

**AHNCI COLON AND RECTAL TUMOR BOARD**

Friday, September 11, 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 | GH/MRN: 378279  DOB: 12/17/65 | 54 y/o male with clinical stage T3N1 CRM negative rectal cancer. He was seen on 5/21/2020 and DRE revealed a mass at the tip of finger. Flex-sig was done and revealed the mass at the level of the middle rectal valve and seemed to prolapse down to the distal rectal valve.. He was then discussed at MDTB on 5/29/2020 with the group’s consensus being TNT. He started cycle #1 of FOLFOX on 6/5/2020. He completed cycle #7 of FOLFOX on 8/28/2020. He was discussed again at MDTB on 8/21/2020 at which time the group recommended a clinical evaluation with flex sig, which was done on 9/4/20 by Dr. McCormick. Review case and discuss role of short course radiation versus long course | JM |
| 2 | MW/MRN: 11742301  DOB: 4/28/65 | 55 y/o male that was initially diagnosed with T3N2M1 rectal cancer in October 2019. Given his initial presentation with significant sacral pain, he was started on concurrent chemoradiotherapy. He was noted to have worsening liver disease therefore was changed to FOLFOX and Bevacizumab. After his 9 cycle of chemo he had a restaging CT C/A/P which showed disease response. He was discussed at the Multidisciplinary Colorectal cancer Conference on 4/17/2020 and the group’s recommendation was to finish the remaining 3 cycles of chemotherapy followed by completion of XRT (with Xeloda) and SBRT to the liver lesions. He completed his 12th cycle of FOLFOX + Bevacizumab on 5/15/2020. He then went on to complete the remaining radiation treatments from June 22nd to on August 4th.  He recently started FOLFOX + Avastin on 8/14 and has currently completed 2/6 cycles. He saw Dr. Uemura on 9/9 to discuss treatment options for his liver disease. Review case and discuss treatment options. | JM |
| 3 | JM/MRN: 11855235  DOB: 6/5/50 | 69 y/o male with hx of prostate cancer (6 years ago, treated with 44 fractions of XRT) and rectal cancer. He had a colonoscopy done on 3/18/2020 and was found to have rectal mass that was biopsied and came back as moderately differentiated adenocarcinoma.  He was underwent 8 cycles of FOLFOX from April 20-July 2020.  Radiation was not indicated due to prior radiation treatment for prostate cancer.  He was brought to the OR on 8/25/20 for a laparoscopic robotic proctectomy with trans abdominal and transanal approach with colo anal anastomosis. NAPRC path review. | JM |
| 4 | JB/MRN: 253921  DOB: 11/23/56 | 63 y/o with clinical stage 3A (T2N1aM0) HPV+ squamous cell carcinoma of upper anal canal/posterior low to mid rectum.  Chemo/radiation completed on 3/11/2019.  Robot-assisted hysterectomy and laparoscopic BSO on 7/20/2020 for high risk HPV infection, h/o CIN2, and cervical stenosis. Review recent PET from 9/9/20 and discuss treatment plan. | JM/DP |
| 5 | KE/MRN: 6015326  DOB: 9/2/53 | 66 y/o male with metastatic sigmoid cancer to the liver. He had a colonoscopy done in Dec 2019 by Dr. Stevenson which revealed a neoplastic mass at 12 cm which was biopsied and came back as invasive moderately differentiated adenocarcinoma. A CT C/A/ revealed evidence of metastatic disease to the liver. He started chemotherapy on 12/26/2019 and completed cycle #9 on 4/21/2020. He had a restaging CT C/A/P on 4/27/2020 which showed mildly improving hepatic metastatic disease.  He was discussed at the Multidisciplinary Colorectal Cancer Conference at AGH on 5/8/2020 and at that time the group recommended a diagnostic laparoscopy to evaluate carcinomatosis and a MRI of the liver to evaluate for possible resection. MRI on 5/12/2020 which revealed improving metastatic disease  He underwent laparoscopy; open left liver resection, partial liver resection in segment 7 x 2, on 5/28/2020 by Dr. Uemura. Surgical pathology revealed metastatic adenocarcinoma of segment 8 of the liver, metastatic adenocarcinoma of segment 7 of the liver (tumor extends focally to the margin of resection), and two separate foci of metastatic adenocarcinoma in the left lobe of the liver. He saw Dr. Monga on 7/10/2020 and maintenance chemotherapy with capecitabine was started. He is scheduled for a robotic laparoscopic LAR with diverting loop ileostomy on 9/29/20. Review case. | JM |
| 6 | HC/MRN: 5154520 | 68 y/o male with newly diagnosed sigmoid adenocarcinoma. He had surgery on 8/12/20 with ileostomy. Would like to discuss his colostomy reversal and timeline for starting adjuvant chemotherapy. | GF |
| 7 | SC/MRN: 4816122  DOB: 5/29/68 | 52 y/o old female who underwent a laparoscopic appendectomy in May of 2019 by Dr. Sciullo in Grove City.  Path at that time revealed a T2N0 atypical carcinoid tumor with invasion to the level of the serosa and mesoappendix.  She did not receive any adjuvant treatment.   CT and PET from July/August 2020 report no evidence of disease.  Chromogranin A 187.  Serotonin 103. Review case and discuss surgical options. | MI |

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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