

**AHNCI COLON AND RECTAL TUMOR BOARD**

Friday, November 22, 2019

7:00am-8:00am

**McGovern Auditorium, AGH**

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 | DM/ MRN: 11732665  DOB: 2/29/68 | 51 y/o male presents as a second opinion for newly diagnosed rectal cancer. He had a colonoscopy done on 9/23/19 by Dr. Brower for symptoms of rectal bleeding and was found to have just internal to the dentate line a fungating anal mass. It was too large to be removed however multiple biopsies were done and revealed well differentiated adenocarcinoma. A MRI of Pelvis was done on 10/11/19 which showed no discrete rectal or anal mass appreciated. A CT C/A/P was done which showed numerous very small scattered indeterminate nodular densities within the lungs. He was seen by Dr. McQuade who recommended a transrectal ultrasound to better stage this patient. A CEA was done and came back <0.5. Review of MRI. | JM |
| 2 | WW/ MRN: 11748539  DOB: 7/21/62 | 57 y/o female presents for evaluation of a large 4 centimeter distal rectal polypoid lesion found on routine screening colonoscopy. She is asymptomatic from this lesion without family history of colorectal cancer. On my review of the color endoscopic photographs, lesion is in the low rectum, about 3-4 centimeters from the anal verge, below the distal rectal valve and is about at least 1/3 to 1/2 circumferential. It appears to have a Paris 2A and 1 S configuration with a nodular, granular appearance with biopsies confirming a traditional serrated adenoma | AK |
| 3 | MD/ MRN: 10069574  DOB: 6/27/56 | 63 y/o male previously presented patient (9/20/19), with history of anal cancer in 2016, status post chemo and radiation therapy, presents with anal ulcer with AIN 111.  Multiple co morbidities.  Review MRI and discuss treatment options. | RF |
| 4 | RM/ MRN: 11741720  DOB: 7/22/43 | 76 y/o male who  had a screening colonoscopy done 10/16/19 by Dr. Amin in Indiana that identified a neoplasm sigmoid colon –path came back polypoid moderately differentiated adenocarcinoma directly involving the margins of resection, no lymphovascular invasion.  CEA elevated at 3.5. CT chest/abdomen/pelvis done 10/23/19 –no evidence of distant metastatic disease. Had Laparoscopic robotic lower anterior resection 11/6/19. Path review requested. | JM |
| 5 | RK/ MRN: 975024  DOB: 8/24/63 | 56 y/o male with 2 metastatic liver lesions. Dr. Mayernick concerned this is over staging vs treated liver disease. Please review. Completed 6 cycles Folfox/Avastin 11/6. Previously undergone colonoscopoy in 2015 with notable poor prep and a 25 millimeter pedunculated tubular adenoma at 30 centimeters. Admitted to Forbes in August, 2019 for evaluation of abdominal pain in the setting of altered bowel habits, hematochezia and an approximately 25lb. weight loss. CT imaging in the course of his initial workup was notable for an apple-core appearing transverse colon mass measuring appoximately 6 centimeters in diameter, with associated mesenteric adenopathy. Additionally he was noted to have 2 separate hypodense segments 5 lesions worrisome for hepatic metastatic disease. He underwent colonscopy by Dr. Kandil on August 19, 2019, with this study notable for a partially obstructing transverse colon mass. This was able to be traversed. A rectal hyperplastic polyp was additionally identified. Final pathology from biopsy of the mass returned as consistent with invasive adenocarcimona. | AR |
| 6 | DH/ MRN: 11357603  DOB: 6/9/71 | 48 y/o female with metastatic colon cancer; abdominal bloating. Diagnosed 1/31/19. Ongoing stoma bleeding. Fluid collection in right upper quadrant. CEA decreasing from 120 to 60. Currently on FOLFIRI with plans to continue; CT scans showing response. Palliative consult in progress. CT review requested. | MR |
| 7 | LW/ MRN: 610607 | 44 y/o female with newly diagnosed colon cancer with possible liver mets and with an approximate 30 lb. weight loss over last 6 months, intermittent rectal bleeding with mucous discharge and change in caliber of stools. Colonoscopy done on 10/25/19 with findings of a tumor at 60 cm, biopsy-proven adenocarcinoma.  CEA 10.7.    Review CT scans.  Surgery scheduled for 12/5/19. | SN |

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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:

In accordance with the Accreditation Council for Continuing Medical Education (ACCME) and the policy of Allegheny General Hospital, presenters must disclose all relevant financial relationships, which in the context of their presentation(s), could be perceived as a real or apparent conflict of interest, (e.g., ownership of stock, honoraria or consulting fees). Any identifiable conflicts will be resolved prior to the activity. Any such relationships will be disclosed to the learner prior to the presentation(s).  The speakers have nothing to disclose.

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