

**AHNCI COLON AND RECTAL TUMOR BOARD**

Friday, December 13, 2019

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 | DH/ MRN: 795642 DOB: 8/22/64 | 55 y/o male diagnosed with rectal cancer.  He underwent a colonoscopy 11/4/19 for rectal bleeding by Dr. Mulock that showed a 4 cm fungating and ulcerated non-obstructing rectal mass that was biopsied and was an invasive moderately differentiated adenocarcinoma.  CEA level 11/8/19 was 1.7.  CT C/A/P 11/8/19 showed 1.5 x 1.2 cm hypodense lesion in the periphery of the right hepatic lobe. MRI liver confirmed lesion as hemangioma. Case was presented at tumor conference on 11/15/19 and consensus was to have short course radiation followed by surgery. Patient underwent short course radiation from 11/18-11/22 then had laparoscopic robotic LAR with diverting loop ileostomy on 11/26/19.Requesting NAPRC path review. | JM |
| 2 | RC/ MRN: 1152653DOB: 9/9/67 | 52 y/o female with clinical T3N2 rectal cancer who completed neoadjuvant chemoradiotherapy on 9/30/19. Patient was discussed at the Multidisciplinary Colorectal Cancer Conference on 11/19/19 at AGH.   She was seen in the office on 10/24/19 and had flexible sigmoidoscopy.  Plan is to proceed with Laparoscopic Robotic Proctectomy with Diverting Loop Ileostomy.  Pelvic MRI and CT C/A/P were re-reviewed.  Pelvic MRI revealed a T3N2 CRM negative low/mid rectal tumor with an abscess along the right side.  The abscess and rectal bleeding were the indications for the patient to start urgent upfront neoadjuvant chemoradiotherapy.  The liver lesions that were mentioned on CT were closely reviewed and the radiologist felt that this did not represent metastatic disease and felt it was just a hemangioma.  He did not feel that the liver needed to be re-imaged for further evaluation. The group consensus is to proceed with surgery, as planned. Requesting NAPRC pathology review. | JM |
| 3 | WL/ MRN: 11454977DOB: 9/27/51 | 68 y/o male with clinical stage 1 (cT2 cNO cMO) rectal cancer. Colonoscopy revealed 4 cm firm rectal mass right posterolateral wall that was biopsied and was an adenocarcinoma and hyperplastic polyp. Requesting NAPRC pathology review.  | JM |
| 4 | AB/ MRN: 5423601DOB: 9/11/79  | 40 y/o female with clinical stage T3N1 rectal cancer enrolled in the FR2 trial.  She is s/p 8 cycles of Folfox completed on 7/2/19 followed by bilateral ovarian transposition on 7/18/19 by Dr. Munns followed by concurrent chemo/radiotherapy from 7/31/19-9/18/19. She completed 3 cycles of Durvalumab on 11/6/19. On 12/3 she had a laparoscopic proctectomy with diverting loop ostomy and path revealed T2N0 disease. NAPRC path review | JM |
| 5 | JB/ MRN: 10270955DOB: 6/13/60 | 59 y/o female that underwent robotic assisted low anterior resection, loop ileostomy, right hepatectomy, and open cholecystectomy on 11/7/2019 for upper rectal cancer with liver mets. Pathology showed residual invasive moderately differentiated adenocarcinoma, partial pathologic response, negative resection margins, perineural invasion present, no lymphovascular invasion, one tumor deposit identified, 0/18 lymph nodes, ypT3 N1c M1a. Pathology of gallbladder showed chronic cholecystitis with cholelithiasis and one benign lymph node. Pathology of liver showed metastatic moderately differentiated adenocarcinoma, negative resection margins. Requesting NAPRC path review. | MV |
| 6 | TL/ MRN: 538679DOB: 5/27/73 | 46 y/o female with diagnosis of mets rectal cancer to the liver s/p 4 cycles of FOLFOX, will need to review pathology from liver and rectal biopsies as there is possibility for 2 primary malignancies (rectal and cholangiolar) and review radiology as well to assess response and formulate a multidisciplinary plan | YS/GF |
| 7 | JF/ MRN: 1126661DOB: 4/10/54 | 65 y/o male with history of sigmoid cancer. Review CT, Path, and colonoscopy that were performed on 11/26. | AR |
| 8 | JM/ MRN: 11313032DOB: 12/5/52 | 67 y/o male with sigmoid colon cancer; stage IVA (cTX cTX cNX cM1a). Mass of sigmoid colon at 20cm. Biopsy revealed moderately differentiated invasive adenocarcinoma with ulceration arising in a tubular adenoma. Requesting NAPRC pathology review.  | JM |
| 9 | KD/ MRN: 704806DOB: 10/18/69 | 50 y/o female with colon cancer.  The perianal and digital rectal examinations were normal.    A 30 mm polyp was found in the ascending colon. The polyp was sessile.  The polyp was removed with a hot snare. Resection and retrieval were complete.    A greater than 50 mm polyp was found at 65 cm proximal to the anus. The polyp was sessile. The polyp was too large to remove and in an unusual location. Pieces were able to be hot snared and retrieved but the polyp was not able to be removed. Area was tattooed with an injection of India ink.  A greater than 50 mm polyp was found at 35 cm proximal to the anus. The polyp was semi-pedunculated. The polyp is nearly totally obstructing the lumen at 35 centimeters. Several large pieces are removed with a hot snare but the tumor is too large for me to remove. Path review requested. | JM |
| 10 | JB/ MRN: 100235DOB: 7/15/48 | 71 y/o female with a history of breast cancer, presents to the office regarding a mesenteric mass.  She went to the ER for back pain 11/11/18 and had a CT A/P done that showed multiple enhancing bladder masses worrisome for bladder neoplasm; 3 cm mass in the sigmoid mesentery suspicious for metastasis; normal sized lymph node in the sub carinal region of uncertain significance.  She was seen by Dr. Rooker 12/7/18 and no bladder mass was seen on cystoscopy.  CT was reviewed and findings were likely secondary to bladder wall trabeculation.  She underwent a follow up CT A/P 10/10/19 for unintended weight loss and abdominal pain that showed increased size of enhancing masses along the bladder wall, which is concerning for a neoplasm; increased size of enhancing mass of the sigmoid mesentery, which is suspicious for metastasis. CEA level 10/16/19 was 4.4.  Colonoscopy with polypectomy done on 11/1/19.  Path negative.  Patient taken to OR on 11/12/19 laparoscopic LAR and creation of coloproctostomy.  Path revealed focus on well differentiated adenocarcinoma of colorectal origin involving pericolonic soft tissue.  Review pathology  | JM |
| 11 | RB/ MRN: 10738462DOB: 3/16/38 | 81 y/o male with recurrent anal cancer. Previously discussed on 11/8/19 with a decision to proceed with APR if fit for surgery. Patient and family review PET performed 11/21/19 and planned nutrition consult, Onc rehab, urology consult and palliative consult. Patient is now refusing any treatment/consults per his daughter. Review and discuss next steps of care. | AR |

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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