

**AHNCI COLON AND RECTAL TUMOR BOARD**

Friday, August 30, 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 | MA/ MRN: 885116 | 53 y/o female with newly diagnosed rectal cancer at 5cm on distal proctoscopy. CT C/A/P and pelvic MRI completed. Review imaging and discuss treatment plan.  | MV |
| 2 | EF/ MRN: 11290867DOB:  9/19/57 | hx of stage III rectal cancer; new pulmonary nodules on CT; Clinical stage III (T3N1 CRM positive), Pathologic stage (yp T4bN0); Co-managing Physicians:  Drs. McCormick, Kirichenko, and Asher; CT C/A/P 6/24/19 needs reviewed (pulmonary nodules new concerning for mets)  | JM |
| 3 | JP/ MRN: 1015677 | 63 y/o male with history of T2NxM0 squamous cell carcinoma of the soft palate diagnosed in November 2017 s/p wide local excision and concurrent chemoradiothearpy with cisplatin ending January 2019. Patient with newly diagnosed anal mass and biopsy at least high grade squamous intraepithelial lesion (AIN3). Discuss pathology and treatment plan.  | SN |
| 4 | LC/ MRN: 1363103DOB: 5/1/67 | Vaginal cancer (SCC); Hx of rectal cancer; Co-managing Physicians: Munns, Hepps, Kang; Review CT, PET/CT from Aug 2019; 52 y.o. female with a history of stage II rectal cancer and rectovaginal fistula with recently diagnosed vaginal cancer.  She previously underwent a LAR of the rectosigmoid in July 2005 (T3N0, but inadequate pathological exam) followed by adjuvant chemoradiotherapy at an outside facility.  She developed an anastomotic stricture in her distal rectum and rectal perforation following endoscopic dilatation and then she developed a rectovaginal fistula.  She then underwent a complicated restorative proctectomy with loop ileostomy for this in 2007 (as well as a TAHBSO by Dr. Price) followed by loop ileostomy takedown by Dr. Read.Was seen for vaginal bleeding after being lost to follow-up since 2015 after having persistent high grade dysplasia on pap smears with Dr. Price.  On exam, she was noted to have radiation changes with some tumor like appearance along the right vaginal apex suspicious for malignancy that was biopsied and was an invasive keratinizing squamous cell carcinoma.  She saw Dr. Valakh and was determined to not be a candidate for radiation.  She saw Dr. Hepps, who did a cystoscopy in the office, and stated that the tumor was not invading the bladder.   Plan is for total pelvic exenteration. | JM |

AHN CME Credit

**TEXT 412-301-9919**save this number to your contacts–
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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