

**AHNCI COLON AND RECTAL TUMOR BOARD**

Friday, August 21, 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 | TC/MRN: 11539401DOB: 5/20/75 | 45 y/o male with newly diagnosed rectal cancer.  Colonoscopy done 7/27/20 found a 20 mm polyp at the distal rectum—biopsied –invasive moderately differentiated adenocarcinoma.  CT c/a/p and pelvic MRI done 8/19.  CEA done 8/11--<1.8.Review scans.  Discuss treatment. | MV |
| 2 | AL/MRN: 11673899DOB: 8/27/71 | 48 y/o female with T3N0 rectal cancer.  She was seen originally on 6/9/2020 and exam at that time revealed a mass that could be palpated at the tip of the finger that was not fixed. Endoscopic exam revealed a tumor that started on the top side of the lower rectal valve and extended proximally for several centimeters and was able to be traversed. She was discussed at the MDTB on 6/12/2020 with the group consensus being 8 cycles of upfront FOLFOX +/- concurrent chemoradiotherapy. She started chemotherapy on 6/26/2020 and received cycle #4 on 8/7/2020.  She was seen in Dr. McCormick’s clinic on 8/14/20 for a flex sig  and he was concerned that her lumen was much tighter than it had been previously and  may present a clinical problem if not addressed now.  Patient saw Dr. Kirichenko on 8/17/20 to discuss role for short radiation now as opposed to radiation after she completes chemo.Discuss treatment plan. | JM |
| 3 | MR/MRN: 11297740DOB: 5/15/62 | 58 y/o male initially diagnosed with clinical stage IV rectal cancer with liver metastasis in July 2018.Patient completed neoadjuvant chemotherapy with FOLFOX x 8 cycles from 8/23/18 – 12/12/18 followed by short course radiation 1/21/19 - 1/25/19 Laparoscopic Robotic Total Mesorectal Excision (proctetomy) with creation of coloplasty anastomosis, creation of loop ileostomy and takedown of the splenic flexure by Dr. McCormick and Robotic assisted laparoscopic liver mass resection and intraoperative ultrasound by Dr. Tindall on 2/1/19.  Pathology revealed ypT3N1aM1a moderately differentiated adenocarcinoma of the rectum with lymphovascular and perineural invasion, 1/24 lymph nodes positive; liver pathology was consistent with metastatic moderately differentiated adenocarcinoma with central necrosis involving 90% of tumor, and a pTis (LAMN)NX 4.1 cm low grade appendiceal mucinous neoplasm confined to the appendix.  Completed adjuvant chemotherapy in September of 2019.  Patient was scheduled to get ostomy reversal however found to have an abscess collection which was drained and also required a wound VAC.  Now he is completely healed and was to be scheduled for ileostomy takedown surgery.  Surveillance CT scan done 8/12/20 showed new left hepatic dome metastasis, separate from previous site of resection.Review scans.  Discuss treatment options. | JM/NA |
| 4 | DR/MRN: 5338269DOB: 5/21/68 | 52 y/o male with T3N2 low rectal adenocarcinoma with suspected involvement of external sphincter and pelvic sidewall. MMR intact. Expected to complete 8 cycles of FOLFOX at Kittanning on 9/4/20. Most recent CT from 7/7/20 showed rectal mass and mucosal thickening decreased by at least 50% and surrounding lymph nodes decreased as well. Conference recommendation was for total neoadjuvant treatment. **Discuss radiation and potential enrollment to FR-2 trial** | JR |
| 5 | GH/MRN: 378279DOB: 12/17/65 | 54 y/o male with T3N1 mid rectal adenocarcinoma. MMR intact. Sphincter preservation possible. Expected to complete 8 cycles of FOLFOX at AVH on 9/11/20. No recent imaging. Conference recommendation was for total neoadjuvant treatment. **Discuss radiation and potential enrollment to FR-2 trial.** | JR |
| 6 | MC/MRN: 891309DOB: 2/1/68 | 52 y/o male with T3, possibly T4, N1 low distal rectal adenocarcinoma with involvement of right levator. MMR status unknown. Expected to complete 8 cycles of FOLFOX at Peters on 9/10/20. No recent imaging. Conference recommendation was for total neoadjuvant treatment. **Discuss radiation and potential enrollment to FR-2 trial.** | JR |
| 7 | 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 |
| 8 | AZ/MRN: 63904DOB: 5/28/56 | 64 y/o female with a newly diagnosed colon cancer. She had a colonoscopy on 7/2/2020 by Dr. Farah for a positive cologuard test.   A likely malignant partially obstructing tumor was found at 70 cm proximal to the anus and was biopsied and tattooed and came back as poorly differentiated carcinoma. MSI testing came back intact. A CT C/A/P was done on 7/10/2020 and showed a large bulky colonic mass centered on the hepatic flexure, no definable soft tissue plane between the mass and the inferomedial aspect of the right hepatic lobe, highly concerning for some degree of direct invasion. It also showed anterior mediastinal/retrosternal nodularity concerning for anterior mediastinal lymphadenopathy or thymic pathology. She was taken to the OR on 8/6/20 for a laparoscopic robotic extended ascending colectomy, right liver wedge resection, cholecystectomy and gastrostomy tube placement.  Path revealed T4b N0 disease. Review path and discuss treatment options. | JM |
| 9 | HC/MRN: 5154520DOB: 7/12/52 | 68 y/o male had a colonoscopy done 7/24/20 which found a likely malignant completely obstructing tumor in the distal sigmoid colon. Biopsied-moderately differentiated invasive adenocarcinoma with ulceration**.**No loss of nuclear expression of mismatch repair (MMR) proteins:  Low probability of microsatellite instability-high (MSI-H).   CT C/A/P on 7/30 showed widespread thoracoabdominal lymphadenopathy with borderline splenomegaly concerning for lymphoma or leukemia, circumferential mass of the distal sigmoid colon consistent with the patient's known colonic neoplasm, lymphadenopathy in the sigmoid mesocolon and omental implants in the lower abdomen as described above, indeterminate 8 mm right hepatic lesion, and rectal wall thickening which could reflect proctitis.   CT done 12/24/19 had also shown multiple abdominal, retroperitoneal, pelvic and inguinal lymph nodes, some of which were slightly enlarged.   Flow cytometry on 12/27/19 showed findings that could be consistent with monoclonal B-Lymphocytosis or B-CLL.   CEA on 7/30—2.6.  Laparoscopic robotic tumor specific mesorectal excision, proctectomy with creation of coloproctostomy, takedown of the splenic flexure, creation of loop ileostomy done 8/12/20.    Review scans and path. | JM |
| 10 | AM/MRN: 11967708DOB: 10/17/61 | 58 y/o male, with no significant PMH\developed hematochezia in May 2020, colonoscopy showed partially obstructing mass at 22 cm from anal verge, underwent TME resection with negative margins and 12 negative nodes. Is postoperative concurrent chemo-radiation needed? Alternatively, should he undergo only adjuvant chemo? No imaging in EPIC, Dr. Guerrieri will put together images.  | PG/AC |
| 11 | JJ/MRN: 12059769DOB: 3/14/35 | 85 y/o female was diagnosed with a pathologic T3 N2b M0 ascending colon carcinoma at an OSH.  She underwent resection December 26, 2019.   Received adjuvant Xeloda therapy.  She has now developed metastatic disease.  CT scan performed at an outside hospital on 07/26/2000 revealed a mass invading the right flank, which is causing her pain.  She has presented to med onc, rad onc and CRS for second opinion.  Not sure if pathology will be available for review.  Discuss options. | JM |
| 12 | 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