

**AHNCI COLON AND RECTAL TUMOR BOARD**

Friday, August 9, 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 | AF /MRN: 3030972 | 79 yo male with clinical stage T3 vs T4 N0 rectal cancer who underwent neoadjuvant Folfox x 8 cycles (completed 2/19/18) followed by TAVR for severe aortic stenosis followed by concurrent chemoradiotherapy (4/8/19-5/20/19) who is s/p laparoscopic robotic proctectomy with diverting loop ileostomy on 7/31/19. \*\*Requesting pathology review\*\* | JM |
| 2 | GL/ MRN: 780224 | 77 yo male with newly diagnosed mid to upper rectal cancer.  CEA level 8/3/19 was 1.3.  CT C/A/P and Pelvic MRI done 8/5/19 | JM |
| 3 | RH/ MRN: 807747 | stage IIIB rectal cancer, on neoadjuvant FOLFOX, presented with worsening bleeding and possible new liver mets | MI |
| 4 | PL/ MRN: 10758 | 59 y/o female with history of Stage IIIC (T4aN2a) sigmoid colon cancer s/p laparoscopic robotic sigmoid colectomy in May 2018 and 11 cycles of adjuvant 5-FU/Leucovorin ending September 2018. Recent CT scan on 8/2/19 for evaluation of abdominal pain revealed concern for peritoneal carcinomatosis | MV |
| 5 | AA/ MRN: 1036210 | 77 yr old female with malignant melanoma.  Currently on surveillance.  Admitted to hospital with gi bleed.  Found to have colon mass on colonoscopy.  Asking for path review and review of scans done in July | NA |
| 6 | HH/ MRN: 2898478 | 84 yo male with T3N1b colon cancer s/p laparoscopic sigmoid resection and end colostomy in 4/2019 by Dr. Voth. He was started on Xeloda in July 2019 then presented to the ER on 7/17/19 with c/o abdominal pain with CT A/P showing subtle enteritis. He was taken to the OR on 7/20/19 and found to have ischemic bowel and septic shock. \*\*Requesting chart review\*\* | JM |
| 7 | GS/ 2035777 | Rectal cancer patient in NRG-GI002 trial requiring FOLFOX chemotherapy and chemoradiation followed by surgery. Patient had complete clinical response and opted for watch-and-wait surveillance instead of surgery. MRI from 06/20/19 - Need to verify T and N status. | LH |

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: RUVLUM**

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