

**AHNCI COLON AND RECTAL TUMOR BOARD**

Friday, February 14, 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 | JS/ MRN: 11837560  DOB: 7/11/78 | 41 y/o male with a new rectal cancer. He had a colonoscopy done on 2/7/2020 by Dr. DeJesus, and an ulcerated non-obstructing medium-sized mass was found in the rectum that was non-circumferential and measured 25 mm Biopsy came back as ulcerated rectal adenocarcinoma, depth of invasion not certain.  A CT C/A/P was done and showed abnormal wall thickening of the left lateral wall which relates to the patient’s known rectal mass. MRI done on 2/12/20. Review scans. | JM |
| 2 | EB/ MRN: 4328941  DOB: 3/25/65 | 54 y/o male who initially presented WPH EDl with lower GI bleeding, was found to have a mass in the rectum.  Flexible sigmoidoscopy revealed a tumor in the mid rectum covering approximately 40% of right posterior circumference of the rectum, carpeted sessile measuring approximately 5-6 cm extending upward from the 2nd valve.  Biopsies were obtained at that time revealed tubular adenoma.  MRI of the pelvis was performed and was borderline between T2 and T3 due to the motion artifact.  CT scan of the chest abdomen pelvis revealed no evidence of malignant metastatic disease.  He CEA level was 3.9.  Patient presented to office for follow up on 2/11/20 for follow up, where DRE and flex sig were performed.  Transrectal US was attempted but unable to be done due to patient discomfort.  Biopsies from flex sig again revealed a tubular adenoma.  Patient taken to OR on 2/12/20 for flex sigmoidoscopy with US under anesthesia.  Review path and discuss treatment options. | SN |
| 3 | FT/ MRN: 10773744  DOB: 4/6/50 | 69 y/o male with a history stage III rectosigmoid cancer and dysplastic cecal polyp.   Short course radiation 10/1/18 – 10/5/18. Laparoscopic Robotic Low Anterior Resection 10/10/18 (T3N2a moderately differentiated adenocarcinoma). Adjuvant chemotherapy with FOLFOX x 12 cycles from 11/8/18 – 5/10/19. Loop ileostomy takedown 6/13/19. Laparoscopic Robotic Right Colectomy 10/21/19 and pathology revealed a tubulovillous adenoma with focal high grade dysplasia.  CEA level 1/14/20 was elevated at 15.8 from 5.3 8/12/19. CT C/A/P on 1/27/20 5 mm right hepatic dome lesion. Review scan. | NA |
| 4 | DM/ MRN: 10727518 | 48 y/o male with history of stage IV rectal cancer with progressive disease despite chemotherapy. Recently admitted to FRH with back pain and new onset hydronephrosis secondary to tumor. Discuss further treatment options vs transitioning to hospice. | JM |
| 5 | AC/ MRN: 11377463  DOB: 3/2/85 | 34 y/o male with history of PE and clinical T2 vs T3 N1 rectal cancer who is s/p takedown of loop ileostomy on 1/3/2020.Discussed previously at tumor conference, lastly for NAPRC pathology review on 11/1/19.   He previously underwent 8 cycles of Folfox followed by concurrent chemoradiotherapy with infusion 5FU followed by laparoscopic robotic total mesorectal excision (proctectomy) with diverting loop ileostomy on 10/15/19. Surgical pathology revealed ypT2N0 residual invasive moderately differentiated adenocarcinoma, no lymphovascular or perineural invasion identified and 16 negative lymph nodes. Saw Dr McCormick for follow up complaining of tailbone pain and referral was made to pain management.  Saw Dr Monga on 2/12/20 with same complaints of tailbone pain. Review recent CT and MRI | DM |
| 6 | MM/ MRN: 623268  DOB: 10/8/49 | 70 y/o male with IDDM, HTN, Bradycardia with PPM, CKD, h/o colonic polyps who originally came in to be evaluated for renal transplant. He underwent screening colonoscopy in 6/2019 and was found to have multiple small polyps including a 5 mm rectal polyp which were all adequately resected and sent to pathology.   The rectal poly was found to be a 2mm NET tumor with Ki-67 of <2%, well differentiated histology c/w low grade NET. H/e tumor invasion of surgical margins was noted. CT scan on 11/20/19 showed 2.2 cm right inguinal LN and sclerotic rib lesions in ribs bilaterally and also in the spine/pelvis.  Bone scan done on 2/4/20 which came back as abnormal. Review recent CT and bone scan. | DM |
| 7 | KW/ MRN: 10136253  DOB: 12/17/81 | 38 y/o old female with stage IIIC T3 N2b adenocarcinoma of the colon.  Sigmoid colectomy 2015. S/P  FOLFOX/Avastin and Folfiri/Avastin  3/2019 left VATS for lung mets 6 cycles FOLFIRI/Avastin  Maintenance Avastin 7/2019-1/17/2020. Review PET from 2/11/20 and discuss possible treatment options. | NA |

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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