitor and manage the complex immune responses they trigger.

### Key Lessons:

## Vigilance

Early identification of irAEs (like encephalitis) is vital for survival.

## Collaboration

Seamless coordination between Oncology, Cardiology, and Critical Care saved this patient's life.

## Innovation

Utilizing advanced therapies like Serplulimab can yield results even in systemic, high-stage disease. Our hospital remains committed to pushing the boundaries of cancer care, ensuring that even the most challenging scenarios lead to hopeful outcomes.

# Milestone Alert: First Total Body Irradiation (TBI)

- AOI Gurugram

We are thrilled to announce a significant clinical breakthrough at Aarvy Healthcare, in collaboration with the American Oncology Institute (AOI), Gurugram. Our Radiation Oncology team reached a new pinnacle in patient care by successfully delivering the facility's first Total Body Irradiation (TBI). This procedure served as a vital conditioning regimen for a patient undergoing a Bone Marrow Transplant.

## What Makes TBI a Milestone?

Total Body Irradiation is a highly specialized technique that demands more than just advanced technology, it requires an extraordinary level of human expertise. The procedure is a critical step in preparing a patient's body for a transplant, necessitating.



**Dr. Babita Bansal Singh**

Senior Consultant  
Radiation Oncology,  
AOI Gurugram



## Meticulous Planning

Customizing radiation doses ensure maximum efficacy.

## Technical Precision

Delivering treatment with submillimeter accuracy.

## Multidisciplinary Synergy

Seamless coordination across various medical specialties.

## A True Team Effort

This achievement was made possible by the unwavering dedication of our diverse clinical and administrative teams. We extend our deepest gratitude and congratulations to our Radiation Oncologists & Transplant Physicians, Medical Physicists & Radiation Technologists, Nursing Staff & GDAs and Hospital Administration.



**This milestone further strengthens our commitment to delivering advanced, comprehensive, and patient-centric cancer care.**

By integrating cutting edge technology with a collaborative spirit, we continue to push the boundaries of what is possible in oncology, bringing hope and healing to our patients and their families.



# Leading the Way with Advanced Radiosurgery & Motion Management

## - AOI Hisar

At American Oncology Institute (AOI), Hisar, we continue to push the boundaries of oncological excellence. As the only centre in the region equipped with high-end Linear Accelerator technology, we are proud to offer life-changing, non-invasive treatment options that were previously unavailable in Hisar.

This year, our clinical team successfully performed 3 SRS, 5 SBRT, 5 SRT, and 10 DIBH cases, marking a new era of precision medicine for our community.



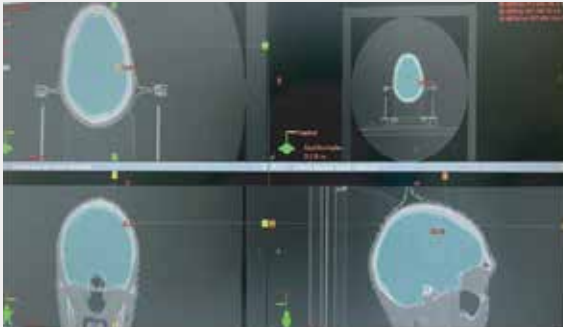
**Dr. Sumeet  
Aggarwal**

Senior Consultant  
Radiation Oncology,  
AOI Hisar

# Stereotactic Radiosurgery (SRS/SBRT/SRT)

## The Non-Surgical "Knife"

When cancer spreads (Metastasis) to sensitive areas like the brain or liver, traditional surgery is often too risky. Our Stereotactic procedures provide a powerful alternative, delivering ultra-high doses of radiation with pinpoint accuracy to "kill" cancer cells while sparing healthy tissue.



## Why it's a Game Changer

**Single Day Recovery:** Often completed in a single sitting as a daycare procedure.

**Surgical Precision:** Results are comparable to advanced surgical outcomes without the incisions.

**Minimal Interruption:** Patients can continue their systemic treatments (like chemotherapy) without delay.

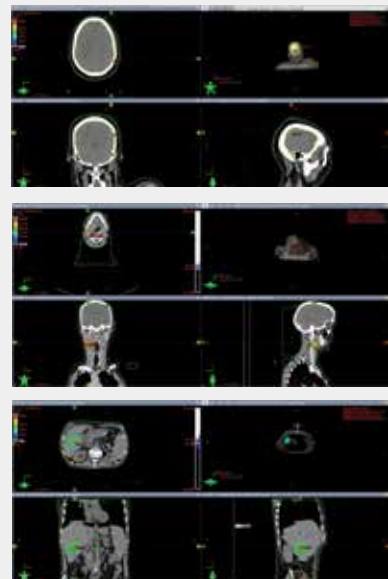
## Clinical Highlights

Successfully treated with SRT (21 Gy in a single fraction).

**Ca Ovary with Brain Mets:** Achieved targeted control with SRT (21 Gy in a single fraction).

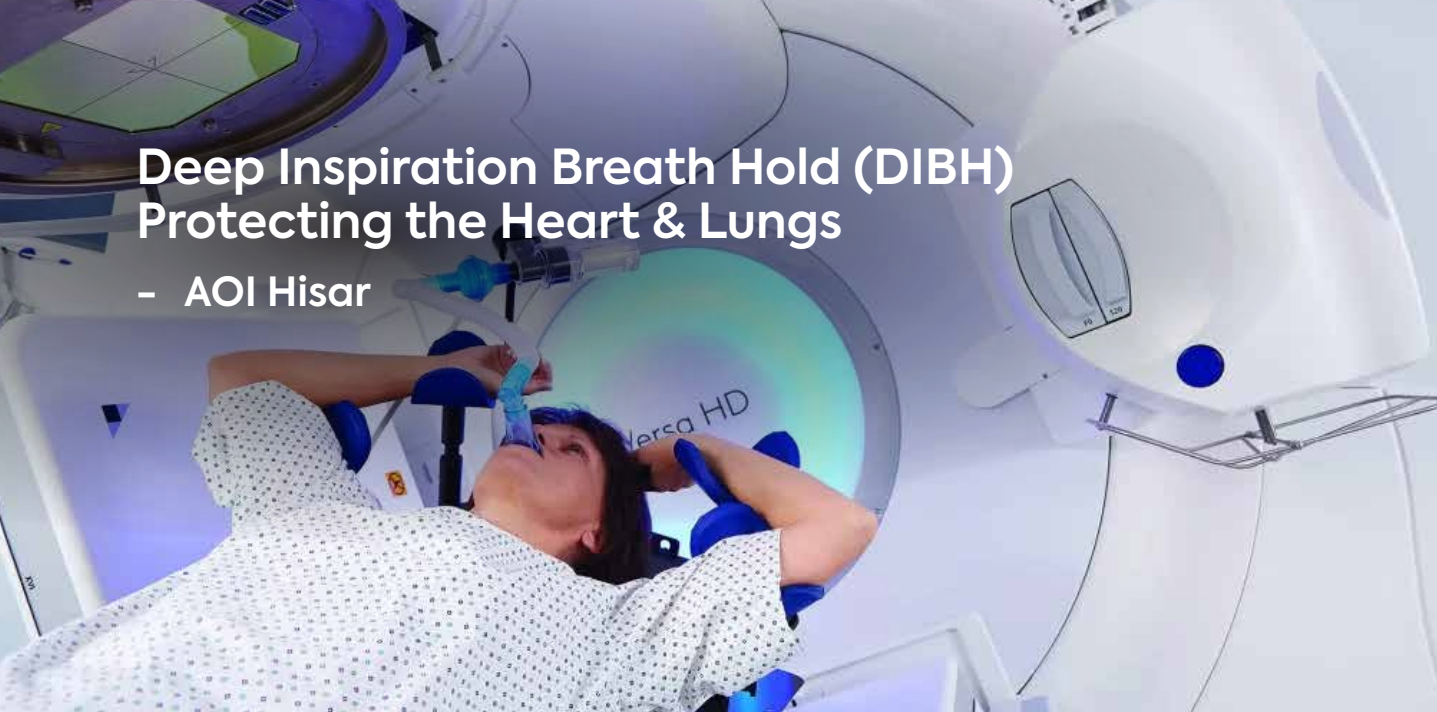
**Recurrent BOT:** Managed complex recurrence with SBRT (25 Gy in 5 fractions).

**Ca Lung with Liver Mets:** Targeted liver metastasis with SBRT (50 Gy in 5 fractions).



# Deep Inspiration Breath Hold (DIBH) Protecting the Heart & Lungs

- AOI Hisar



## Treating left-sided breast cancer or thoracic tumours presents a unique challenge

The heart and lungs move with every breath. DIBH is our advanced motion-management protocol that synchronizes radiation delivery with the patient's breathing cycle.

### The Benefits

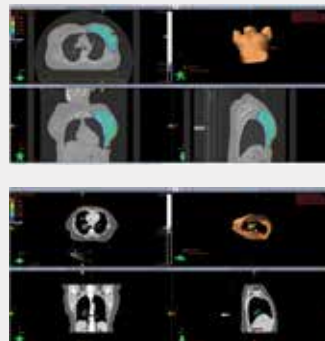
- **Heart Protection:** Significantly reduces radiation exposure to the heart and healthy lung tissue.
- **Maximum Accuracy:** Ensures the tumour is hit at the exact same position every time.
- **Reduced Side Effects:** Minimizes long-term complications for thoracic cancer survivors.

## A New Milestone in Cancer Care for Hisar

We are proud to be Hisar's first and only center to offer these advanced procedures, bringing world-class Oncology closer to our community.

### Clinical Highlights

- **Left-sided Breast Cancer:** Received precise treatment of 50 Gy over 20 fractions with minimal cardiac exposure.
- **Ca Lung:** Successfully managed with DIBH (50 Gy in 25 fractions) to ensure maximum lung sparing.



# A Multidisciplinary Triumph over a Giant Maxillary Brown Tumor

- AOI Raipur

At American Oncology Institute (AOI), Raipur, we recently encountered a clinical challenge that perfectly illustrates the power of metabolic diagnosis over aggressive surgical intervention. A 31-year-old man presented with a massive, three-year-old growth in his upper jaw. The lesion had caused recurrent, severe bleeding dropping his haemoglobin to a critical 5.8 g/dL and had left him fearing the facial disfigurement of a previously recommended total maxillectomy.

## The Diagnostic Breakthrough

While the jaw lesion appeared oncological, clinical suspicion led to a deeper metabolic investigation.

The Results were telling:

**Severe Hypercalcemia:** 12.7 mg/dL

**Elevated PTH:** 640 pg/mL (Primary Hyperparathyroidism)

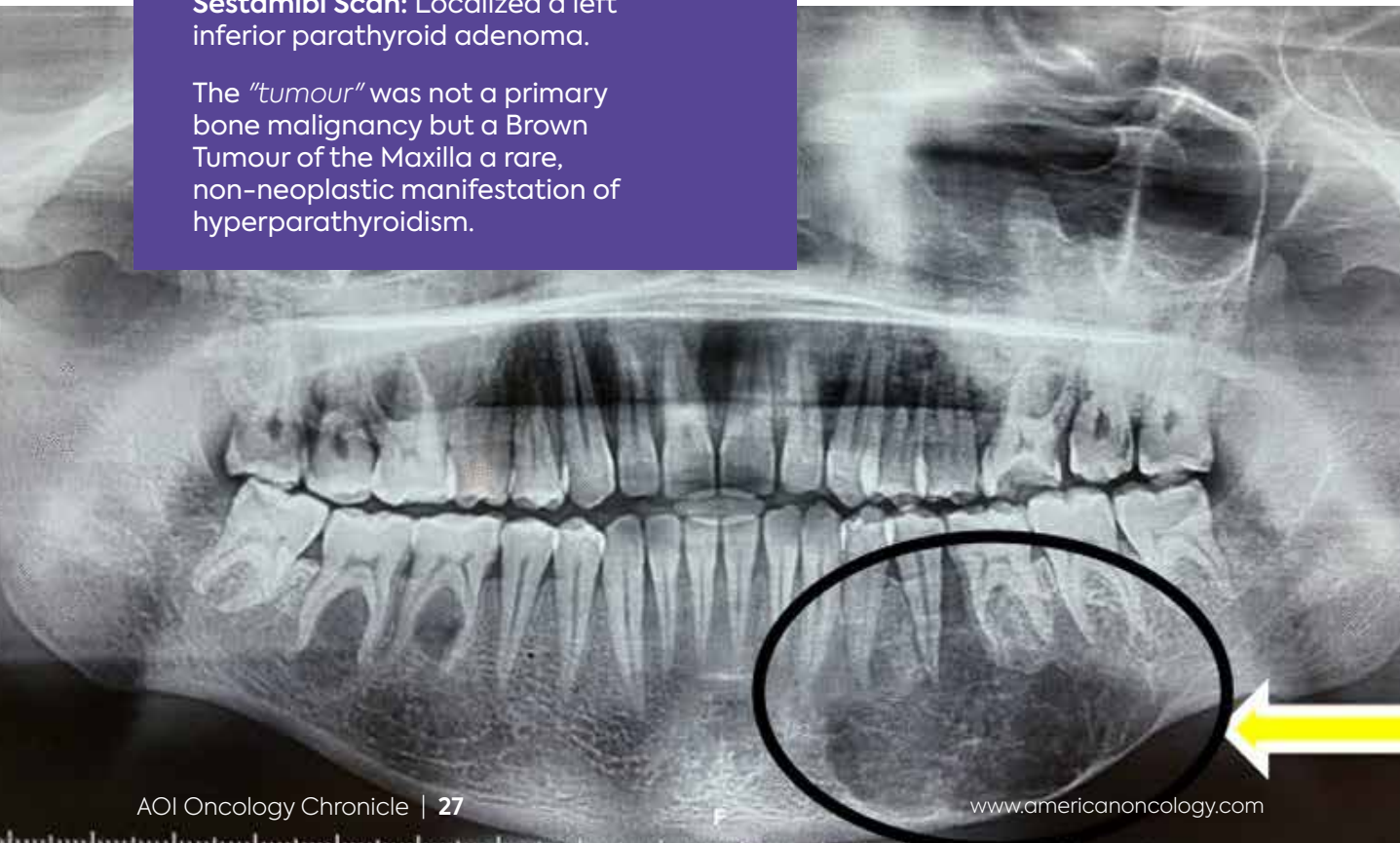
**Sestamibi Scan:** Localized a left inferior parathyroid adenoma.

The "tumour" was not a primary bone malignancy but a Brown Tumour of the Maxilla a rare, non-neoplastic manifestation of hyperparathyroidism.



**Dr. Saurabh Jain**

Consultant  
Surgical Oncology,  
AOI Raipur



# Overcoming Treatment Barriers in Advanced Hodgkin's Lymphoma

- AOI Nagpur

At American Oncology Institute (AOI), Nagpur, we are pleased to share a remarkable case of clinical resilience involving an 18-year-old male from rural Maharashtra. His journey highlights the critical importance of timely diagnosis and the impact of a coordinated, multidisciplinary oncology approach when facing complex medical comorbidities.



**Dr. Ashish Bhange**

Consultant  
Radiation Oncology,  
AOI Nagpur

## The Challenge: A Complicated Clinical Picture

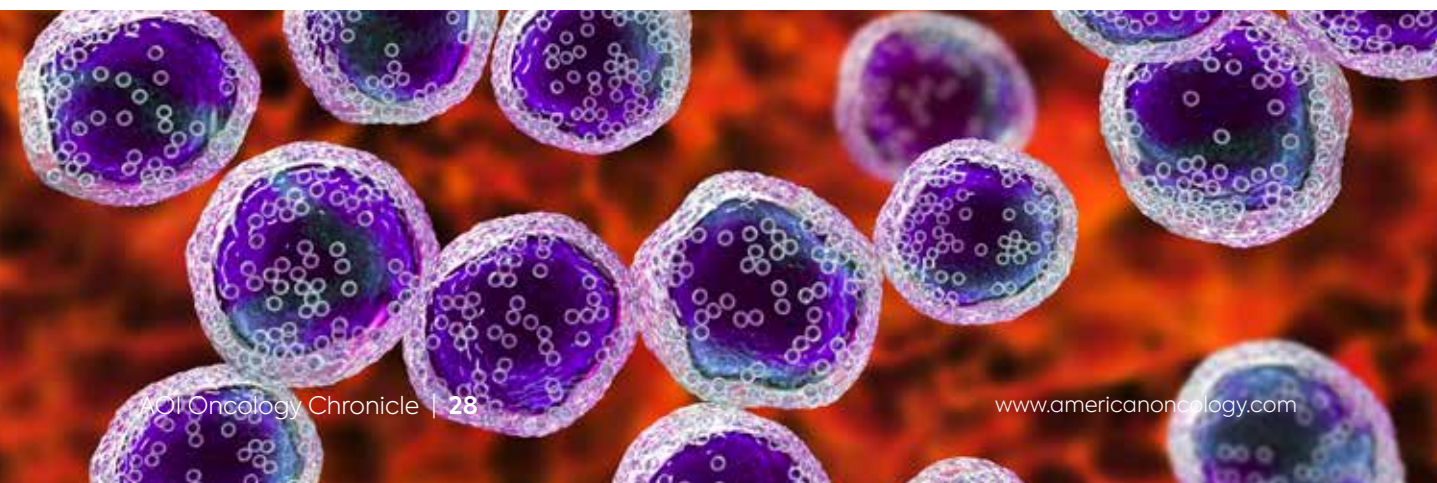
The patient initially presented with a persistent swelling in the right neck. Unfortunately, due to inconclusive initial diagnostics (FNAC) and subsequent alternative treatments, the diagnosis was delayed. By the time he reached our care, the clinical picture had worsened significantly and presented with Severe Hepatic Dysfunction. The patient developed jaundice with a total bilirubin >22 mg/dl, later confirmed via biopsy as Drug-Induced Liver Injury (DILI).

Oncological Diagnosis: An excision biopsy of the lymph node finally confirmed Classical Hodgkin's Lymphoma (Stage IIB).

## The Multidisciplinary Approach

Standard chemotherapy protocols were high-risk due to the patient's severely deranged liver functions. A collaborative strategy was implemented:

1. Gastroenterology: Managed the acute liver injury to stabilize the patient for systemic therapy.
2. Haemato-Oncology: Initiated a modified regimen of Gemcitabine chemotherapy, tailored to accommodate his hepatic limitations.
3. Radiation Oncology: After four cycles of chemotherapy showed disease progression, the team pivoted to a localized, high-precision strategy.





## Precision Intervention

The Radiation Oncology team planned and delivered Involved Field Radiation Therapy (IFRT). Using state-of-the-art Image Guided Radiation Therapy (IGRT), we delivered a dose of 36Gy in 20 fractions. Despite the poor initial prognosis and limited systemic options, the patient tolerated the treatment exceptionally well.

## Outcome and Follow-up

The post-treatment PET-CT revealed a complete metabolic and morphological response.

## Current Status

Five months of post-treatment, the patient remains disease-free and is living a healthy life. He continues regular follow-ups for both his oncological status and the ongoing management of his liver health.

## Key Takeaways

### The Danger of Delay

This case serves as a stark reminder of the consequences of delayed diagnosis in highly curable cancers like Hodgkin's Lymphoma.

### Comprehensive Care

Success was made possible through the availability of a dedicated oncology team and advanced treatment technologies.

## Clinical Excellence

Achieving a complete response in the face of life-threatening hepatic dysfunction is a testament to the power of personalized, multidisciplinary medicine. This success story reinforces our commitment to providing world-class oncological care, even in the most challenging circumstances.

# Turning the Tide: A Triumph of Precision and Teamwork in Rare Cancer Care

- AOI Hyderabad



## The Challenge: A Race Against an Aggressive Rarity

In February 2026, American Oncology Institute (AOI), Hyderabad, faced a daunting clinical challenge. A 32-year-old patient presented with a second recurrence of Follicular Dendritic Cell Sarcoma an ultra-rare malignancy representing less than 0.4% of all soft tissue sarcomas.

Despite two previous surgeries in 2025, the disease returned with unprecedented aggression. The patient arrived in a life-threatening state, characterized by:



### Dr. AVS Suresh

Senior Consultant  
Medical Oncology & Haematology  
AOI Hyderabad

## Massive Tumour Burden

A pelvic mass measuring 19 cm.

## Critical Instability

Severe anemia and active tumour related bleeding.

## Organ Infiltration

Deep involvement of multiple pelvic structures. The Intervention: Stabilize, Diagnose, Decide

The multidisciplinary team at AOI Hyderabad didn't just see a patient; they saw a critical window for intervention. The response was immediate and three-pronged.

### Precision Intervention

01

While blood transfusions addressed life-threatening anemia, advanced imaging mapped the tumour's vascularity to identify bleeding risks, successfully avoiding the high mortality risk of emergency surgery.

### Pathological Precision

02

Time was of the essence. Our pathology department delivered a rapid turnaround, utilizing a specialized Immunohistochemistry (IHC) panel including CD21, CD23, and CD35 to confirm the FDCS diagnosis and lock in the treatment pathway.

### The Gentle to-Aggressive Strategy

03

Recognizing the patient's fragility, the Medical Oncology team opted for a sophisticated, stepwise chemotherapy escalation:

**Phase 1:** Low-dose Cyclophosphamide to arrest growth without overwhelming the patient's system.

**Phase 2:** Transition to Gemcitabine + Docetaxel (GemTax) once the patient was hemodynamically stable.

## The Result

### From Inoperable to Recovery

The impact of this calibrated approach was nothing short of remarkable. The massive tumour was effectively down staged, shrinking from its original size to a much more manageable size.

This transformation turned an inoperable, life-threatening situation into a pathway with curative intent.

The patient is now moving into the next phase of his journey: Radiotherapy to further consolidate the tumour, followed by definitive surgery to remove the remaining mass.

## The AOI Advantage: Multidisciplinary Synergy

This success story is a testament to the power of our Tumour Board philosophy. By uniting specialists across Pathology, Radiology, Medical Oncology, Radiation Oncology, and Surgery, we ensured that every decision was evidence-based and patient centric. At AOI, we believe that rare doesn't mean untreatable. Through precision medicine and seamless teamwork, we continue to redefine what is possible in cancer care. For more clinical insights or to refer a case, visit our website or contact the AOI Hyderabad Tumour Board.

# Surgical Excellence: Navigating High-Risk Surgery with Precision

- AOI Vijayawada, Kanuru

At the American Oncology Institute (AOI), Vijayawada, our surgical oncology team recently achieved a significant clinical milestone, demonstrating that even the most complex cases can have successful outcomes when met with expertise and advanced technology.



**Dr. Sreekanth  
Kotagiri**

Consultant  
Surgical Oncology  
AOI Vijayawada, Kanuru



**Dr. Vijay  
Koduru**

Consultant  
Surgical Oncology  
AOI Vijayawada, Kanuru



**Dr. Eshant  
Inapuri**

Consultant  
Surgical Oncology  
AOI Vijayawada, Kanuru



## The Challenge: A High-Risk Clinical Profile

Our patient, 54-year-old Satyavathi, presented with a two-month history of progressive difficulty swallowing solids. Investigations confirmed Squamous Cell Carcinoma (SCC) in the lower third of the esophagus. While the cancer itself required aggressive intervention, the patient's underlying health presented a formidable hurdle.

## Post-COVID Lung Complications

The patient suffered from severe respiratory impairment.

## Compromised Lung Function

Pulmonary Function Tests revealed an FEV1 of 30% and an FVC of 31%, categorizing her as a very high-risk surgical candidate.

## The Strategy

### Neoadjuvant Care & Advanced Surgery

Following a PET CT evaluation, the clinical team initiated Neoadjuvant Chemoradiotherapy (NACTRT) to shrink the tumour before surgery.

In February 2026, a multidisciplinary team led by Dr. Eshant Inapuri, Dr. Vijay Koduru, and Dr. Sreekanth Kotagiri performed a Laparoscopic Three-Field Esophagectomy. This complex procedure involved:

Removal of the cancerous portion of the esophagus.

### Stomach Conduit Pull-up

Reconstructing the digestive path using the patient's stomach.

### Minimally Invasive Approach

Utilizing laparoscopy to reduce physical trauma and speed up recovery critical for a patient with compromised lung health.



## The Outcome

Despite the high-risk status, the surgery was uneventful. Thanks to the precision of the laparoscopic technique and dedicated post-operative care, the patient's recovery was smooth. Satyavathi was successfully discharged on Post-Operative Day 8 (POD-8).

This case highlights our commitment to pushing the boundaries of surgical oncology. By combining advanced laparoscopic techniques with careful perioperative management, we can offer lifesaving surgeries to patients who might otherwise be considered too high risk.

# Sickle Beta Thalassemia and HLH

## - AOI Hyderabad

Sickle beta thalassemia is a challenging compound hemoglobinopathy. By combining the cellular instability of Sickle Cell Disease (SCD) with the reduced haemoglobin production of Beta Thalassemia, patients are often caught in a cycle of Vaso-occlusive crises (VOC), chronic hemolysis, and multi-organ dysfunction.

While common complications like Acute Chest Syndrome are well-known, this case highlights a more elusive and life-threatening condition. Secondary Hemophagocytic Lymphohistiocytosis (HLH).

### Case Study: The Diagnostic Challenge

## Patient Presentation

A 22-year-old male was admitted following a history of fever, jaundice, and generalized abdominal pain. Despite receiving initial blood transfusions at a peripheral facility, his condition remained unstable upon arrival.



### Dr. AVS Suresh

Senior Consultant  
Medical Oncology & Haematology  
AOI Hyderabad

### Clinical Findings:

#### Vitals

Tachycardic (PR 112/min) and febrile.

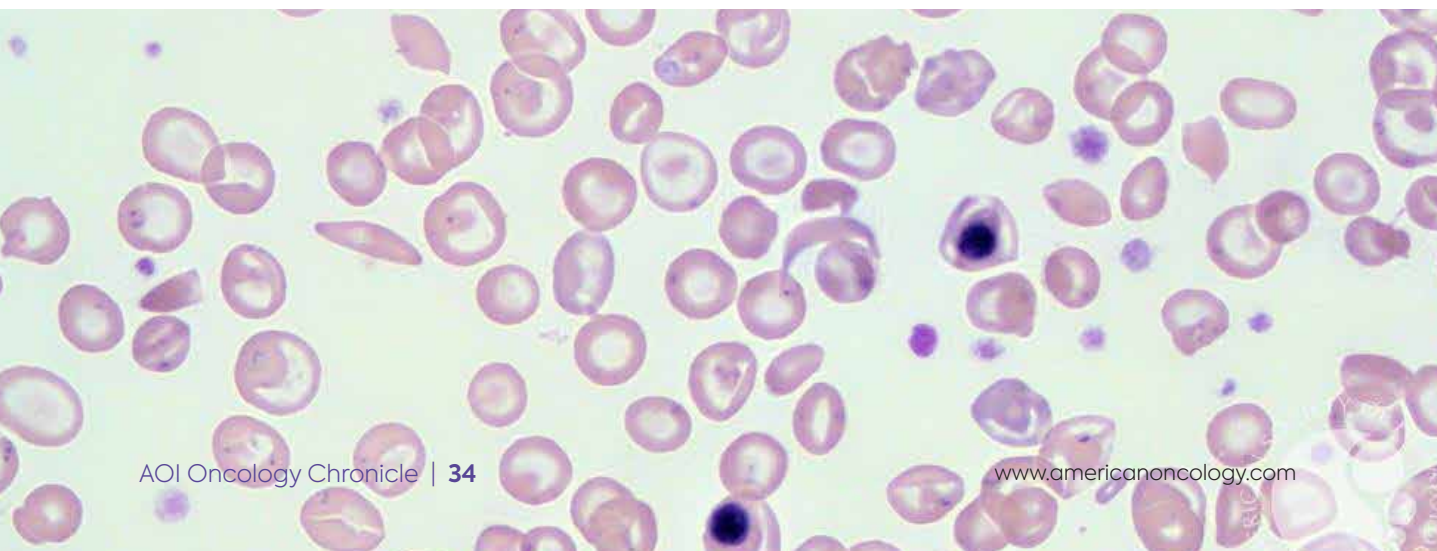
#### Physical

Deep icterus (jaundice), pallor, and significant hepatosplenomegaly.

#### Lab

#### Investigations

Severe anemia (Hb 4.9 g/dL), fluctuating leukocyte counts, hyperbilirubinemia, and hypertriglyceridemia.



## Marking Point:

While initial treatment focused on standard VOC protocols (hydration, oxygen, and opioids), the patient's persistent fever and worsening cytopenias (lowered blood cell counts) suggested something beyond a typical crisis. HPLC confirmed the underlying Sickle Beta Thalassemia, but the systemic inflammatory response pointed elsewhere.

## Identifying Secondary HLH

HLH is a hyperinflammatory syndrome where the immune system enters a "cytokine storm," often triggered by infection or severe inflammatory states like a VOC. In this case, the clinical team utilized the H-score to bridge the diagnostic gap.

### Diagnostic Insight

With an H-score of 205, the probability of HLH was remarkably high. This score accounts for temperature, organomegaly, cytopenias, triglycerides, fibrinogen, and ferritin levels.

## Management & Clinical Outcomes

The patient's recovery hinged on a dual-track intervention strategy:

### 1. Red Cell Exchange (RCE)

Performed to rapidly reduce the concentration of HbS (sickle hemoglobin), curbing the underlying sickling process and improving oxygenation.

### 2. Immunosuppression

Once HLH was suspected, the patient was started on Dexamethasone.

Following the initiation of steroids, the fever subsided rapidly, and the patient's clinical markers showed significant improvement.

## Key Takeaways for the Clinical Team

- **Think Beyond the Crisis**  
Overlapping symptoms (fever, cytopenias) often mask HLH in sickle cell patients. If a patient isn't responding to standard transfusion and hydration, re-evaluate.
- **The Utility of the H-Score**  
Early calculation of the H-score can be lifesaving in a critical care setting.
- **Prompt Intervention**  
Combining Red Cell Exchange with early steroid therapy can halt the progression of hyperinflammation and improve survival rates.

## Conclusion

This case serves as a vital reminder that a multidisciplinary approach is essential. Recognizing the rare secondary complications of hemoglobinopathies is the difference between a routine recovery and a fatal outcome.



# The Road Not Taken First: Radiotherapy's Triumph in a Defaulted Grade 3 Intraventricular Astrocytoma

- AOI Coimbatore

A recent multidisciplinary success story at our American Oncology Institute (AOI), Coimbatore, underscores a critical lesson in neuro-oncology: while alternative pathways or systemic therapies may temporarily delay standard protocols, well-timed, aggressive radiation therapy remains an indispensable pillar in managing high-grade central nervous system (CNS) malignancies.

## The Challenge: A Rare Presentation

In June 2024, a 29-year-old woman presented with classic signs of increased intracranial pressure: headache, vomiting, and gait disturbance.

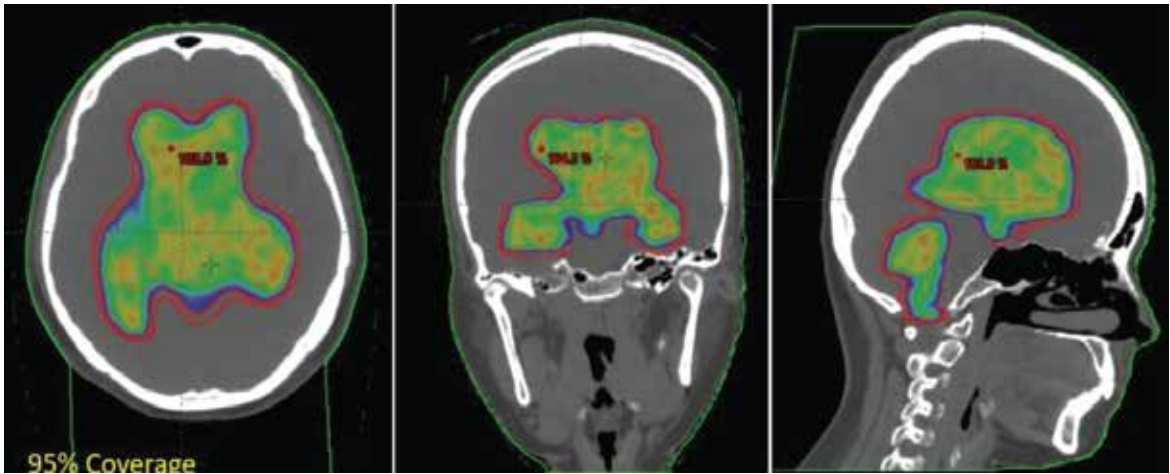
Neuroimaging revealed a lesion in the intraventricular septum. Primary intraventricular high-grade glial tumors are exceptionally rare, constituting a tiny fraction of all CNS malignancies. Their location poses immense diagnostic hurdles and profound surgical risks.

The patient underwent a left frontal craniotomy with subtotal excision. Histopathology confirmed a high-stakes diagnosis: WHO CNS Grade 3 Astrocytoma, NOS.



**Dr. Kannan  
Maharajan**

Consultant  
Radiation Oncology  
AOI Coimbatore



## Tumor Profile:

**Molecular Status:** ATRX loss

**Proliferation Index:** Ki-67 of 8–10%

**The Deviation:** Alternative Path & Progression.

Following surgery, standard care dictated adjuvant radiotherapy. However, the patient defaulted on this recommendation. She opted instead to pursue integrated alternative therapies combined with a systemic regimen of: Temozolomide (22 cycles) Bevacizumab.

While this regimen managed the disease for a time, the high-grade nature of the astrocytoma inevitably took over. By July 2025, the patient developed new-onset seizures. By October 2025, a CT scan confirmed residual and recurrent supra- and intraventricular disease-causing ventricular obstruction.

## The Turning Point: Multidisciplinary Intervention

Referring to our institution in late 2025, the patient's case was immediately brought before our Multidisciplinary Tumor Board (MTB).

The board's collective deliberation proved to be the decisive turning point. Balancing the advanced state of the disease with the patient's functional

status, the MTB formulated a nuanced, aggressive plan: palliative-intent radiotherapy delivered with curative-level dosing.

The clinical team executed a precise, two-phase whole ventricular radiation therapy (RT) plan.

## The Outcome & Key Takeaways

The clinical response was remarkable. Upon completion of her radiation treatment, the patient was entirely asymptomatic. This case serves as a powerful testament to three core principles in modern oncology:

### Rare Tumor Awareness:

The clinical response was remarkable. Upon completion of her radiation treatment, the patient was entirely asymptomatic.

This case serves as a powerful testament to three core principles in modern oncology:

### The Power of the MTB:

Collaborative, cross-specialty decision-making is vital when navigating atypical, high-stakes tumor progression.


### The Power of Radiation:

Even when delayed by standard defaults, precisely targeted radiotherapy can achieve profound local control and symptom resolution.

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keeping secrets from you,  
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# mila

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**Dr. AVS Suresh**

Senior Consultant - Medical Oncology & Hematology,  
Convener, AI in Healthcare Education Programme  
at NBEMS (Govt. of India).

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Putting patients at the center of every decision and every action.



### EXCELLENCE

Pursuing the highest standards in clinical outcomes and care



### COLLABORATION

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### INNOVATION

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