

**AHNCI COLON AND RECTAL TUMOR BOARD**

Friday, September 4, 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 | PK/ MRN: 52526  DOB: 1/6/47 | Newly diagnosed rectal cancer with recent PET (unable to have contrast CT or MRI due to kidney disease) showing probable liver and lung mets. Discuss treatment options, review radiology and pathology | RF |
| 2 | MD/ MRN: 10069574  DOB: 6/27/56 | Patient with history of anal cancer, now with new ulcerated anal lesion. EUA done 8/14/19 and path revealed AIN111. PET ordered. Review of PET if done and path review. Radiology and pathology review | RF |
| 3 | DS/ MRN: 5463674  DOB: 6/18/63 | Patient diagnosed with metastatic rectal cancer to the liver s/p chemotherapy and chemo/radiation treated at Yolando Barco. Underwent robotic total proctectomy with colo anal anastomosis and protective diverting loop ileostomy on 8/26/19. Path review | RF |
| 4 | DS/ MRN: 11605232  DOB: 6/12/53 | Patient with newly diagnosed colon cancer who underwent a laparoscopic left hemicolectomy on 8/13/19. Path revealed adenocarcinoma of the descending and transverse colon times 4 tumors. Path review | RF |
| 5 | WG/ MRN: 10695435 DOB: 5/1/69 | Patient with new diagnosis NET of terminal ileum grade 1. Path review, scan review and discuss treatment plan. Seeing medical oncology. Pathology and radiology review | RF |
| 6 | RD/ MRN: 10153316  DOB: 4/14/51 | Ulcerative Colitis and Recurrent colon cancer; T3N0 poorly differentiated adenocarcinoma 7/5/17; Microscopic foci of poorly differentiated adenocarcinoma at anastomotic line and 6/19 LNs + 1/9/19; 68 yo M with hx of recurrent colon cancer coming for continued rectal pressure and an abnormal CT A/P. He with a hx of stage II colon cancer and UC s/p restorative proctocolectomy who underwent Laparoscopic Robotic Pouchectomy with End Ileostomy 1/9/19.  Pathology revealed microscopic foci of poorly differentiated adenocarcinoma at anastomosis with lymphovascular invasion and 6/19 lymph nodes positive. His pathology was reviewed at the Multidisciplinary Colorectal Cancer Conference on 1/18/19 and the pathologist felt it looked similar to his colon cancer, and was most likely a recurrent cancer in the small bowel.  It was felt that a primary small bowel adenocarcinoma was unlikely. He was referred to oncology and saw Dr. Thomas 2/7/19. He recommended CT C/A/P and chemotherapy. The patient decided he wanted to try a holistic approach and declined scans and office visits.  Then began having anal pain/pressure and drainage and had CT C/A/P 8/9/19 and then PET/CT 8/29/19 | JM |
| 7 | KH/ MRN: 5641974 | 57 y/o female with Crohn's disease with history of iatrogenic colon perforation in the remote past s/p left hemicolectomy with end colostomy and recent dilation of strictured stoma with subsequent colonoscopy revealing biopsy proven poorly differentiated adenocarcinoma of the cecum with signet cell features. Discuss optimal surgical intervention. | SN |
| 8 | WC/MRN: 1098454  DOB: 12/16/47 | Neuroendocrine carcinoma of the anal canal; 71 year old AA female presented for further evaluation of new diagnosis of anal cancer-  Patient presented with rectal pain, intermittent bleeding since 1/2018. Patient declined colonoscopy several times. EGD in 2014 showed grade -III gastritis. Colonoscopy in 2014- unremarkable. Anal cancer diagnosed in 7/2019 s/p biopsy of anal lesion-POORLY DIFFERENTIATED LARGE CELL NEUROENDOCRINE CARCINOMA. PLAN TO START CONCURRENT CHEMOTHERAPY (CARBOPLATIN + VP-16) ALONG WITH CONCURRENT XRT FOLLOWED BY COMBINATION CHEMOTHERAPY. FURTHER PLAN WILL BE DEPENDENT ON STAGING WORK UP EVALUATION. | MI |
| 9 | JP/ MRN: 2369726 | Rectal NET; endoscopic resection of well differentiated rectal NET; Pathology review; | AK |
| 10 | DM/ MRN: 10578718  DOB: 2/17/78 | 41 y.o. male with metastatic rectal cancer s/p neoadjuvant chemotherapy followed by chemoradiotherapy followed by  laparoscopic robotic converted to open APR with en bloc resection of seminal vesicles and portion of bladder, placement of b/l ureteral J stents, primary repair of bladder, b/l ureterolysis 4/9/18. He also underwent open liver resection (segment 7 non-anatomical resection) on 8/30/18 by Drs. Tabar and Uemura. Pathology revealed metastatic rectal adenocarcinoma, moderately differentiated with benign surgical resections (closest 7mm) and hepatic perivenous perisinusoidal congestion. He completed adjuvant chemotherapy with 5FU 1/22/19. CT C/A/P 6/10/19 revealed a new 5 mm LUL nodule concerning for metastatic disease. Had LUL wedge resection on 8/20 by Dr. Schumacher.  Path showed metastatic moderately differentiated adenocarcinoma consistent with rectal primary.  Also continues to have issues with his kidneys.  Is followed by Dr. Bagga | NA |

AHN CME Credit

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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