

**AHNCI COLON AND RECTAL TUMOR BOARD**

Friday, September 27, 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 | PT/ MRN: 11341283  DOB: 10/4/68 | 50 y/o male with newly diagnosed rectal cancer. MRI expected 9/24/19. **Request imaging review.** | AR |
| 2 | CB/ MRN: 4479402  DOB: 10/12/62 | 56 y/o female s/p urgent low anterior resection on 9/23/19 for perforated proximal rectal cancer. **Request pathology review.** | AR |
| 3 | SF/ MRN: 11595667  DOB: 4/3/1939 | 80 y/o female with history of ulcerative colitis s/p total proctocolectomy with end ileostomy in the 1970s, recently seen in consultation for peristomal nodularity. She underwent excisional biopsy of the dominant peristomal nodule on 7/24/19, with path interpreted as benign ileitis cystica profunda. She then underwent formal ileostomy revision, with specimen returning with evidence of adenocarcinoma. **Staging CT imaging pending, expected for 9/25/19 - request radiology review. Path review requested.** | AR |
| 4 | MK/ MRN: 216397  DOB: 5/19/34 | 85 y/o male with metastatic sigmoid cancer with isolated hepatic disease.  He is receiving systemic therapy with FOLFOX.  His tumor is micro satellite stable and RAS wild type.  He currently has a partial response in the liver.  Need to consider definitive sigmoid colectomy and directed treatment to the liver. | GF |
| 5 | JB/ MRN: 794316  DOB: 11/20/1963 | 55 y/o male with past medical history of chronic alcoholism, alcoholic cirrhosis and diabetes and newly diagnosed Stage IIa (T3N0) adenocarcinoma of the rectum. Had colonoscopy at UPMC Jameson on 6/5/2019 revealing an “infiltrative non-obstructive, non-circumferential mass in the distal rectum”, biopsy positive for invasive moderately differentiated adenocarcinoma. MRI pelvis performed 6/27/2019 and staging PET/CT performed 7/15/2019. Managed by Dr. Colonias and Dr. Islam. Needs surgical referral. Also gets hyperbaric oxygen therapy for right foot wound.  Presenting to discuss management options due to comorbidities. Also to discuss the use of hyperbaric oxygen therapy in this patient with active cancer. | TC |
| 6 | SM/ MRN: 3709737 | 45 y/o female with 1 yr. history of LLQ abdominal pain and intermittent rectal bleeding with partially obstructing colon mass at 60cm on colonoscopy 8/27/19 that was unable to be traversed and biopsy consistent with adenocarcinoma with mucinous features and multiple additional left sided colon polyps. CEA level was 7.7. CT from OSH with AGH radiology read describes extensive local studding with diffuse hepatic metastasis and CT chest with mediastinal and hilar lymphadenopathy. Liver MRI completed 9/23/19. | AR |
| 7 | JK/ MRN: 553941 | 61 y/o female with remote history of UC without medical management for past 30 years with intermittent rectal bleeding with flexible sigmoidoscopy on 9/13/19 identifying malignant-appearing intrinsic severe stenosis at 25cm proximal to the anus that was not traversed with biopsy consistent with moderately differentiated adenocarcinoma with ulceration. CEA 3.1. CT with no convincing evidence of metastatic disease with indeterminate right lower lobe lung nodule. | SN |
| 8 | RW/ MRN: 10467564  DOB: 9/15/1942 | 77 y/o male presenting with medullary carcinoma of the cecum. Pathological stage pT3, pNo. Patient was admitted to Forbes and had robotic right extended hemicolectomy performed by Dr. McCormick on 9/11/19. Will address pathology findings, BRAF testing and specificity for BRAF V600E mutation on IHC, findings of the operative report concerning for adhesions to liver, gallbladder anterior abdominal wall and finally to assess the need for adjuvant chemotherapy. | PT |
| 9 | JP/ MRN: 1015677 | 63 y/o male with history of Stage T2NxM0 (p16 negative) squamous cell carcinoma of the soft palate initially diagnosed in November 2017 s/p wide local excision and concurrent chemoradiothearpy with cisplatin ending January 2019. He was recently diagnosed with squamous cell carcinoma of the anal canal and his case was previously discussed at Tumor Board on 8/30/19 with recommendations for multimodal chemoradiotherapy for definitive treatment. PET scan on 9/5/19 revealed hypermetabolic foci in the lower 3rd of the esophagus and EGD on 9/19/19 identified fungating submucosal mass in the mid esophagus that was biopsy proven moderately differentiated squamous cell carcinoma. Discuss treatment plan | SN |

AHN CME Credit

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

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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