

**AHNCI COLON AND RECTAL TUMOR BOARD**

Friday, August 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

Password: 921147

**Cases to be discussed**

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| **Case**  | **De-identified patient** | **Reason** | **Presenter** |
| 1 | LR/MRN: 11954478DOB: 6/8/58 | 61 y/o female with rectal cancer. Colonoscopy 1/31/20 revealed a 3 cm sessile polyp 4 cm from the anal verge. Pathology revealed invasive adenocarcinoma.     Received treatment at a cancer center near her home in Boardman, OH. The medical oncologist there recommended neoadjuvant FOLFOX for up to 4 months followed by long course chemoXRT. She started FOLFOX on 3/21/20 with concurrent pelvic radiation (28 treatments) from 4/13/20-5/20/20.   Flex sig on 5/28 by Dr. McCormick showed distal rectal cancer involving the anus and anal musculature.  Incomplete response.   Discussed at colorectal conference on 6/5 with recommendation to have the 4 more cycles of FOLFOX—total 8—wait 1 month, then APR, which was done 8/5/20. Request NPARC path review. | JM |
| 2 | JC/MRN: 329131DOB: 7/17/57 | 63 y/o with a history of locally advanced T4N1 low-mid rectal cancer diagnosed 10/19.  Recommendation of colorectal conference on 11/8/19 was diverting ostomy-done 11/20/19 followed by TNT. S/P 8 cycles FOLFOX 12/12/19-3/25/20 followed by concurrent chemo/radiation 4/14/20-5/28/20.   Robotic abdominoperineal resection with reconstruction with right gracilis myocutaneous flap 7/30/20 and diagnostic laparoscopy for bleeding on 7/31.Requesting NPARC path review. | MV |
| 3 | PP/MRN: 11855687DOB: 11/7/49 | 70 y/o female diagnosed with a low rectal cancer. She underwent a colonoscopy on 3/24/2020 by Dr. DeJesus for the anemia and on DRE was found to have a firm rectal mass palpated 0-1 cm from the anal verge.  Colonoscopy revealed an ulcerated non-obstructing large mass found in the rectum that was partially circumferential (involving ½ of the lumen circumference) and was biopsied and came back as invasive adenocarcinoma, arising from a tubular adenoma with high-grade dysplasia.  CT done at outside hospital on 3/21/20.  MRI Pelvis done 4/14/20 revealed T3 N1 CRM positive low rectal cancer with tumor signal abutment of the left levator. She was discussed at conference on 4/17/20 with the recommendation being that she will need total neoadjuvant treatment followed by surgery.  She completed 5 cycles of chemotherapy on 7/7/20 with cycle # 6 being deferred because patient refused it.  Since then she has not come back to the clinic for any appointments and has been lost to follow up. Discuss case | JM |
| 4 | EH/MRN: 11823301DOB: 10/23/69 | 50 y/o male with T3dN1 CRM + rectal cancer with extramural venous invasion –invasive moderately differentiated adenocarcinoma, MSI stable.  Initial CEA—225.  Colorectal conference on 1/17/20 recommended TNT- 8 cycles FOLFOX then long course chemo/radiation.  Had 6 cycles of FOLFOX 1/27/20-4/14/20.  He refused any further FOLFOX.  Radiation treatments finished 7/10/20.  He only took 2 days of Xeloda and said he had a horrible reaction to the medication. He felt like he was going to have a heart attack. The medication was discontinued and he just had radiation.  Patient’s tumor response to treatment was evaluated several times during his treatment and on 8/10 –1 month after treatment –impression partial response. Review MRI from outside facility and discuss options, including if eligible for any trial. | JM |
| 5 | KS/MRN: 11837716DOB: 10/31/47 | 72 y/o male with a history of stage IIa T3N0 mid rectal adenocarcinoma. S/P neoadjuvant FOLFOX x 8 cycles and short course radiation.  Laparoscopic robotic low anterior resection with diverting loop ileostomy on 7/29/20. Requesting NPARC path review. | MV |
| 6 | GD/MRN: 186236DOB: 8/15/47 | 72 y/o female with perforated rectal mass. Patient has had months of rectal burning and pressure, fecal incontinence, and 15 lb. weight loss. CT CAP 8/8/2020 showed pelvic mass originating from rectum and infiltrating anteriorly into pouch of Douglass likely invading the uterus. There is a fluid-filled collection along the right posterolateral aspect of rectum suspicious for abscess and/or tumor. IVC filter placed for IVC and left common iliac vein thrombus. REUA on 8/9/2020 revealed a large, bulky, fixed low to mid rectal mass occupying approximately 59% of the circumference. Biopsy pending. MRI pelvis showed bulky mid rectal neoplasm, T4a/b N1 M1, CRM positive. Planning for laparoscopic colostomy on 8/11/2020. Review pathology, imaging, discuss treatment planning. | SN |
| 7 | FM/MRN: 12057505DOB: 9/24/66 | 53 y/o male recently underwent a first-time colonoscopic evaluation with identification of a small 10 mm polyp in the sigmoid colon and a 15 mm polyp in the rectum.   Rectal polyp appeared benign, it had a pedicle, it was removed in 1 piece, and the base was fairly unremarkable.  Pathology consistent with T1 with positive lymph vascular invasion possibly close margin.  Tumor was MSS. Review path and scans and discuss treatment options. | SN |
| 8 | SL/MRN: 11413532DOB: 9/15/60 | 59 y/o with h/o pT3N2 right colon cancer s/p R hemicolectomy followed by partial adjuvant chemo and subsequent pT3N1 sigmoid cancer s/p sigmoid colectomy. No adjuvant therapy given because of poor tolerance previously.  Planned for adjuvant RT, found to have growing nodularity adjacent to R psoas muscle over prior scans.  Saw Dr. McCormick 6/23/20.  She was discussed at conference on 6/26/20 with the recommendation she get molecular profiling and a colonoscopy in the near future.  She was admitted on 7/28/20 with a small bowel obstruction and was taken to the OR on 8/1/20 for a diagnostic laparoscopy, en bloc resection of duodenum, omental patch to duodenum, resection of retroperitoneal mass, resection of left pelvic sidewall.  Path revealed T4bN2aM1a disease. Review path, scans and discuss treatment options. | JM |
| 9 | SW/MRN: 693034DOB: 6/5/53 | 67 y/o male with history of T3 No colon cancer diagnosed in 3/2019.  Given that the mass was perforated, the clinical staging was reviewed at cancer conference on 3/8/19 and was determined to be consistent with T4 lesion.  The group's consensus at that time was to begin adjuvant chemotherapy.  He completed chemo in August 2019.  CT in March 2020 revealed soft tissue mass abutting the rectal pouch and new liver and pulmonary lesions.  Patient began FOLFIRI with Avastin on 3/30/20 and will finish 12th cycle on 8/31/20.  Review scans and discuss treatment options. | SN/MI |
| 10 | CI/MRN: 10468055DOB: 7/20/67 | 53 y/o female that had a hemorrhoidectomy on 7/17/20.  Biopsy revealed invasive moderately differentiated squamous cell carcinoma with basaloid features.  Last colonoscopy was 6/14/18.  CT scan done 7/28.  Saw med onc and rad onc 7/29.  Review scans and discuss treatment. | MV |
| 11 | PA/MRN: 4150318DOB: 10/18/45 | 74 y/o old female with personal history of vulvar/labial/vaginal melanoma status post wide local excision by Dr. Segreti followed by  local radiation therapy SBRT who was  currently under surveillance in remission since 2019.  She was noted to have a lesion within the anus which is new during the last physical examination jud by Dr. Segreti.  EUA done on 8/3/20.  Path revealed malignant melanoma.Review path and discuss treatment options. | 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:

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