

**AHNCI COLON AND RECTAL TUMOR BOARD**

Friday, September 20, 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 | FC/ MRN: 2175296  DOB: 08/19/56 | 63-year-old male with newly diagnosed rectal cancer and synchronous sigmoid cancer with multiple medical comorbidities. Colonoscopy at St. Clair Hospital identified synchronous colon cancers at 20 and 30 cm from anus; biopsy showing poorly differentiated adenocarcinoma. Bowel prep was poor, and patient was admitted to undergo two-day bowel prep at AGH. Repeat c-scope showed inflammation, friability, cobblestoning, and strictures throughout the entire rectum; biopsies of proximal and distal rectum showed poorly differentiated adenocarcinoma. CEA 1,635 ng/mL. CTAP from OSH showed abnormal thickening of rectum and distal sigmoid, misty mesentery, hepatic steatosis, posterior bladder wall thickening. Cystoscopy normal. CT chest showed pulmonary artery hypertension, multiple small lung nodules. MRI pelvis results pending. Rectal cancer x 2 ( t3 n2) colon cancer x2.  Diagnosis, Staging, treatment planning. | RF |
| 2 | DH/ MRN: 11357603 | 48 y/o female with history of Stage IV obstructing rectosigmoid cancer with metastatic disease to liver and lungs initially diagnosed in January 2019 at UPMC.  Patient initially underwent stent placement leading to perforation with loop colostomy creation in February 2019 and was started on folfox/oxaliplatin and later switched to folfiri/avastin on 7/24/19. Transferring care to AHN at this time. | MV |
| 3 | JW/ MRN: 411273  DOB: 12/09/49 | Will need colorectal surgery and medical Oncology for opinion regarding adjuvant treatment after liver resection and primary tumor resection. Will need Radiology to review CT TAP from 09/04/2019. | GF |
| 4 | FA/ MRN: 11439118  DOB: 11/29/55 | 63 y/o female with history of obstructive distal transverse colon mass s/p emergent exploratory laparotomy, partial colectomy with mucous fistula and colostomy creation on 3/11/19 at OSH. Pathology revealed Stage T3N1b invasive ulcerated moderately differentiated adenocarcinoma with 3/24 positive lymph nodes.  Initial CT scan demonstrated uterine mass and she underwent TAHBSO with resection of mass on 3/22/19. Pathology revealed leiomyoma. She underwent 4 total cycles of adjuvant Xeloda and oxaliplatin (CAPOX); oxaliplatin discontinued after cycle 3 under Dr. Haq.  Last CEA in May 2019 2.2. Discuss if additional adjuvant chemotherapy is indicated, discuss possible role for additional surgical resection. | SN |
| 5 | DP/ MRN: 11610724 | 71 yo female s/p Robotic Transanal Excision of Rectal Polyp 8/7/19. Pathology revealed a T1NX poorly differentiated adenocarcinoma arising in the background of tubulovillous adenoma with high grade dysplasia, with carcinoma 1 mm from deep margins and mucosal margins negative for carcinoma, but low grade dysplasia extended to caudal margin; lymphovascular invasion was identified.  She was discussed at the Multidisciplinary Colorectal Cancer Conference on 8/16/19 and the plan was to stage with CT C/A/P and CEA level now.  If possible it was recommended to wait 4-6 weeks to check Pelvic MRI to allow for more accurate imaging and for reactive lymphadenopathy to resolve.  If no findings of more advanced disease were found with staging, the plan was to proceed with long course chemoradiation with Xeloda.  CEA level 8/19/19 was 2.5.  CT C/A/P was done 8/19/19 and Pelvic MRI was done 9/18/19.  Would like to review images. | JM |
| 6 | LS/ MRN: 624948  DOB: 2/18/49 | Malignant neoplasm of ascending colon. PET- 6/2018: Bulky cecal mass encroaching bladder dome + right pelvic wall metastasis + mesenteric nodal mets.   6/8/2018 - Chemotherapy/Treatment OP METASTATIC COLORECTAL FOLFIRI AND BEVACIZUMAB (HOLD C1) (Q 14 DAYS) S/P XRT TO RIGHT HEMI-PELVIS (10/11 ON 3/27) PET in 4/2019- stable or improved disease | MI |
| 7 | RH/ MRN: 807747  DOB: 2/2/58 | 61 year old male with a diagnosis of severe anemia (approximately in 4/2019)- found to have a hemoglobin of 4.3 gm/dl.  Colonoscopy is aborted due to episode of hypoxemia  MRI- pelvis (4/2019). Semi annular upper rectal mass measuring 1.1 x 0.7 x 2.5 cm. T1, N1, CRM negative. CT-CAP  No evidence of distant metastatic disease in the chest, abdomen or pelvis.  3.6 cm right lower pole renal mass almost certainly representing renal cell carcinoma.Rectal cancer with questionable hepatic lesion. cT3, cN1, cM0. Clinical Stage: IIIB | MI |
| 8 | RW/ MRN: 11595579  DOB: 12/3/69 | There have been many barriers to care.  Our first contact with him in May, but he refused to come in at that time.  Had no insurance.  Our financial reached out but he did not follow up. Was again evaluated in the ER 7/17  Saw Dr. Reichstein 7/23 Still had no insurance.  Using drugs.  Non-compliant.  Had agreement with Dr. Asher –no drug use during chemo treatment and would have drug testing. Was to start chemo 9/9—Drug test positive for amphetamines and cocaine. No chemo that day, but radiation started that day.  Plan was for repeat drug test 9/9—patient did not show up.  Came in to med onc on 9/16 and refused drug test.  Not adhering to Nigro protocol due to patient non-compliance. | NA/AR |

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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