

## Medical Consultation Report

### Patient Information

Name: Slav Serafim Vitalyevich

Gender: Male

Date of Birth: September 6, 2014

Diagnosis: Undifferentiated neuroblastoma of the right adrenal gland, Stage IV (INSS)

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### I. Clinical Summary

The patient was initially diagnosed in September 2023 with undifferentiated neuroblastoma originating from the right adrenal gland, classified as Stage IV disease, with metastases involving the bone marrow, L3 vertebra, and lymph nodes. Initial FISH analysis showed no MYCN amplification or 1p36 deletion.

He received six cycles of high-risk induction chemotherapy (NB-2004 protocol), followed by surgical resection of the right adrenal tumor in January 2024. Disease progression was documented in August 2024, after which second-line treatment with the VIT regimen was administered.

In October 2024, the patient underwent autologous hematopoietic stem cell transplantation.

Maintenance therapy included 13-cis-retinoic acid and dinutuximab beta.

In February 2026, he was readmitted due to suspected relapse, and bone biopsy confirmed metastatic neuroblastoma.

**Overall Disease Assessment:** The patient is classified as having ultra-high-risk, relapsed/refractory neuroblastoma.

### II. Current Disease Status and Treatment Rationale

Given the aggressive biological behavior and evidence of platinum resistance, conventional salvage chemotherapy alone is unlikely to achieve durable disease control. Therefore, treatment intensification and alternative non-cisplatin-based strategies should be considered.

#### Treatment Goal:

The primary objective is to maximize long-term survival and potential cure through an intensified, stepwise multimodal strategy while minimizing the risk of subsequent relapse.

### III. Recommended Treatment Pathway

This patient presents with ultra-high-risk relapsed neuroblastoma following prior intensive multimodal therapy, including autologous transplantation, indicating highly aggressive disease biology.

A sequential treatment strategy consisting of:

CAR-T → Allogeneic HSCT → Post-transplant immunotherapy → Long-term surveillance is recommended, as it represents one of the most advanced and potentially curative approaches currently available for this patient population.

This comprehensive strategy aims to achieve maximal disease control, prolong survival, and improve the likelihood of durable remission.

#### Step 1: GD2 CAR-T Cell Therapy

Indications:

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- High-risk or relapsed neuroblastoma
- Prior extensive bone and bone marrow involvement
- Patients achieving good response (e.g., PR, MRD-negative, MIBG-negative) for consolidation

**Objectives:**

- Selective eradication of GD2-positive residual tumor cells in bone marrow, bone, and soft tissues
- Reduction of tumor burden prior to transplantation

**Prerequisites:**

- Adequate performance status and organ function
- Sufficient bone marrow reserve to tolerate transient cytopenias post-CAR-T

**Step 2: Sequential Allogeneic Hematopoietic Stem Cell Transplantation (allo-HSCT)**

**Eligibility Criteria for Transplantation:**

- Stable disease following CAR-T therapy
- MRD-negative and MIBG-negative status
- No evidence of active disease
- Recovery of hematopoietic and organ function
- Absence of severe CAR-T-related toxicity

**Objectives:**

- Leverage graft-versus-tumor (GVT) effect to eliminate residual disease
- Reconstitute immune surveillance
- Provide a potentially curative approach for ultra-high-risk patients

**Donor Selection:**

- Haploidentical donor transplantation is recommended (Technically mature and widely accessible)

**Step 3: Post-Transplant Consolidation Therapy**

**Initiation Criteria:**

- Stable hematopoietic recovery (ANC and platelet counts)
- ≥2–3 months post-transplant
- No severe acute GVHD
- Stable organ function
- Sustained remission (MRD-negative, MIBG-negative)

**Recommended Regimen:**

- Anti-GD2 monoclonal antibody therapy (e.g., dinutuximab)
- May be combined with:
  - IL-2
  - GM-CSF
  - Retinoic acid

**Objectives:**

- Eradication of minimal residual disease (MRD)
- Synergistic enhancement of donor-derived immune effects

**Optional:** Consider donor-derived CAR-T therapy if clinically indicated

#### Step 4: Long-Term Maintenance and Surveillance

Follow-up Schedule (Critical within first 2 years):

Every 3 months:

- Physical examination
- Complete blood count, biochemistry, LDH, NSE, ferritin
- Bone marrow aspiration with MRD assessment

Every 6 months:

- Whole-body MRI/CT
- I-123 MIBG scintigraphy

Monitoring Focus:

- Disease recurrence (bone, bone marrow, adrenal region, lymph nodes)
- Transplant-related complications (e.g., GVHD)
- Organ function
- Secondary malignancies

#### V. Estimated Treatment Timeline and Cost Overview

**Total Estimated Cost: RMB 1,250,000 – 1,400,000 (approx. USD 178,572 – 200,000)**

**Estimated Duration: 9–11 weeks (approximately 2.5–3 months)**

*(Exchange rate: 1 USD ≈ 7 RMB. Final charges are subject to prevailing rates and must be settled in RMB. For international transfers, foreign currency is accepted. At the hospital cashier, payments must be made in RMB, either in cash or by card, including international cards that support RMB transactions.)*

Phase	Description	Duration	Estimated Cost (RMB)	Estimated Cost (USD)
<b>Phase 1: Evaluation</b>	Imaging, MIBG, MRD, genomic testing	1 week	¥ 50,000	\$7,143
<b>Phase 2: GD2 CAR-T Therapy</b>	Cell collection, manufacturing, conditioning, infusion, monitoring (4 cycles)	4+ weeks	¥ 400,000–450,000	\$57,143 – \$64,286
<b>Phase 3: Allogeneic HSCT</b>	Haploidentical transplantation (including donor procedures)	4–6 weeks	¥ 800,000–900,000	\$114,286 – \$128,571
<b>Phase 4: Maintenance &amp; Follow-up</b>	Individualized therapy (targeted drugs, donor CAR-T, etc.)	Variable	—	—

**Costs include** hospitalization in a single-patient room, planned diagnostic tests, medications, interventional and cellular therapies, and routine medical and nursing care.

**Costs exclude** meals, discharge medications, unrelated treatments, emergency care, and personal or travel expenses.

#### VI. Next Steps

We sincerely recommend scheduling a video consultation with Dr. Yuelin He, our senior medical oncologist. This personalized session will provide:

- A comprehensive assessment of the current condition
- Expert guidance on treatment sequencing and next steps
- An opportunity to address detailed clinical questions

## VII. Important Notes

This treatment plan is based on medical information provided by the patient and/or their representative. Upon admission, a comprehensive reassessment will be conducted. If discrepancies are identified between the provided history and the actual clinical condition, the treatment plan and associated costs may be adjusted following discussion with the patient and/or legal representative.

We sincerely welcome Slav Serafim Vitalyevich and his family to consider timely consultation or admission. Our multidisciplinary cancer team is fully committed to delivering personalized, evidence-based, and compassionate care, with the goals of delaying disease progression, reducing tumor burden, and achieving prolonged survival with improved quality of life.

As part of our international patient care program, we provide:

- Full-process coordination and fast-track access
- A dedicated care coordinator
- Free basic English interpretation services
- Airport pick-up and drop-off
- Medical visa application assistance

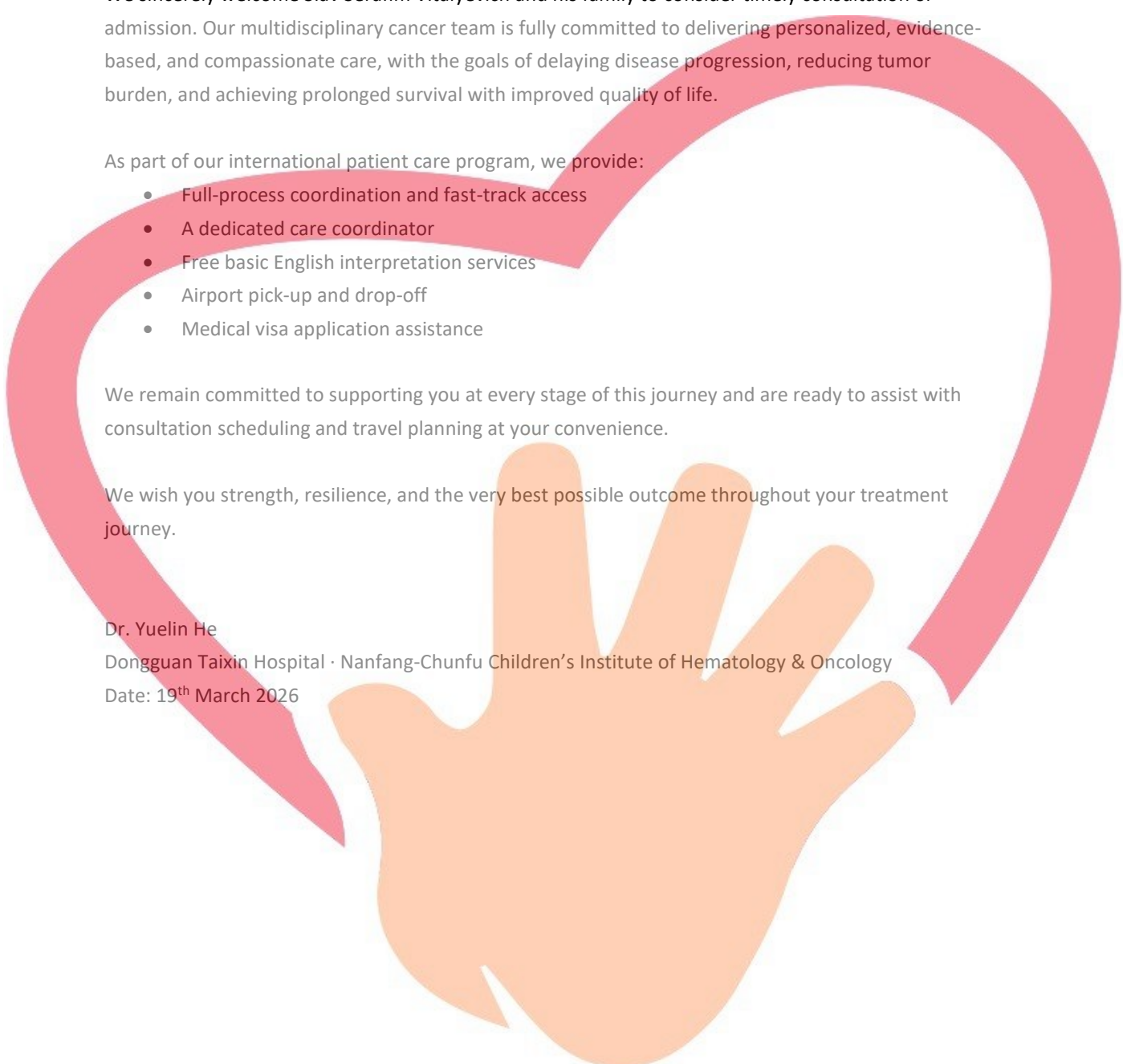
We remain committed to supporting you at every stage of this journey and are ready to assist with consultation scheduling and travel planning at your convenience.

We wish you strength, resilience, and the very best possible outcome throughout your treatment journey.

Dr. Yuelin He

Dongguan Taixin Hospital · Nanfang-Chunfu Children's Institute of Hematology & Oncology

Date: 19<sup>th</sup> March 2026





Dr. Yuelin HE  
Chief Physician  
Deputy Director, GoBroad Chunfu  
Institute of Hematology

#### About the Doctor

Dr. Yuelin He has dedicated more than 30 years to pediatric hematology and hematopoietic stem cell transplantation (HSCT), and is recognized as one of China's leading experts in this field. She is the recipient of the Tenth "Soong Ching Ling Pediatric Award" and a key contributor to the "Clinical Study on Allogeneic Hematopoietic Stem Cell Transplantation in the Treatment of Severe Mediterranean Anemia."

Dr. He has independently or jointly completed over 1,200 HSCT procedures for children with severe thalassemia, various types of leukemia, lymphoma, aplastic anemia, congenital immunodeficiency disorders, autoimmune diseases, and other rare and complex hematologic conditions. She is particularly skilled in developing individualized transplantation strategies for high-risk, refractory, and relapsed cases, and excels in full-course management of critically ill pediatric patients.

She graduated from the First Military Medical University (now Southern Medical University), later trained at the Department of Pediatrics and Adolescent Medicine of Queen Mary Hospital, The University of Hong Kong, and has participated in collaborative HSCT research with leading centers in Italy and Japan. Dr. He has published more than 100 academic papers and has presented her work multiple times at major international meetings such as ASH and EHA, contributing significantly to the advancement and standardization of pediatric HSCT in China.

#### Areas of Expertise

- HSCT for high-risk and refractory pediatric leukemia
- Standardized transplantation for severe thalassemia and other hereditary blood disorders
- HSCT for congenital immunodeficiency and autoimmune diseases
- Comprehensive management of pediatric hematologic malignancies and complex blood diseases
- Management of HSCT-related complications, including GVHD and severe infections