



2024 Annual Report

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MESSAGE FROM DIRECTOR

Dear Friends, Colleagues, and Partners,

As we reflect on the past year at the Hematology Cancer Consortium (HCC), we take pride in our collective progress and the unwavering dedication of our expanding community. In 2024, HCC grew to include 34 leading cancer centers across India, enrolling over 35,000 patients in disease-specific registries.

We launched two new registries focused on Myelodysplastic Syndromes (MDS) and Myeloproliferative Neoplasms (MPN), marking a critical step toward capturing the full spectrum of hematological cancers in India. All data continue to undergo rigorous Source Data Verification to ensure quality and accuracy.

Our Disease Working Groups (DWGs) are driving scientific progress through research in areas such as AML treatment standardization, treatment patterns in Ph+ ALL and older ALL patients, impact of radiation in Lymphoma, treatment-free remission in CML, and mutation-based profiling in MDS and MPN contributing to more cost-effective, evidence-based patient care.

HCC's scientific contributions received international recognition with three abstracts accepted at the 66th ASH Annual Meeting and a publication on Burkitt lymphoma in the Blood Cancer Journal. Our research portfolio expanded to include four interventional clinical trials and ten observational studies, including the APL22 DOSA Study, ABVD Risk Adapt Study, LoNAH Trial, and TARGET Trial.

The 4th Annual Meeting of HCC, held at NCI-AIIMS Jhajjar, served as a pivotal platform for internal collaboration and capacity building. The gathering brought together institutional partners for focused discussions and hands-on sessions. Key highlights included intensive Data Entry Operator (DEO) training, harmonization of Case Report Forms (CRFs), and strategic planning by Disease Working Groups to finalize upcoming studies and define research priorities for the year ahead. We are especially grateful to NCI-AIIMS for hosting the meeting and fostering an environment of knowledge sharing, alignment, and mutual commitment to advancing hematology research in India.

Our nursing education program has delivered 42 webinars, while ongoing DEO training continues to strengthen data quality across centers. Additionally, our Patient Advocacy Group, now in its second year, has held 23 monthly support sessions, offering guidance and community to patients, survivors, and caregivers.

None of this would be possible without the generous support of our funders and partners, including the National Cancer Grid (NCG), institutional contributors, and corporate sponsors. Their continued support sustains our operations and capacity-building initiatives.

As we look ahead to the 5th Annual Meeting in October 2025, we do so with renewed commitment to expanding our research impact, strengthening partnerships, and advancing our mission to improve outcomes for patients with hematological cancers.

Thank you for being an essential part of this journey.

Warm regards,

DR. VIKRAM MATHEWS

DIRECTOR,

HEMATOLOGY CANCER CONSORTIUM- ASSOCIATION

WHO ARE WE

Hematology Cancer Consortium (HCC) is a multi center collaborative organization established to fulfil the long felt need of good quality, cooperative group data in hematological malignancies in India.



OUR GOALS

- Aggregate clinical data to support the advances in hematological malignancies
- Develop evidence-based, locally relevant treatment protocols and guidelines
- Conduct investigator initiated prospective collaborative clinical trials addressing regionally relevant questions and evaluating cost effective treatment strategies
- Continuous education to improve awareness and enhance knowledge of therapeutic options for standardization of care in hematological cancers



OUR INSTITUTIONAL PARTNERS

We began with 12 leading Cancer Centers as our institutional partners and we currently have 34 partners.



REGISTRY

One of our goals is to aggregate clinical data to support and advance care outcomes of hematological malignancies.

Registries:

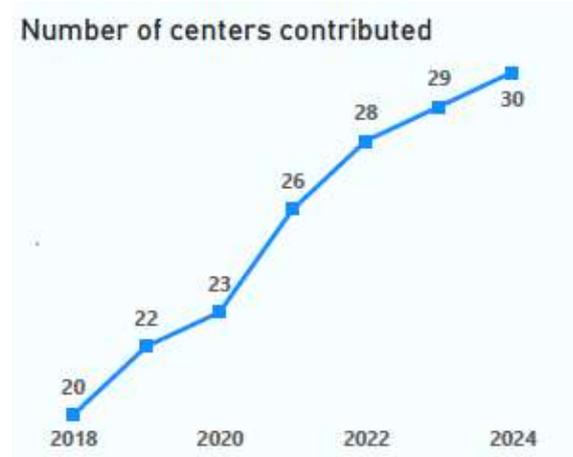
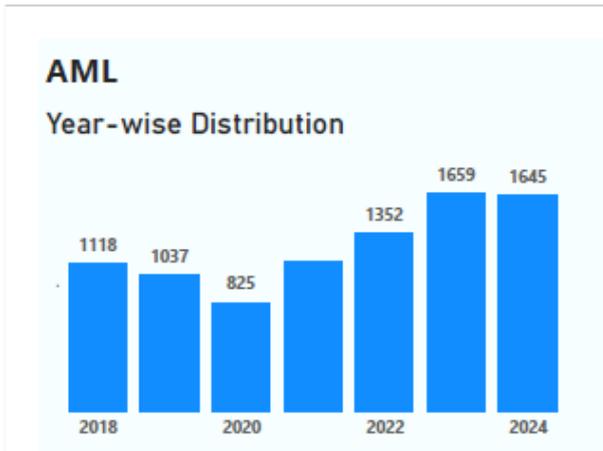
Registry	Total Records
Acute Myeloid Leukemia	8772
Acute Lymphocytic Leukemia	7050
Chronic Myeloid Leukemia	4878
Acute Promyelocytic Leukemia	1201
Lymphoma	13583

We continue to focus on identifying existing challenges in hematological cancer care and developing appropriate solutions.

In 2024, our registries captured comprehensive data from centers across India, strengthening our understanding of disease patterns and treatment outcomes. The following pages present an overview of records added this year, along with year-wise contributions from participating centers since 2018.

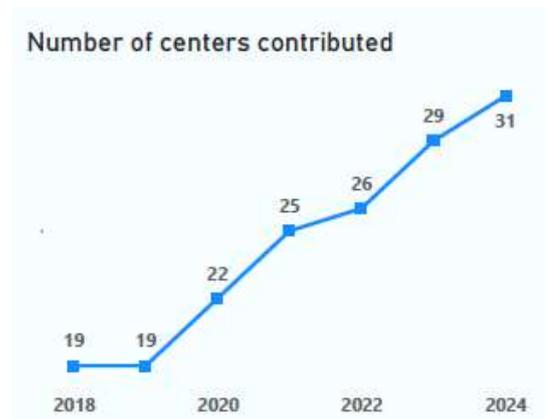
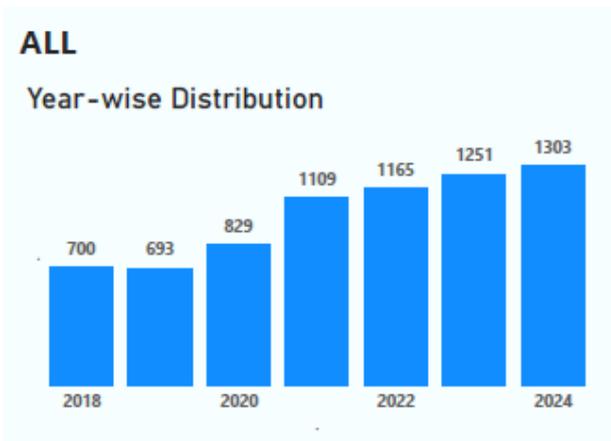
Acute Myeloid Leukemia (AML) Registry

Progress in Acute Myeloid Leukemia Registry from 2018 to 2024.



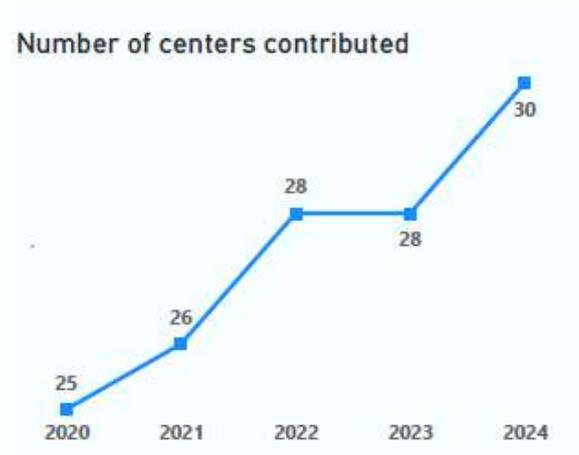
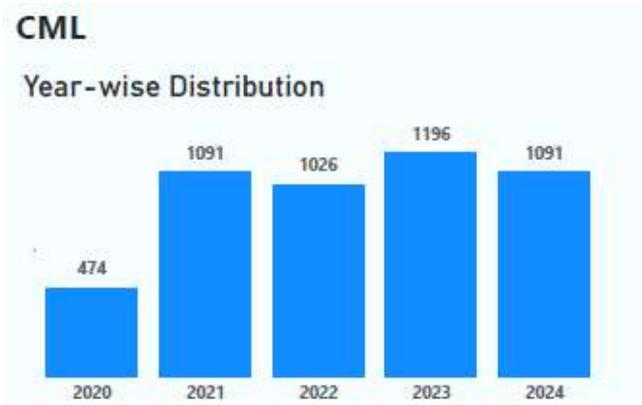
Acute Lymphoblastic Leukemia (ALL) Registry

Progress in Acute Lymphoblastic Leukemia Registry from 2018 to 2024.



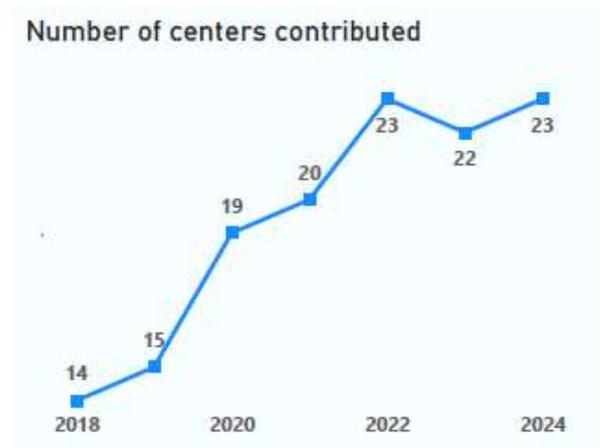
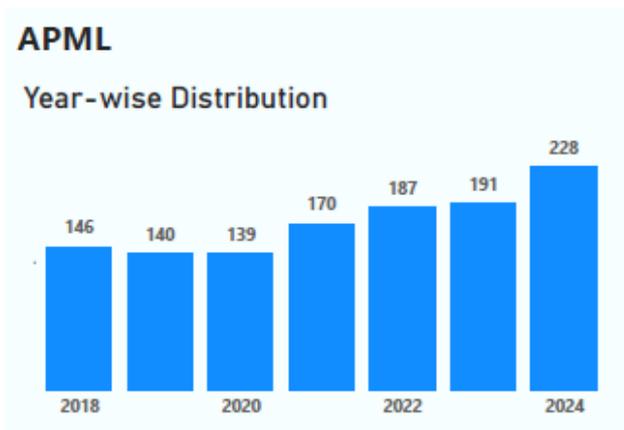
Chronic Myeloid Leukemia (CML) Registry

Progress in Chronic Myeloid Leukemia Registry from 2020 to 2024.



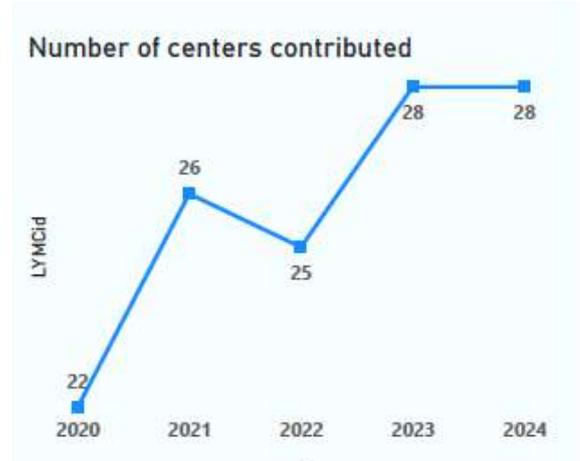
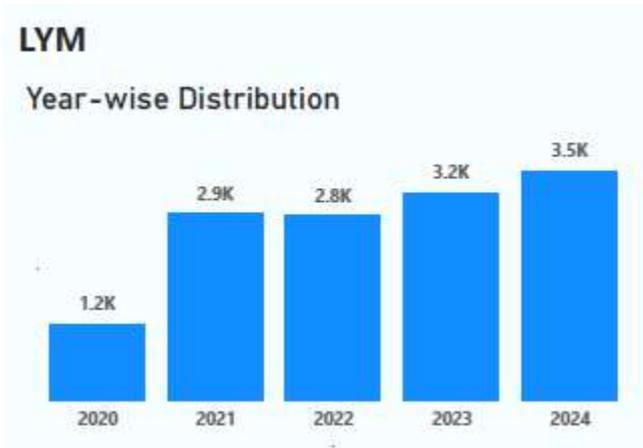
Acute Promyelocytic Leukemia (APML) Registry

Progress in Acute Promyelocytic Leukemia Registry from 2018 to 2024.



Lymphoma (LYM) Registry

Progress in Lymphoma Registry from 2020 to 2024



Updated Database:

The databases for AML (Acute Myeloid Leukemia), ALL (Acute Lymphoblastic Leukemia), Lymphoma, and CML (Chronic Myeloid Leukemia) have been successfully reviewed and updated to ensure improved accuracy and alignment with current clinical standards.

RESEARCH

In 2024, HCC's research program demonstrated the power of collaborative science, uniting data from our national registries with the expertise of our Disease Working Groups. We advanced studies that address priority questions across the spectrum of hematological malignancies.

Each project is grounded in real-world evidence from our registries, ensuring that findings are both regionally relevant and practical for day-to-day clinical care. Our research aims to improve survival, reduce treatment-related toxicity, and develop cost-effective strategies that can be implemented across diverse healthcare settings in India.

The following pages highlight our ongoing, upcoming, and completed studies, showing how registry-driven science is shaping treatment protocols, improving patient outcomes, and earning global recognition for Indian hematology research.

ONGOING CLINICAL TRIALS

Study Title: Phase III open labeled randomized controlled study to evaluate the optimal dose of all-trans retinoic acid in the treatment of low and intermediate risk acute promyelocytic leukemia. (HCC-APL22 DOSA Study).

CTRI: CTRI/2023/09/057990

Study design: Phase III open labeled randomized controlled trial.

Sample size: 280 patients (140 patients in each arm).

Study duration: 3 years.

Update: Total 53 patients enrolled from CMC Vellore, JIPMER, TMH, NIMS and MCC.

Study Title: A phase III randomized study to compare a risk-stratified and response adapted strategy to ABVD regimen in adolescents and adults with advanced stage Hodgkin lymphoma (ABVD Hodgkin's Study).

CTRI Registration: CTRI/2020/12/030132.

Study design: Open-label, Phase III randomized study, comparison of two standard-of-care approaches, multi-centre.

Sample size: 200 patients.

Study duration: 4 years accrual, 3 years follow-up since the last patient is enrolled and 10 years for the long-term follow-up phase since last patient is enrolled.

Update: Patient enrolment is completed. Long term follow up on-going.

A phase III RCT comparing AVD + low dose nivolumab versus ABVD using risk - adapted strategy in newly diagnosed advanced stage classical Hodgkin Lymphoma (LoNAH Study).

CTRI Registration no.: CTRI/2024/03/063942.

Study design: Phase III randomized controlled trial.

Sample size: 280 patients (140 patients in each arm).

Study duration: 3 years.

Update: Total patients enrolled till date are 106:- 68 patients from CMC, Vellore; 18 patients from JIPMER and 20 patients from TMH.

Induction Related Mortality Score in Acute Myeloid Leukemia: Prospective Validation Study (HCC pRISM-S).

CTRI Registration No: CTRI/2020/07/026450.

Study design: Prospective multicentre cohort study.

Sample size: Up to 300 patients.

Study duration: 4 years; recruitment period of one year and follow up for 3 years.

Update: Enrolment is complete, 3 years follow up data collection is going on; Source data verification and data validation is completed; Data analysis and manuscript work is on-going; Initial data was presented as an abstract in ASH 2022.

Study Title: COVID-19 Hematological Cancers Registry of India (CHCRI Study).

Study design: Observational [Patient Registry]

Sample size: 750 patients.

Study Duration: Data will be captured from March 2020 and then followed up for 5 years.

Update: Enrolment is complete, 5-year follow-up data collection is going on; Data validation is in progress; Analysis will be done after completion of long term follow up; Initial data has been published in Blood Cancer Journal.

Patterns of Care and Outcomes of Adults \geq 40 Years of Age with Newly Diagnosed Acute Lymphoblastic Leukemia (ALL): A Multicenter Registry Analysis from India.

Study design: Retrospective observational cohort study.

Sample size: 261 patients.

Study duration: January 2019 to January 2021.

Update: The study was published in the 66th American Society of Hematology (ASH) online publication. Source Data Verification (SDV) has been completed, and manuscript preparation is currently underway.

Impact of Consolidation Radiotherapy in Bulky Diffuse Large B Cell Lymphoma by PET based Response Assessment.

Study design: Retrospective multicentre observational study.

Sample size: 1455 patients.

Study duration: January 2019 to December 2022

Update: The study was accepted for poster presentation in the 66th American Society of Hematology (ASH). Source Data Verification (SDV) is currently underway.

UPCOMING CLINICAL TRIAL

A multi-centre Phase III randomized control trial to test the efficacy of targeted agents during induction and a response-adapted consolidation in adolescents and young adult patients with de-novo ALL (TARGET Trial).

CTRI Registration: CTRI/2025/03/082015.

Sample size: Total :1080 participants; 812 in B-ALL cohort and 268 in T-ALL cohort.

Study design: Open label, Phase III, Multi-arm, Randomized control study.

Study duration: Accrual period: 3 years (36 months); follow up period: A minimum of 36 months after completion of treatment of last participant.

Update: Total participation of 8 centres (CMC Vellore, Amala Institute, TMC Kolkata, SKIMS, JIPMER, Amrita Institute, Cancer Institute WIA Chennai and TMH Mumbai), all study documents are finalized, IEC approval under process for each site.

COMPLETED CLINICAL TRIALS

Evaluation of the safety and efficacy of generic low-dose Dasatinib for frontline therapy in chronic-phase chronic myeloid leukemia – A multicenter phase II single-arm study (GLaD Study).

CTRI Registration: CTRI/2020/10/028317.

Sample size: 90 patients enrolled between October 2020 till September 2021

Study design: Phase II, Multi-centre, Investigator initiated study.

Study duration: 2 years

No of participating centres: 9

Outcome: Lower doses of dasatinib appear to be safe; however, their efficacy may be limited in a cohort with a higher proportion of intermediate- to high-risk disease.

Outcomes and prognostic factors in patients with Burkitt's Lymphoma: Real World Data (BL Study).

Study design: Observational, Multi-centre, Retrospective cohort.

Study duration: All consecutive patients registered between January 2012 to December 2019

No of participating centres: 8

Outcome: The survival outcomes are like other real-world datasets. Analysis shows that both methotrexate-based protocol and DA-EPOCH-R can be used in the treatment of BL/L. However, use of DA-EPOCH-R should be avoided in patients with CNS, bone marrow and peripheral blood involvement. Achievement of CR was the most important prognostic factor impacting the outcome. Attempts are needed to reduce the toxicity while maintaining the efficacy of currently used protocols.

Treatment challenges and outcomes of older patients with acute myeloid leukemia from India. (HCC Elderly AML).

Study design: Observational, Retrospective cohort.

Study duration: All consecutive patients registered between January 2018 to April 2021.

No of participating centres: 17

Outcome: This study provides the first large scale overview of treatment patterns and outcomes of older patients with AML from India and indicates a higher risk of mortality, possibly due to younger onset of physiologic frailty. These findings set the stage for future research focusing on assessment of molecular disparities contributing to outcomes and frailty, as well as prospective evaluation of novel targeted agents in this high risk population.

Impact of the COVID-19 pandemic on the treatment of patients of Acute Myeloid Leukaemia in India. (HCC Leucoin Study).

Study design: Observational, Retrospective Comparative Analysis of data between two time periods.

Study duration: 1st January 2018 to 31st March 2020 (pre-COVID-19) ;1st April 2020 to 31st August 2021 (COVID-19 era)

No of participating centres: 15

Outcome: Despite the challenges posed by pandemic, data suggests that AML treatment outcomes were comparable to those before COVID-19. This indicates that standard AML care remains feasible and should continue to be provided to eligible patients even during such crisis.

Outcomes of Philadelphia chromosome positive Acute Lymphoblastic Leukemia (Ph+ ALL): Analysis from the database of the Hematology Cancer Consortium (Ph+ ALL Study).

Study design: Observational, Multi-centre, Retrospective Cohort.

Study duration: All consecutive patients registered between January 2015 and December 2021.

Outcome: In a large prospective study, it was found that most adult Ph+ALL patients in India are treated with pediatric-type protocols, with Dasatinib as the preferred TKI, but there is a high rate of treatment abandonment, including 18% loss to follow-up within six months.

Outcomes and prognostic factors in patients with Primary Mediastinal B cell Lymphoma: Real world data (PMBCL Study).

Study design: Observational, Retrospective Cohort.

Study duration: All the consecutive patients registered between 2015-2020

Outcome: This large Indian dataset shows that DA-R-EPOCH efficacy is inferior to the NCI trial and North American analysis, with CR at the end of treatment being the key outcome determinant, while selection bias remains a major limitation.

To study outcomes in young CML treated with Tyrosine Kinase Inhibitors (TKI) in India (HCC CML STOUT).

Study design: Observational, Multi-centre, Retrospective Cohort.

Study duration: All consecutive patients registered between January 2015 and 31st March 2022.

Outcome: The AYA group had fewer low-risk cases hence more number were treated upfront with second-generation TKI and EFS was better in this group, however the registry's short follow-up duration and limited evaluable patients hindered molecular and cytogenetic response analysis.

Mixed phenotypic acute leukemia- Clinical presentation and outcomes of patients treated with Acute Lymphoblastic Leukemia like protocols a multi-institutional study from India (MPAL Study).

Study design: Observational, Multi-centre, Prospective Cohort.

Study duration: All the consecutive patients registered between January 2018 and 31st March 2022.

Outcome: This study, one of the largest on MPAL patients in a resource-limited setting, found a 10% induction mortality, with worse 2-year EFS and OS likely due to limited access to Allo-HSCT and treatment abandonment.

Patterns of care and outcome in Adult and Young Adult (AYA) lymphomas- A multicentre registry study from India (AYA Study).

Study design: Observational, Multi-centre, Prospective Registry Study.

Study duration: All the consecutive patients registered between January 2017 to December 2022.

Outcome: This large real-world dataset on AYA lymphoma from India highlights a predominance of Hodgkin lymphoma, high radiation use, and adult-type regimens, setting a benchmark for future collaborative studies.

PUBLICATIONS

www.hemecancer.org/publication.php

6 studies have been published in notable journals till date:

- Rajendra A, Sengar M, Korula A, Ganesan P, Jain H, K D, et al. Outcomes and prognostic factors in patients with Burkitt lymphoma/leukemia in adolescents and adults: an experience from hematology cancer consortium. Blood cancer journal [Internet]. 2025 Autumn;15(1):38.
- Philip C, Selvarajan S, Nayak L, Jain H, Kulkarni U, Samuel P, et al. Impact of the COVID-19 pandemic on treatment of patients with acute myeloid leukaemia in India. British journal of haematology [Internet]. 2024 Nov;205(5):2058–62.
- Singh S, Lionel S, Jain H, Rajendra A, Nayak L, Selvarajan S, et al. Treatment challenges and outcomes of older patients with acute myeloid leukemia from India. Annals of Hematology. 2024 Jul 8.
- Ganesan P, Jain H, Bhausahab Bagal, Subramanian PG, George B, Anu Korula, et al. Outcomes in Adolescent and Young Adult (AYA) Acute Lymphoblastic Leukemia (ALL): A Report from the Indian Acute Leukemia Research Database (INwARD) of the Hematology Cancer Consortium (HCC). Blood [Internet]. 2019 Nov 13 [cited 2025 Sep 4]; 134(Supplement_1):1306–6.
- Jain A, Nayak L, Kulkarni UP, Mehra N, Uday Yanamandra, Kayal S, et al. Outcomes of patients with hematologic malignancies and COVID-19 from the Hematologic Cancer Registry of India. Blood Cancer Journal. 2022 Jan 5;12(1).

- Kapoor R, Jain H, Anu Korula, Dinesh Bhurani, Radhakrishnan V, Philip CC, et al. Hematological Cancer Consortium: Multi-Center Acute Myeloid Leukemia Registry Data from India. Blood [Internet]. 2018 Nov 29 [cited 2025 Sep 4];132(Supplement 1):4006–6.

The following studies were presented in the ASH Annual Meeting and expositions:

www.hemecancer.org/abstracts.php

- Manju Sengar, Anu Korula, Ganesan P, Akhil Rajendra, Jain H, Samuel P, et al. Prognostic Factors and Outcomes of Adolescent and Adult Burkitt Lymphoma and Leukemia from a Low-Middle Income Country: An Experience from Hematology Cancer Consortium. Blood [Internet]. 2022 Nov 15 [cited 2025 Sep 9];140(Supplement 1):6687–9.
- Singh S, Lionel S, Jain H, Nayak L, Selvarajan S, Samuel P, et al. Real World Data on Unique Challenges and Outcomes of Older Patients with AML from Resource Limited Settings: Indian Acute Leukemia Research Database (INWARD) of the Hematology Cancer Consortium (HCC). Blood. 2022 Nov 15;140(Supplement 1):6096–8.
- Abraham A, Jain H, Bhattacharyya J, Dubashi Biswajit, Jayachandran PK, Dinesh Bhurani, et al. Low Dose Dasatinib Is Not As Active in a CML CP Cohort Enriched with Intermediate/High-Risk CML Chronic Phase: A Phase IIb Multi-Center Trial. Blood. 2022 Nov 15;140(Supplement 1):6789–90.

- Kayal S, Jain H, Nayak L, Jayashree Thorat, Bhattacharyya J, Das D, et al. Induction Related Mortality Score in Acute Myeloid Leukemia: Prospective Validation Study (pRISM) of the Hematology Cancer Consortium (HCC). Blood. 2022 Nov 15;140(Supplement 1):3223–4.
- Philip CC, Sushil Selvarajan, Nayak L, Jain H, Uday Prakash Kulkarni, Samuel P, et al. Acute Myeloid Leukemia during the COVID Pandemic: Impact and the Indian Experience. Blood. 2022 Nov 15;140(Supplement 1):8127–8.
- Manju Sengar, Jain H, Kulkarni UP, Goli VB, Anu Korula, Samuel P, et al. Real-World Outcomes for Acute Promyelocytic Leukemia: Need to Address Induction Mortality. Blood. 2022 Nov 15;140(Supplement 1):3244–5.
- Nayak L, Sushil Selvarajan, Jain H, Karunakaran P, Ganesan P, Jayachandran Perumal Kalaiyarasi, et al. Patterns of Care and Outcome in Adolescent and Young Adults (AYA) Lymphomas- a Multicenter HCC (Hematologic Cancer Consortium) Registry Study from India. Blood. 2023 Nov 2;142(Supplement 1):2412–2.
- Mixed phenotypic acute leukemia -clinical presentation, prognosis and outcomes of patients treated with ALL like protocols- a multi-institutional study from India. S Kumar Devadas, V Kapu, L Nayak, B Bagal, , P Tembhare, A Abraham, R Kapoor, J Bhattacharyya, P Karunakaran, S Saldanha, S Kayal, S Damodar, P Jain, O Prakash, MPaul, J Samuel, and P Samuel.

- Akhil Rajendra, Shetty A, Anu Korula, Jain H, Paul M, Ganesan P, et al. Outcomes and Prognostic Factors in Patients with Primary Mediastinal B Cell Lymphoma: An Experience from Hematology Cancer Consortium. Blood. 2023 Nov 2;142(Supplement 1):3141-1.
- Kapoor R, Sarkar L, Abraham A, Akhil Rajendra, Bhattacharyya J, Mishra K, et al. To Study Outcomes in Young CML Treated with TKI. a Registry Data from Hematological Cancer Consortium (HCC) of India. Blood. 2023 Nov 2;142(Supplement 1):4542-2.
- Ganesan P, Trikha M, Jain H, Kulkarni UP, Sushil Selvarajan, Anu Korula, et al. Outcomes of Philadelphia Chromosome (Ph) Positive Acute Lymphoblastic Leukemia: An Indian Multi-Institution, Prospective Study from the Haematology Cancer Consortium (HCC). Blood. 2023 Nov 2;142(Supplement 1):5821-1.
- Jain P, Jain H, Sarma RJ, Kulkarni U, Karunakaran P, Ganguly S, et al. Patterns of Care and Outcomes of Adults \geq 40 Years of Age with Newly Diagnosed Acute Lymphoblastic Leukemia (ALL): A Multicenter Registry Analysis from India. Blood [Internet]. 2024 Dec 6;144:5858.
- Nair CK, Nayak L, Anu Korula, Karunakaran P, Menon A, Dubashi Biswajit, et al. Impact of Consolidation Radiotherapy in Bulky Diffuse Large B Cell Lymphoma By PET Based Response Assessment. Blood. 2024 Nov 5;144(Supplement 1):3078-8.
- Korula A, Jain H, Ganesan P, Kulkarni U, Samuel P, Sengar M, et al. Lonah Trial: A Phase III Randomized Study of Low Dose Nivolumab Plus AVD or ABVD in Patients with Newly Diagnosed Advanced Stage Classical Hodgkin Lymphoma. Blood. 2024 Nov 5;144(Supplement 1):3055.1-1.

EDUCATION & TRAINING

HCC is committed to strengthening capacity across its network through structured education and skill-building programs for nurses and Data Entry Operators (DEOs). These initiatives enhance clinical competencies, improve the quality of registry data, and promote the standardization of care in hematological malignancies across India.

In 2024, our education program continued to expand, offering regular online sessions, workshops, and practical training opportunities, ensuring accessibility for all participating centers.

NURSING WEBINARS

Webinar recordings are available on our website:

<http://hemecancer.org/>

Register as a member to access recordings:

<http://hemecancer.org/webinar-recording.php>

The HCC nursing team launched an educational initiative to improve knowledge and skills. Since then, a total of 37 webinars have been conducted till December 2024. These sessions are scheduled on the last Tuesday of each month.

Thank you to the entire team for your continued efforts!

Nursing Webinars Conducted Since January 2024:

Topics	Speakers
Nursing Care for older adults with hematological malignancies	Mrs Sathyabala R, Nursing Educator and Tutor, Adyar Cancer Institute (WIA)
Nursing management of children diagnosed with Leukemia	Dr Anita David, Professor and HOD, Dept of Pediatric Nursing SRIHER, Chennai
Cytotoxic Agents: Play Safe, Play Smart	Mita Roy Chowdhury. MSc Child Health Nursing, Former Clinical Nurse Specialist TMC Kolkata Senior Manager, Narayana Super Specialty Hospital Kolkata
Nursing Perspective: Acute GVHD and its Management	Mrs Abhijah Princy, Associate Professor, Hematology Nursing Department, CMC Vellore
Role of Nurses in Venous Occlusive Disease (VOD) management	Ms Monima Baruah, Staff nurse at the Stem Cell Transplantation unit, Guwahati Medical College and Hospital
Blood Transfusion in Stem Cell Transplant	Dr. Aikaj Jindal, Senior Consultant And Head, Department of Transfusion Medicine, Mohandai Oswal Hospital, {Unit of Mohandai Oswal Cancer Treatment & Research Foundation} Ludhiana

Compassion in Action: Tools for combating compassion fatigue in nursing	Vanashree Ghate, Director, H.E.A.L Foundation, Anantaraa Arts Based Therapy Educator; Certified Facilitor CBCT/SEE learning (Emory)
Acute Myeloid Leukemia: Chemotherapy Regimes	Dr Alok Shetty, Associate Professor, Dept of Medical Oncology, Tata Memorial Hospital, Mumbai
Treatment of Lymphoma: Understanding chemotherapy regimen	Dr Chandran Nair, Professor, Malabar Cancer Centre, Thalassery, Kerala
Treatment of Acute Lymphoblastic Leukemia: Understanding chemotherapy regimen	Dr Swaminathan K, Assistant Professor, JIPMER, Puducherry
Treatment of Acute Promyelocytic leukemia: Understanding chemotherapy regimens	Dr Priyanka Samal, Professor & HOD, Dept of clinical hematology, IMS SUM hospital Bhubaneshwar

TRAINING OF DATA ENTRY OPERATORS

DEO workshop training program recordings are now available on the HCC website:

<https://hemecancer.org/training-module.php>

We believe in delivering accurate and good-quality data. To encourage this, we have been organizing various training programs for our Data Entry Operators and conducts source data verification as it accrues to ensure the quality of the data generated, provide evidence for the integrity of data at the time of publication and to minimize the missing data.

We assess and identify areas where the DEO's need training and accordingly offer customized training sessions.

Topic	Speaker
HCC DEO Training Session- AML, ALL, Lymphoma and CML	Dr Manju Sengar
HCC DEO Training for the updated ALL CRF	Dr Punit Jain

PATIENT SUPPORT GROUP MEETINGS

Patient Support Group Session recordings are now available on the HCC website

<https://www.hemecancer.org/support-group-meeting.php>

Patient information booklet for hematological cancers are available on the HCC website (We encourage patients, physicians & patient advocacy groups to utilize the resources)

English- <https://www.hemecancer.org/patient-education.php>

Hindi- <https://www.hemecancer.org/patient-education-in-hindi.php>

Marathi- <https://www.hemecancer.org/patient-education-in-marathi.php>

Malayalam- <https://www.hemecancer.org/patient-education-in-malayalam.php>

Kannada- <https://www.hemecancer.org/patient-education-in-kannada.php>

Launched in March 2023, the HCC Patient Support Group is central to our mission of improving outcomes in hematological malignancies by supporting the overall well-being of patients and caregivers. We believe that informed and connected patients are better equipped to manage their care journey.

Held on the third Saturday of each month, these expert-led online sessions offer practical guidance on disease management, nutrition, survivorship, and emotional well-being. By December 2024, 18 monthly sessions had been conducted, creating a trusted platform for learning, sharing, and mutual encouragement. We are deeply grateful to the experts who generously dedicate their time to guide and support patients and caregivers.

Patient Support Group Session Conducted Since January 2024:

Topic	Speaker
CART cell therapy as treatment option for blood cancer	Dr Hasmukh Jain
Strategies for managing emotions during treatment of blood cancer	Dr Nivedita Chalill
Post transplant care for patients of blood cancer	Dr Punit Jain
Defining Survivorship in Blood cancer	Dr Maya Prasad
Maintaining Hygiene during the treatment of blood cancer	Mrs Sindhu Nair
Radiation therapy in Blood Cancer	Dr Sangeeta Kakoti
Nutrition during treatment of blood cancer	Ms. Rupal Shah
Understanding Acute Myeloid Leukemia	Dr Alok Shetty
Understanding Chronic Myeloid Leukemia a type of blood cancer	Dr Reshma Roshan
Understanding Acute Lymphoblastic Leukemia a type of blood cancer	Dr Hasmukh Jain
Understanding Acute Promyelocytic Leukemia: a type of blood cancer	Dr Sushil Selvarajan

FOURTH ANNUAL MEET

Our Fourth Annual Meeting was conducted on October 18th & 19th 2024, at the National Cancer Institute, AIIMS, Jhajjar

It provided a focused platform for:

- Data Entry Operator (DEO) training and capacity building.
- Review and harmonization of Case Report Forms (CRFs).
- Discussion on practice changing updates in hematologic cancers, highlighting innovative treatments and research in leukemia and lymphoma.
- Intensive planning sessions by the Disease Working Groups to finalize studies and define strategic research priorities for the coming year
- Emphasis on patient advocacy, focusing on improving support systems, access to resources, and addressing disparities in care.



FINANCIAL REPORT

Independent Auditor's Report

M. P. Chitale & Co.

Chartered Accountants

Hamam House, Ambalal Doshi Marg, Fort, Mumbai - 400001 • Tel : 2265 1186 / 2265 3023 / 24 • E-mail : office@mpchitale.com

INDEPENDENT AUDITOR'S REPORT

To the Members of
Hematology Cancer Consortium- Association (HCCA)
Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of Hematology Cancer Consortium- Association (hereinafter referred to as "HCCA") ("the Company") having its registered office Shop no. 1A, Ground Floor, Deep Co-operative Housing Society Limited, Jerbai Wadia Road, Parel Bhoiwada, Mumbai, 400012, for the year ended March 31, 2025, which include the Balance Sheet as at that date and the Statement of Income and Expenditure for the period from April 01, 2024 to March 31, 2025 and Cash Flows Statement for the year then ended, and notes to the financial statements, including a summary of significant accounting policies and other explanatory information.

In our opinion and to the best of our information and according to the explanations given to us, the aforesaid financial statements give the information required by the Companies Act, 2013 ("the Act") in the manner so required and give a true and fair view in conformity with the accounting principles generally accepted in India, of the state of affairs of the Company as at March 31, 2025, and its surplus and its cash flows for the year ended on that date.

Basis for Opinion

We conducted our audit in accordance with the Standards on Auditing (SAs) specified under section 143(10) of the Act. Our responsibilities under those Standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the Company in accordance with the Code of Ethics issued by the Institute of Chartered Accountants of India together with the ethical requirements that are relevant to our audit of the financial statements under the provisions of the Act and the Rules thereunder, and we have fulfilled our other ethical responsibilities in accordance with these requirements and the Code of Ethics. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Management's Responsibility for the Financial Statements

The Company's Board of Directors is responsible for the matters stated in section 134(5) of the Act with respect to the preparation of these financial statements that give a true and fair view of the financial position, financial performance and cash flows of the Company in accordance with the accounting principles generally accepted in India, including the accounting Standards specified under section 133 of the Act. This responsibility also includes maintenance of adequate accounting records in accordance with the provisions of the Act for safeguarding of the assets of the Company and for preventing and detecting frauds and other irregularities; selection and application of appropriate accounting policies; making



judgments and estimates that are reasonable and prudent; and design, implementation and maintenance of adequate internal financial controls, that were operating effectively for ensuring the accuracy and completeness of the accounting records, relevant to the preparation and presentation of the financial statement that give a true and fair view and are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Board of Directors either intends to liquidate the Company or to cease operations, or has no realistic alternative but to do so.

Those Board of Directors are also responsible for overseeing the company's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with SAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or taken together, they could reasonably be expected to influence the economic decisions of users taken based on these financial statements.

As part of an audit in accordance with SAs, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- i. Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- ii. Consider the internal control relevant to the Company's preparation of the financial statements that give a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on whether the Company has in place an adequate internal financial controls system over financial reporting and the operating effectiveness of such controls.



- iii. Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- iv. Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Company to cease to continue as a going concern.
- v. Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

We also provide management with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, related safeguards.

Report on Other Legal and Regulatory Requirements

The Companies (Auditor's Report) Order 2020, issued by the Central Government of India in terms of Section 143 (11) of the Act is not applicable to the Company.

As required by Section 143(3) of the Act, we report that:

- a. We have sought and obtained all the information and explanations, which to the best of our knowledge and belief were necessary for the purposes of our audit.
- b. In our opinion, proper books of account as required by law have been kept by the Company as far as it appears from our examination of those books.
- c. The Balance Sheet, the Statement of Profit and Loss, and the Cash Flow Statement dealt with by this Report are in agreement with the books of account



- d. In our opinion, the aforesaid standalone financial statements comply with the Accounting Standards specified under Section 133 of the Act, read with Rule 7 of the Companies (Accounts) Rules, 2014.
- e. On the basis of the written representations received from the directors as on April 01, 2024 taken on record by the Board of Directors, none of the directors is disqualified as on March 31, 2024 from being appointed as a director in terms of Section 164 (2) of the Act.
- f. With reference to the amendment dated June 13, 2017 in notification no. G.S.R 464(E) dated June 5, 2015 issued by Central Government with regards to section 143(3)(i) of the Act, the requirements with regard to internal financial controls over financial reporting is not applicable to the Company
- g. With respect to the other matters to be included in the Auditor's Report in accordance with Rule 11 of the Companies (Audit and Auditors) Rules, 2014, in our opinion and to the best of our information and according to the explanations given to us:
- i. The Company does not have any pending litigations, which would impact its financial position.
 - ii. The Company did not have any long-term contracts including derivative contracts for which there were any material foreseeable losses.
 - iii. There were no amounts, which were required to be transferred to the Investor Education and Protection Fund by the Company.
 - iv. The Management has represented that, to the best of its knowledge and belief, as disclosed in the note to the accounts 2(i), no funds have been advanced or loaned or invested (either from borrowed funds or share premium or any other sources or kind of funds) by the Company to or in any other person(s) or entity(ies), including foreign entities ("Intermediaries"), with the understanding, whether recorded in writing or otherwise, that the Intermediary shall, directly or indirectly lend or invest in other persons or entities identified in any manner whatsoever by or on behalf of the Company ("Ultimate Beneficiaries") or provide any guarantee, security or the like on behalf of the Ultimate Beneficiaries.
 - v. The Management has represented, that, to the best of its knowledge and belief, as disclosed in the note to the accounts 2(i), no funds have been received by the Company from any person(s) or entity(ies), including foreign entities ("Funding Parties"), with the understanding, whether recorded in writing or otherwise, that the company shall, directly or indirectly, lend or invest in other persons or entities identified in any manner whatsoever by or on behalf of the Funding Party ("Ultimate Beneficiaries") or provide any guarantee, security or the like on behalf of the Ultimate Beneficiaries.



Balance sheet as at March 31, 2025

Hematology Cancer Consortium- Association			
Balance Sheet as at March 31, 2025			
Particulars	Note No.	(₹ in Hundred)	
		As at March 31, 2025	As at March 31, 2024
EQUITY AND LIABILITIES			
Sources of Funds			
(a) Corpus fund			
(b) Reserves and Surplus	1	93,724.86	65,211.69
Current Liabilities			
(a) Other Current Liabilities	2	1,821.55	6,807.96
(b) Short-term provisions	3	298.40	29,085.88
Total		95,844.81	1,01,105.53
ASSETS			
Non-Current Assets			
(a) Property, Plant and Equipment	4	4,151.60	3,402.56
(b) Investments	5	1,035.75	-
(c) Other Non-Current Assets	6	14,671.60	6,304.60
Current Assets			
(a) Cash and Cash Equivalents	7	74,055.66	77,306.85
(b) Short-term loans and advances	8	713.25	-
(c) Other current Asset	9	1,216.95	14,091.52
(d) Preliminary Expenditure		-	-
Total		95,844.81	1,01,105.53

Also see accompanying Notes to and forming part of the Financial Statements - Note 13

<p>As per our report attached. For M. P. Chitale & Co. Chartered Accountants Firm Regn. No.101851W</p>	<p>For and On behalf of the Board Hematology Cancer Consortium- Association CIN: U85100MH2020NPL335745</p>	
<p><i>Ashutosh Pednekar</i>  Ashutosh Pednekar Partner M No.: 041037 Date: August 13, 2025 Place: Mumbai</p>	<p><i>Niyaki Sutaria James</i>  Niyaki Sutaria James Director DIN: 09428177 Date: August 13, 2025 Place: Mumbai</p>	<p><i>Palani Thyagarajan</i>  Palani Thyagarajan Director DIN: 09428178 Date: August 13, 2025 Place: Mumbai</p>
		<p><i>Bhavisha Sanadhya</i>  Bhavisha Sudarshan Sanadhya Chief Executive Officer Date: August 13, 2025 Place: Mumbai</p>

Statement of Income and Expenditure for the period ended March 31, 2025

Hematology Cancer Consortium- Association				
Statement of Income and Expenditure for the year ended March 31, 2025				
SR No	Particulars	Note No.	(₹ in Hundred)	
			For the Year ended March 31, 2025	For the Year ended March 31, 2024
I	Donations, Grants & Sponsorships	10	1,52,432.60	1,38,265.43
II	Other Income	11	2,005.73	2,105.86
III	Total Revenue(I + II)		1,54,438.33	1,40,371.29
IV	Expenses			
	Expenses on Objects of Section 8 Company	12	1,14,357.93	1,19,950.41
	Depreciation	4	1,192.25	1,095.52
	Amortization of preliminary expenses		-	47.27
	Administration Expenditure		10,374.98	3,935.62
	Total Expenses		1,25,925.16	1,25,028.82
V	Surplus Before Tax		28,513.17	15,342.47
VI	Tax Expense			
	Current Tax		-	-
	Deferred Tax		-	-
VII	Surplus for the Period(V-VI)		28,513.17	15,342.47

Also see accompanying Notes to and forming part of the Financial Statements - Note 13

As per our report attached.
For M. P. Chitale & Co.
Chartered Accountants
Firm Regn. No.101851W

For and On behalf of the Board
Hematology Cancer Consortium- Association
CIN: U85100MH2020NPL335745



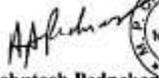
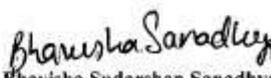
Ashutosh Pednekar
Ashutosh Pednekar
Partner
M No.: 041037
Date: August 13, 2025
Place: Mumbai

Niyati Sutaria James
Niyati Sutaria James
Director
DIN: 09428177
Date: August 13, 2025
Place: Mumbai

Palani Thyagarajan
Palani Thyagarajan
Director
DIN: 09428178
Date: August 13, 2025
Place: Mumbai

Bhavisha Sanadhya
Bhavisha Sudarshan Sanadhya
Chief Executive Officer
Date: August 13, 2025
Place: Mumbai

Cash flow statement

Hematology Cancer Consortium- Association		
Cash Flow Statement for the Year ended March 31, 2025		
Particulars	(₹ in Hundred)	
	March 31, 2025	March 31, 2024
A. Cash flow from operating activities		
Surplus Before Tax	28,513.17	15,342.47
Adjustments for:		
Amortization Expenses	-	47.27
Depreciation	1,192.25	1,095.52
Operating cash flows before changes in assets/liabilities	29,705.42	16,485.26
Changes in assets/liabilities		
Increase/(decrease) in other current liabilities	(4,986.41)	(11,793.39)
Increase/(decrease) in short-term provisions	(28,787.48)	26,677.02
(Increase)/decrease Long-term loans and advances	-	-
(Increase)/decrease in Other Non current Assets	(8,367.00)	(1,449.40)
(Increase)/decrease in short-term loans and advances and Other Current Assets	12,161.32	(8,418.88)
Cash generated from operating activities	(274.15)	21,500.61
Net cash flows generated from operating activities (A)	(274.15)	21,500.61
B. Cash flow from investing activities		
Purchase of Property, Plant and Equipment	(1,941.30)	(585.00)
Investment In Fixed Deposits	(1,035.75)	-
Net cash flow generated from investing activities (B)	(2,977.05)	(585.00)
C. Cash flow from financing activities		
Issue of share capital	-	-
Net cash flow generated from financing activities (C)	-	-
Net increase in cash and cash equivalents (A+B+C)	(3,251.20)	20,915.61
Cash and Cash Equivalents as at the beginning of the year	77,306.85	56,391.25
Cash and Cash Equivalents as at the end of the year	74,055.66	77,306.85
Also see accompanying Notes to and forming part of the Financial Statements - Note 13		
As per our report attached.		
For M. P. Chitale & Co. Chartered Accountants Firm Regn. No.101851W	For and On behalf of the Board Hematology Cancer Consortium- Association CIN: U85100MH2020NPL335745	
		
 Ashutosh Pednekar Partner M No.: 041037 Date: August 13, 2025 Place: Mumbai	 Niyati Sutar Director DIN: 09428177 Date: August 13, 2025 Place: Mumbai	 Palani Thyagarajan Director DIN: 09428178 Date: August 13, 2025 Place: Mumbai
	 Bhavisha Sanadhye Chief Executive Officer Date: August 13, 2025 Place: Mumbai	

Fixed Assets

Hematology Cancer Consortium- Association											
Notes Forming part of the Financial Statements											
Note 4 -Property, Plant and Equipment											
(₹ in Hundred)											
Description	Rate	Gross Block				Depreciation				Net Block	
		As on April 01, 2024	Additions during the year	Sales/Adj. during the year	As on March 31, 2025	Provided upto March 31, 2024	Deduction/Adjustment	Provided for the year	Total Upto March 31, 2025	As on March 31, 2025	As on March 31, 2024
Furniture	9.50%	2,602.70	-	-	2,602.70	294.62	-	247.26	541.88	2,060.82	2,108.08
Computer Equipments	31.67%	2,475.90	1,900.00	-	4,375.90	1,699.96	-	862.03	2,561.99	1,813.91	975.94
	19.00%	422.00	41.3	-	463.30	103.47	-	82.96	186.43	276.87	318.53
Total (A)		5,500.60	1,941.30	-	7,441.90	2,098.05	-	1,192.25	3,290.30	4,151.60	3,402.56
Previous Year		4,915.60	585.00	-	5,500.60	1,002.53	-	1,095.52	2,098.04	3,402.56	3,913.08
Total Assets		5,500.60	1,941.30	-	7,441.90	2,098.05	-	1,192.25	3,290.30	4,151.60	3,402.56







Schedules / Notes

Hematology Cancer Consortium- Association

Notes Forming part of the Financial Statements

Note 1 : Reserves & Surplus

Particular	₹ in Hundred	
	March 31, 2025	March 31, 2024
Opening Balance	65,211.69	49,869.22
Add: Surplus carried over to balance sheet	28,513.17	15,342.47
Total	93,724.86	65,211.69

Note 2 : Current liabilities

Particular	₹ in Hundred	
	March 31, 2025	March 31, 2024
Sundry Creditors	947.85	1.50
TDS Payable	873.70	
Grant Payable (Unutilized)	-	6,806.46
Total	1,821.55	6,807.96

Note 3 : Short-term provisions

Particular	₹ in Hundred	
	March 31, 2025	March 31, 2024
Provision for Expenditure	298.40	29,085.88
Total	298.40	29,085.88

Note 5 : Investments

Particular	₹ in Hundred	
	March 31, 2025	March 31, 2024
Fixed Deposits	1,000.00	-
Interest Accrued on Fixed Deposits	35.75	-
Total	1,035.75	-

Note 6: Other Non-Current Assets

Particular	₹ in Hundred	
	March 31, 2025	March 31, 2024
TDS Receivable	13,671.60	5,304.60
Rent Deposit	1,000.00	1,000.00
Others		
Total	14,671.60	6,304.60



Hematology Cancer Consortium- Association
Notes Forming part of the Financial Statements

Note 7: Cash & Bank Balances

Particular	₹ in Hundred	
	March 31, 2025	March 31, 2024
Bank Balances in Savings Account with HDFC Bank		
Account No. 50100347097089	7,710.15	42,579.82
Account No. 50100392097440	66,345.51	34,727.03
Total	74,055.66	77,306.85

Note 8: Short-term loans and advances

Particular	₹ in Hundred	
	March 31, 2025	March 31, 2024
Advance to Creditors	713.25	-
Total	713.25	-

Note 9: Other current Asset

Particular	₹ in Hundred	
	March 31, 2025	March 31, 2024
Grants & Sponsorships Receivable	200.00	13,800.00
GST Receivable	1,016.95	-
Prepaid Expenditure	-	291.52
Total	1,216.95	14,091.52

Note 10: Donations, Grants & Sponsorships

Particular	₹ in Hundred	
	March 31, 2025	March 31, 2024
Donation	-	4,680.00
Grant	1,52,432.60	1,33,585.43
Total	1,52,432.60	1,38,265.43



J.M.

B.S.

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Notes forming part of the financial statements as at the year ended March 31st, 2025

Hematology Cancer Consortium-Association
CIN No: U85100MH2020NPL335745
**NOTES FORMING PART OF THE FINANCIAL STATEMENTS AS AT THE YEAR
ENDED MARCH 31, 2025**

Note 13

1. Corporate Information:

Hematology Cancer Consortium-Association (the Company) is a private company limited by guarantee registered under section 8 of the Companies Act, 2013 ("the Act"). The Company was incorporated on January 09, 2020. Object of the company is to initiate a web based online data collection platform for hematological cancers, bio-banking of samples from cases with hematological cancers in each of the participating centers, analyzing the respective data and plan prospective collaborative studies in the relevant field, facilitating basic scientific research to understand the biology of the disorders, developing common treatment protocols and specific guidelines for management of hematological cancers, disseminating the knowledge and information to the physicians, patients, volunteers and other sections of the society as may be deemed fit, facilitating access to standard care treatment for patients diagnosed with hematological cancers and to do all the related or supportive or ancillary activities with respect to hematological cancers.

2. Significant Accounting Policies:

a. Basis of Accounting

The financial statements of the Company have been prepared in accordance with the Generally Accepted Accounting Principles in India (Indian GAAP) in compliance with the Accounting Standards prescribed under Section 133 of the Act and the relevant provisions of the Act. The financial statements have been prepared on accrual basis under the historical cost convention.

The Company is a Small and Medium size Company (SMC) as defined in the general instructions in respect of Accounting Standards notified under the Act. Accordingly, the Company has complied with the Accounting Standards as applicable to small and medium size Company.

b. Use of Estimates

The preparation of financial statements in conformity with Generally Accepted Accounting Principles require estimates and assumptions to be made that affect the reported amounts of assets and liabilities and disclosure of contingent liabilities on the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates and differences between actual results and estimates are recognized in the periods in which the results are known/materialize.



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c. Revenue Recognition

Donations received towards Hematology Cancer Consortium-Association are considered as income when received. Grants and Sponsorship are recognized as income based on the respective contractual terms. Revenue is recognized when it is earned and no significant uncertainty exists as to its realization or collection.

d. Corpus Funds

Receipts in the form of voluntary contribution made with a specific direction to be treated as corpus are recognized as Corpus Funds.

e. Related party transactions

(₹ in Hundred)

Description of Relationship	Names of related parties	1-April-2024 to 31-Mar-2025	1-April-2023 to 31-Mar-2024
Key Management Personnel (KMP)	Remuneration to Bhavisha Sanadhya – CEO	19,200.00	19,200.00

f. Income Tax

Current tax, if any is the amount of tax payable on the taxable income for the year as determined in accordance with the applicable tax rates and provision of the Income Tax Act, 1961. The Company is registered under section 8 of the Act. The Company is exempt from the payment of Income tax. No provision for taxation has been made in the accounts since the company is eligible for exemption under Section 11 read with Section 2(15) of the Income tax Act, 1961

g. Provisions, Contingent Liabilities & Contingent Assets

A provision is recognized when the company has a present legal obligation as a result of past events and it is probable that an out flow of resources will be required to settle the obligation in respect of which a reliable estimate can be made. Provisions (excluding employee benefits) are not discounted to present value and are determined based on best estimate required to settle the obligation at the balance sheet date. These are reviewed at each balance sheet date and adjusted to reflect the current best estimates.

h. Depreciation

Depreciation on property, plant and equipment is provided on the straight-line method at the rates reflective of the estimated useful life of the assets estimated by the management.



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i. Utilisation of Borrowed funds and share premium

- The Company has not granted any advance/loans or investments or provided guarantee or security or the like to any other person(s) or entities with an understanding, whether recorded in writing or otherwise, to further lend/invest/provide guarantee or security or the like to any other person on behalf of the company.
- The Company has not received any funds from any person(s) or entities with an understanding, whether recorded in writing or otherwise, that the company shall further lend or invest or provide guarantee or security or the like in any other person on behalf of and identified by such person(s)/entities.

j. Previous year figures have been regrouped/reclassified wherever necessary, in order to make them comparable.

3. Details on Benami Property Held

No proceedings have been initiated or pending against the Company for holding any benami property under the Benami Transaction (Prohibition) Act, 1988 .

4. Borrowing from Banks and Financial Institutions on Security of Current Assets

The Company does not have any borrowing facilities taken from Banks or Financial Institution.

5. Willful Defaulter

The Company has not been declared as a wilful defaulter by any bank (as defined under the Companies Act, 2013), in accordance with the guidelines on wilful defaulter issued by the Reserve Bank of India.

6. Relationship with Struck Off Companies

The Company does not have any transaction with Companies struck off under section 248 of the Act or section 560 of the Companies Act, 1956.

7. Registration of charges or satisfaction with the Registrar of Companies

There are no charges or satisfaction yet/pending to be registered with the Registrar of Companies at the end of the year.

8. Compliance with number of layer Companies

The Company does not have any subsidiary Accordingly compliance with the number of layers prescribed under clause 87 of section 2 of the Act read with Companies (Restriction on number of Layers) Rules 2017 is not applicable.



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9. Financial Ratio

Sr. No.	Ratio	Numerator	Denominator	Current Period	Previous Period	% Variance	Reason for Variance
1	Current Ratio	Current Assets	Current Liabilities	NA	NA		
2	Debt Equity Ratio	Total Debts	Shareholder's Equity	NA	NA		
3	Debt Service Coverage Ratio	Earnings available for debt service	Debt Service	NA	NA		
4	Return on Equity (ROE)	Net Profit after taxes- preference Dividend	Average Shareholder's Equity	NA	NA		
5	Inventory Turnover Ratio	Cost of Goods sold or Sales	Average Inventory	NA	NA		
6	Trade Receivables Turnover Ratio	Net Credit Sales	Average Account Receivable	NA	NA		
7	Trade Payables Turnover Ratio	Net Credit Purchase/ Expenses	Average Trade Payable	NA	NA		
8	Net Capital Turnover Ratio	Net Sales	Working Capital	NA	NA		
9	Net Profit Ratio	Net Profit	Net Sales	NA	NA		
10	Return on Capital employed (ROCE)	Earnings before Interest and Taxes	Capital Employed	NA	NA		

- Current Ratio = Current Assets / Current Liability
- Debt-equity ratio = Total Debt/ Shareholder's Equity
- Debt service coverage ratio = Earnings available for debt service / Debt Service
- Return on equity ratio = Net Profits after taxes – Preference Dividend (if any) / Average Shareholder's Equity
- Inventory turnover ratio = Cost of goods sold OR sales/ Average Inventory
- Trade receivables turnover ratio = Net Credit Sales/ Average Accounts Receivable
Average trade debtors = (Opening + Closing)/2
- Trade payables turnover ratio= Net Credit Purchases/ Average Trade Payable
- Net capital turnover ratio = Net Sales/ Average Working Capital

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- Net profit ratio= Net Profit / Net Sales
- Return on capital employed= Earnings before interest and taxes / Capital Employed
Capital Employed = Tangible Net Worth + Total Debt + Deferred Tax Liability
- Return on investment= $\frac{\{MV(T1) - MV(T0) - \text{Sum } [C(t)]\}}{\{MV(T0) + \text{Sum } [W(t) * C(t)]\}}$

T1 = End of time period

T0 = Beginning of time period

t = Specific date falling between T1 and T0

MV(T1) = Market Value at T1

MV(T0) = Market Value at T0

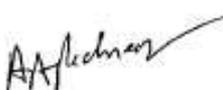
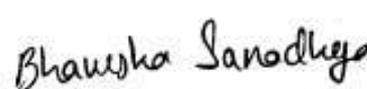
C(t) = Cash inflow, cash outflow on specific date

W(t) = Weight of the net cash flow (i.e. either net inflow or net outflow) on day 't', calculated as $[T1 - t] / T1$

Since the Company is incorporated under section 8 of the Act and it has no commercial activities and/or borrowings, the above ratios are not applicable.

10. Payment to Auditor

Particular	₹ in Hundred	
	March 31, 2025	March 31, 2024
As auditor:		
Statutory audit fee for current year	365.80	342.20
Tax audit fee	59.00	59.00
In other capacity:		
Other certifications	354.00	59.00
Total	778.80	460.20

<p>For M. P. Chitale & Co. Chartered Accountants FRN: 101851W</p> <p> Ashutosh Pednekar Partner M.No: 041037 Date: August 13, 2025 Place: Mumbai</p> <p></p>	<p>For and on behalf of the Board of Directors</p> <p> Niyati Sutaria James Director DIN: 09428177</p> <p> Patani Thyagarajan Director DIN: 09428178</p> <p> Bhavisha Sanodhya Chief Executive Officer Date: August 13, 2025 Place: Mumbai</p> <p></p>
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