

**AHNCI COLON AND RECTAL TUMOR BOARD**

Friday, January 3, 2020

7:00am-8:00am

Pugh Classroom, 2nd floor, AHNCI

Zoom Meeting: <https://zoom.us/j/966171364>

Dial US: 646-558-8656

Meeting ID: 966171364

**Cases to be discussed**

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| **Case**  | **De-identified patient** | **Reason** | **Presenter** |
| 1 | KL/ MRN: 60488DOB: 6/16/66 | 53 y/o female with a newly diagnosed rectal cancer.  She stated that for 1 year, she had prolapsing tissue from her anus that she pushed back in and her PCP treated her with Preparation H or steroid cream, but was never examined.  She had heme positive stool, prompting her first colonoscopy 12/20/19 by Dr. Gottfried that showed a > 50 mm semi-pedunculated rectal polyp that was removed and pt. developed an arterial bleeder and area was injected with epinephrine and coagulated using bipolar and argon plasma for hemostasis and 5 hemostatic clips were placed.  Pathology revealed a tubulovillous adenoma with high grade dysplasia and possible focal submucosal invasive well differentiated adenocarcinoma (T1).  Dr. Mirzabeigi reviewed a portion of the specimen with Dr. Velosa and the case was sent to Dr. Miller at AGH for a 2nd opinion (not back yet).  There was also a 20 mm polyp at 30 cm proximal to the anus that was removed and was hyperplastic; 10 mm polyp at 35 cm proximal to the anus that was removed and was a sessile serrated adenoma/polyp; 6 mm polyp at 20 cm proximal to the anus that was coagulated for destruction of remaining portion of lesion using snare; four 5 mm polyps at 15 cm that were biopsied and were hyperplastic; tortuous colon with mild spasm and diverticulosis of the sigmoid.  She had a CT C/A/P and results are pending, and CEA level 12/27/19 was 2.8. Review CT and pathology.  Discuss treatment. | JM |
| 2 | BM/ MRN: 5960967 DOB: 5/31/59 | 60 y/o female with clinical T3N1 rectal cancer. She completed 8 cycles of FOLFOX on 10/23/2019 and had had short course radiation from 12/9/2019-12/13/2019. Her last set of imaging was on 11/21/19 (PET/CT), which showed a hypermetabolic rectal mass compatible with known malignancy, no evidence of FDG avid distant metastatic disease. She underwent a robotic laparoscopic proctectomy with diverting loop ileostomy on 12/19/19. NAPRC path review. | JM |
| 3 | PS/ MRN: 10894699DOB: 1/28/45 | 74 y/o male with a history of clinical stage cT1 cN0 cM0 upper rectal/rectosigmoid adenocarcinoma diagnosed in January 2018 during screening colonoscopy at OSH by Dr. Lipsitz. A 12 mm polyp at the 3rd proximal valve of the rectum was removed endoscopically. Pathology showed invasive moderately differentiated adenocarcinoma with mucinous features, closest resection margins 0.5 mm, no definite LVI, MSI intact. He was presented at tumor board in April 2018, and due to the absence of definitive negative margins of resection s/p polypectomy, surgical resection LAR was recommended. Patient did not pursue surgery as he was the primary caretaker for his wife with dementia. Flexible sigmoidoscopy on 11/4/2019 showed no evidence of malignancy or recurrence within the rectum. Most recent CT showed no evidence of lymphadenopathy, masses, or metastatic disease. CEA 3.5. Review MRI pelvis. | RF |
| 4 | KB/ MRN: 11597700DOB: 10/29/56 | 63 y/o male with an appendiceal mass and clinical T3N2 (with extramural invasion) rectal cancer who underwent 8 cycles of FOLFOX from 6/11/19 – 9/19/19 followed by short course radiation x 4 treatments 10/16/19 – 10/21/19 and then had cycle 9 of FOLFOX 10/29/19 and cycle 10 with a 20% dose reduction of 5 FU and leucovorin due to significant diarrhea on 11/14/19.  He had CT C/A/P 11/22/19 that was reviewed at the Multidisciplinary Colorectal Cancer Conference 12/6/19.  His last CEA level 10/28/19 was elevated at 11.70 and the prior CEA 10/21/19 was elevated at 7.68. He then underwent a laparoscopic robotic proctectomy with colo-anal anastomosis, takedown of splenic flexure, creation of diverting loop ileostomy and laparoscopic robotic radical appendectomy for secondary tumor involvement, separate pathology by Dr. McCormick on 12/18/19. Requesting NAPRC path review. | JM |
| 5 | DL/ MRN: 588990DOB: 3/1/41  | 78 y/o male  with history of rectosigmoid neuroendocrine tumor s/p LAR in 1989 who presented 9/25/19 regarding a newly diagnosed rectal neuroendocrine tumor s/p endoscopic removal and treatment with APC.  He underwent a colonoscopy 9/5/19 by Dr. Kanakamedala for hematochezia and heme positive stools that showed a 12 mm sessile rectal polyp that was removed and remaining portion of the lesion was treated with APC.  Pathology revealed a well differentiated neuroendocrine tumor (G1) with mitotic rate of 1 mitosis/2 mm and KI-67 proliferation rate of 2%.  Tumor was present at the lamina propria and extension into submucosa cannot be excluded; tumor extended to cauterized resection margin (see report); a 4 mm descending colon polyp that was biopsied and was a tubular adenoma; an 8 mm transverse colon polyp that was removed and was a tubular adenoma.Previously discussed at MDC on 9/13/19 and recommendation was to proceed with full thickness resection.  Robotic transanal excision of the rectal tumor was done 12/18/19.  Requesting path review. | JM |
| 6 | MS/ MRN: 10799661DOB: 7/10/79 | 40 y/o male s/p robotic assisted laparoscopic sigmoid colectomy on 5/2/19 by Dr. Voth with pathology revealing T3N0 invasive moderately differentiated colorectal adenocarcinoma, no lymphovascular invasion and 13 lymph nodes negative. He had a surveillance CT C/A/P on 12/20/19 which showed new ill-defined hypodense right hepatic lobe lesion measuring up to 3.1 cm concerning for metastatic disease. It also showed an enlarged prostate and nonspecific, eccentric hypodensity within the 3rd portion of the duodenum. Last CEA from 12/6/19 1.6. Requesting review of the new liver lesion. | MV |

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Objectives

Upon completion of this activity, participants will have a better understanding of decision-making for complex colon and rectal problems and be armed with clinical pathways to improve care.

Accreditation:

Allegheny General Hospital is accredited by the Accreditation Council for Continuing Medical Education to provide continuing education for physicians. Allegheny General Hospital designates this live activity for a maximum of 1.0 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Disclosure:

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Moderators: Alexander Kirichenko, MD /Dulabh Monga, MD /James McCormick, DO/Richard Fortunato, MD