

**AHNCI COLON AND RECTAL TUMOR BOARD**

Friday, August 23, 2019

7:00-8:00 am

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 | RR/ MRN: 692570 | 51 yo male with newly diagnosed rectosigmoid cancer. CT C/A/P showed a large rectosigmoid neoplasm with adjacent lymphadenopathy and diffuse hepatic mets, two pulmonary nodules concerning for metastatic disease | JM |
| 2 | SS/ MRN: 11674335 | 52 y.o. male with a newly diagnosed rectal cancer that was transferred from an outside hospital with a left buttock abscess. CEA 8/4/19 was 22.8. CT A/P was done 8/4/19 and CT Chest 8/5/19. He had a pelvic MRI (rectal CA protocol) 8/19/19 | JM |
| 3 | JW/ MRN: 2142558 | 61 yo M with newly diagnosed rectal cancer. MRI scheduled to be done 8/20/19. Request radiology review | AR |
|  | WTB/ MRN:10399662 | 30 y.o. male with hx of stage I (T2N0) rectal cancer and polyposis coli s/p lap robotic proctocolectomy with ileal pouch anal anastomosis and diverting loop ileostomy on 12/22/15. He was found to have a rising CEA of 35.3 on 8/12/19. CT C/A/P 8/17/19 was ordered (PET/CT not covered by insurance unless CT ordered first) and showed a 3.5 cm mass in the lateral segment of the left lobe of the liver, consistent with metastasis; no metastatic disease in the chest; postop changes; no other definite intra-abdominal metastatic disease; and a stable nonobstructing right renal calculus. Pathology review requested of his rectal cancer from 2015 (AGH pathology getting slides and Dr. Miller emailed) | JM |
| 4 | JM/ MRN: 1056335 | 73 y/o female s/p emergent exploratory laparotomy with subtotal colectomy on 8/15/19 for obstructing colon cancer at the splenic flexure with dilated cecum in imminent perforation | MV |
| 5 | KC/ MRN: 11681238 | 28 y/o female s/p laparoscopic extended right hemicolectomy on 8/14/19 for intussusception and biopsy proven adenocarcinoma at hepatic flexure on colonoscopy | MV |
| 6 | TM/ MRN: 11308201 | 57 yo female with metastatic rectal cancer (clinical T4bN1 CRM positive) to the liver and lung (confirmed by bx 12/11/18) who underwent neoadjuvant chemoradiotherapy completed 11/10/18 followed by FOLFOX x 13 cycles completed 6/11/19 followed by Laparoscopic Robotic Assisted Posterior Pelvic Exenteration with removal of uterus, right fallopian tube and ovary, rectum, posterior vagina, right pelvic sidewall, bilateral ureteralysis, revision of stoma, takedown of loop colostomy, creation and end colostomy, and primary repair of parastomal hernia 8/14/19 by Dr. McCormick and Reconstruction of Pelvic Exenteration Defect with Myocutaneous Flap from Abdomen by Dr. Kang.  REQUESTING NAPRC PATHOLOGY REVIEW | JM |
| 7 | JR/ MRN: 11277269 | 65 yr old female 2/22/54 . Diagnosed stage IIIC  T4aN2 CRM+ rectal ca. Had chemo/rad, FR2 trial, surgery TME, adj FOLFOX 6 cycles. Pt declined any further chemo at that time. Request review ct c/a/p from 8/10/19 | NA |
| 8 | BC/ MRN: 10951522 | 60 year old female. Diagnosed rectal ca  10/26/17  T3N1CRM- with liver mets. Neoadj—6 cycles FLFOX, chemo/rad, 5/29/18  TME with liver resectionAdj FOLFOX 4 cycles. 2/11/19-lung met—surgery, 6 cycles FOLFIRIRequest review ct 8/12/19 | NA |
| 9 | JH/ MRN: 647622 | 53 y/o male with clinical stage T3bN2M0 rectal cancer on TNT s/p 8 cycles of adjuvant Folfox followed by concurrent chemoradiotherapy with Xeloda and 6 cycles pembrolixumab and laparoscopic robotic LAR with DLI on 8/14/19. Request NAPRC pathology review | MV |
| 10 | RK/ MRN: 975024 | DOB: 8/24/63. Newly diagnosed stage IV transverse colon cancer with liver metastases. Vague partially obstructive symptoms by report.  Not endoscopically obstructed.  Suspect local abdominal wall invasion.  Discuss resection of primary versus straight to systemic therapy. Co-managing Physicians: Mayernik. Review CT | AR |

AHN CME Credit

**TEXT 412-301-9919**save this number to your contacts–
will use this **same** number every week to text your attendance

**Today’s SMS Code: QERDAX**

You must text within THREE hours of the tumor board. You will receive a text confirming receipt and then an email to complete the evaluation. Once the evaluation is completed credit is registered.

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