

**AHNCI COLON AND RECTAL TUMOR BOARD**

Friday, April 10, 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 | JM/MRN: 634342  DOB: 7/13/43 | 76 y/o male with newly diagnosed rectal melanoma.  Discussed at colorectal conference on 4/3. Group's consensus was that he needed a core biopsy of pulmonary nodule with profiling and molecular analysis, which was scheduled to be done 4/9.  If biopsy is negative, he will need a VATS/wedge. Patient presented to ER on 4/7.  Son noticed that patient had slurred speech, harder time getting words out.  Symptoms began about a week ago.  Patient reported unsteady gait.  Taken to Canonsburg Hospital by ambulance.  CT and MRI done at Canonsburg Hospital showed multiple mass lesions likely reflecting metastatic disease involving the cerebral hemispheres and cerebellum.  There is associated edema with mild mass effect as described. There is also abnormal enhancement within the right IAC which could reflect leptomeningeal spread. Review scans and discuss options. | MV |
| 2 | MB/MRN: 10598649  DOB: 6/9/62 | 57 y/o female with a history of endometrial cancer and clinical T3N1 rectal cancer. She was presented at the Cancer Conference on 10/25/2019 at which time the group recommended FOLFOX with a flex-sig every 2 cycles to assess response. She received 8 cycles of FOLFOX from Nov 2019-February 28, 2020.  Flex sig done 3/2/2020 showed the tumor demonstrating excellent response. Was discussed again at MDCC on 3/6/20 and the group advised to repeat an MRI and recommended short course radiation followed by surgery.  Radiation done 3/23-3/27.   Laparascopic robotic proctectomy with creation of colonic pouch, anal anastomosis, and creation of loop ileostomy and takedown of the splenic flexure and omental patch to anastomosis was done 4/1/20. Requesting NAPRC path review. | JM |
| 3 | MA/MRN: 885116  DOB: 4/19/66 | 53 y/o female with T3/4 N2 adenocarcinoma of the low rectum.  Discussed at colorectal conference 8/30/19 with recommendation for TNT off protocol followed by APR.  Patient received 8 cycles FOLFOX 9/17/19-12/24/19 followed by chemo/radiation 1/6/20-2/7/20.  Anoscopy on 3/12/20 showed good response but still had residual tumor to the proximal dentate line.  Colorectal conference on 3/20/20 recommended proceeding with APR.  FR2 trial eligible—patient declined.  APR done 3/26/20. Request NAPRC path review. | MV |
| 4 | CK/MRN: 139158  DOB: 3/18/53 | 66 y/o female with PMH significant for colon cancer s/p resection and chemo 17 years ago. She has complex surgical and medical conditions and she is high risk for any surgical intervention. The patient has recently been genetically diagnosed with Lynch syndrome.  She presented with a large colonic tubular adenoma noted at 70 cm during last c scope in Dec 2019. She underwent another colonoscopy in Feb 2020 and it again showed the lesion at 70cm but this time came back as invasive poorly differentiated adenocarcinoma with focal lymphovascular invasion present. Recent EGD and capsule endoscopy did identify adenomatous polyps of the jejunum with high-grade dysplasia.  No obvious masses seen on CT scan.  Her CEA level is 5.1. Discuss surgical options and review pathology | RF |
| 5 | RC/MRN: 5558032 | 56 y/o female with pancreatic adenocarcinoma with invasion into the SMA. She was diagnosed in January 2020 when she presented to SVH with abdominal pain and weight loss for months. She was found to have a 2.3 x 3 cm pancreatic mass at the junction of the body and head of the pancreas with intrahepatic and extrahepatic duct dilatation. Patient underwent ERCP and common bile duct stent placement by Dr. Buntic on 1/26/2020. Upper EUS by Dr. Gomez on 1/28/2020 showed a mass in the pancreatic head and three malignant appearing lymph nodes in the peripancreatic region. FNA showed adenocarcinoma, no loss of MLH-1, MSH-2, MSH-6, or PMS-2. She follows with medical oncology at Yolanda Barco Cancer Center, and last chemotherapy treatment was 3/17/2020. The patient presented to Meadville Hospital on 4/8/2020 with abdominal pain, non-bloody diarrhea, nausea, and vomiting. OSH CT imaging was concerning for ischemic enterocolitis with possible necrosis of the wall of distal small bowel. She was transferred to AGH for further evaluation. She underwent exploratory laparotomy overnight on 4/8/2020, and hemorrhagic small bowel without evidence of necrosis or perforation. Dr. McCormick planning to take her back to OR on 4/10/2020 for a second look. Review imaging, discuss pathology and treatment options. | JM |

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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