

**AHNCI COLON AND RECTAL TUMOR BOARD**

Friday, February 28, 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 | KS/ MRN: 11837716DOB: 10/31/47 | 72 y/o male with new diagnosis of rectal cancer.  Colonoscopy done 2/7.  Rectal mass biopsy showed invasive moderately differentiated adenocarcinoma. Review scans and discuss treatment.  | MV |
| 2 | PM/ MRN: 11816037DOB: 12/20/63 | 56 y/o female recently diagnosed with rectal cancer. Patient was discussed at colorectal conference on 2/7/20. Patient is receiving neoadjuvant treatment at Hillman Cancer Center in Altoona.  After conference the recommendations were relayed to her medical oncologist and radiation oncologist by Dr. Reichstein and nurse navigator, via copy of the note from conference, and by phone calls to the patient by Dr. Reichstein and the nurse navigator.Patient is declining to proceed with recommendation or 8 cycles FOLFOX, followed by long course chemo/radiation.  She wants to proceed with chemo/radiation without FOLFOX and was unwilling to listen to explanation of the recommendation by either Dr. Reichstein or nurse navigator. Discuss options. | AR |
| 3 | CM/ MRN: 10227334DOB: 11/12/61 | 58 year old female with Stage III rectal cancer (T3N1M0).  S/P neoadjuvant Xeloda/radiation from 11/7/19-12/18/19. Patient had a laparoscopic robotic proctectomy with diverting loop ileostomy on 2/19/10. Requesting NAPRC review. | JM |
| 4 | PT/ MRN: 11341283DOB: 10/4/68 | 51 y/o male with T3N0 rectal cancer.  S/P chemo/radiation therapy and laparoscopic robotic proctectomy with diverting loop ileostomy on 2/20/20. Requesting NPARC path review. | AR |
| 5 | EJ/ MRN: 11213880DOB: 12-11-60 | 59 y/o male with hx of clinical stage III rectal cancer. He received 8 cycles of FOLFOX followed by concurrent chemoradiotherapy completed on 9/20/18  He then underwent transanal excision via TEM on 12/21/18 with pathology revealing ypT2Nx moderately differentiated adenocarcinoma. He was discussed at the Multidisciplinary Colorectal Cancer Conference with the group recommending proctectomy therefore underwent a Laparoscopic robotic TME with creation of coloplasty anal anastomosis, creation of loop ileostomy, and takedown of the splenic flexure on 1/31/19. Pathology revealed ypT3N0 residual invasive moderately differentiated adenocarcinoma, 0/24 lymph nodes positive. He received all treatment upfront therefore no adjuvant chemo was needed and was taken for ileostomy takedown on 3/5/19.  CT C/A/P on 9/12/19 and showed postsurgical changes and interval increase in size of a presacral lymph node which could be reactive. This was reviewed at the Multidisciplinary Colorectal Cancer Conference on 10/4/19 and the group recommended a repeat CT scan in 3 months. His CEA was 11/7/19 and was <0.5 ng/mL.  Patient had CT C/A/P on 1/3/20 which showed further increase in size of a lymph node just anterior to the sacrum that was felt to represent an IMA station node. The continued interval growth is concerning for a lymph node metastasis.  He had a colonoscopy on 1/31/20 with biopsy and path revealed a few atypical cells in background of extensive necrosis.  EUA done on 2/20/20 and path confirmed recurrence of rectal adenocarcinoma.  Discuss treatment options | JM |
| 6 | AKS/ MRN: 10974890DOB: 1/7/71 | 49 y/o male with T3N2M1 lower rectal adenocarcinoma with involvement of internal sphincter and enlarged external iliac lymph nodes concerning for M1 disease. Completed 8 cycles of FOLFOX with panitumumab on 1/29/20. Flex sig/DRE performed on 2/7/20 revealed near complete response to chemotherapy. PET-CT done for radiation planning on2/4/20 with some questionable findings. Started radiation treatments with concurrent capecitabine on 2/24/20. Discuss FR-2 trial vs watch-and-wait. | JR |
| 7 | MH/ MRN: 11703835DOB: 2/2/50 | 70 y/o patient diagnosed with Stage IV A colon cancer with mets to the liver.  Underwent loop colostomy on 10/24/19. Started on FOLFOX/Avastin 12/2019. Review restaging CT done 2/26/20. | NA |
| 8 | DR/ MRN: 420771DOB: 08/26/26 | 94 y/o male referred for resection of giant 6-8 cm polypoid lesion in left colon. Previous left hemicolectomy 30 years ago for cancer. Diagnosis: Large sigmoid TV adenoma. Need path photomicrographs. Questioning surgical resection? | AK |
| 9 | CK/ MRN: 139158DOB: 3/18/53 | 66 y/o female with personal history of left colon adenocarcinoma who underwent left hemicolectomy by report 10 years ago. Multiple subsequent colonoscopies without abnormality until January 2019 when she was found to have a 1 centimeter polyp not felt amenable to conventional endoscopic resection. Underwent endoscopic mucosal resection in March 2019 with complete resection of tubular adenoma without high-grade dysplasia. Surveillance examination in December 2019 now revealed additional lesion at a separate area, again not felt amenable for conventional resection. Lesion biopsied and tattooed with findings of tubular adenoma. Underwent repeat colonoscopy on February 19, 2020 with piecemeal endoscopic mucosal resection and ablation.  | AK |

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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