

**AHNCI Neurologic Oncology Program Tumor Board**

Friday, June 12, 2020

12:00-1:00 p.m.

Join Zoom Meeting

<https://zoom.us/j/519670691>

Meeting ID: 519 670 691

Dial by your location

+1 646 558 8656

**PASSWORD- 804637**

**Cases to be discussed**

|  |  |  |  |
| --- | --- | --- | --- |
| **Case** | **De-identified patient** |  | **Presenter** |
| 1 | SC MRN: 5354058 | 59-year-old gentleman with prostate CA status post prostatectomy and radiation therapy in 2009 who also has a right parotid mass and metastasis with left parietal calvarial lesion increase in size over the past 6 months to 4.6 x 4.7 centimeters from 1.8 x 2.9 centimeter in November 2019 for tumor ward evaluation for opinion for radiation verses resection. Followed by Oncology in Butler by Dr.Peturson | AY |
| 2 | CP MRN: 11948760 | 60 year old female with a pineal parenchymal tumor of intermediate differentiation.  Has had a lengthy hospital stay >1 month with poor performance status.  Discuss potential treatment options vs. palliative care. | AM/RW |
| 3 | BB MRN 3658116 | 43 yo male who has had transient episodes of R foot numbness lasting for several minutes which resolve, with no motor weakness.  No loss of consciousness.  He received an MRI that shows a T2 lesion in the medial L parietal lobe in what appears to the be the sensory cortex with some small area of enhancement inside. Dr. Linda Xu performed a biopsy on 6/9/2020, patient d/c to home on 6/10/2020. Pathology pending (may result by time of Tumor Board meeting). Was not seen inpatient by med onc or rad onc. | LX |
| 4 | NM MRN:  11504815 | 73 y/o female with Right Parietal Glioblastoma, WHO Grade IV, MGMT Methylated (40.43), IDH Wild type, diagnosed 5/11/2020. Patient referred to Dr. Trombetta for radiation at Steubenville location, however, patient is extremely claustrophobic and cannot tolerate wearing mask. Therefore, radiation has not been started at this point. Presenting to discuss plan with radiation oncology. | TR |
| 5 | RB MRN:  651869 | 46 y/o female with Right Oligodendroglioma, WHO Gr II, diagnosed 3/7/2017, Recurrence with imaging and path confirmed 10/29/2019, WHO Grade III, MGMT pending,  IDH-Mutant, 1p/19q- codeleted. Chemo ID performed during last resection on 10/29 by Dr. Xu. Patient underwent XRT with concurrent Temodar, completed 1/28/20. Concerns for disease progression noted on MRI Brain 6/5/20. Possible treatment effect? Presenting to review imaging. | TR |
| 6 | JG MRN:  111623 | 43 y/o female with Right Frontal Anaplastic Astrocytoma, WHO Grade III diagnosed 2002 with transition to Glioblastoma WHO Grade IV in 2007, MGMT not available.  MRI Brain on 2/24/2020 noted an acute lacunar infarct posterior limb of right internal capsule and possible concern for recurrent left parasagittal frontal tumor. Patient referred to stroke specialist. Should patient be restarted on aspirin? | TR |
| 7 | JC MRN:  213345 | 66 y/o male with Left Temporal Glioblastoma WHO Grade IV, MGMT Unmethylated (1.36), IDH wild-type, diagnosed 6/18/2018. Adjuvant concurrent chemoradiation with Temodar 140 mg daily x 42 days with IMRT  with Dr. Karlovits at HWP Wexford Radiation Oncology, completed 10/2/2018 and has not received any treatment since this time. Patient currently utilizing supplement regimen and undergoing surveillance imaging only at this time. Disease progression noted on MRI Brain 6/5/20. Presenting to review imaging and discuss future treatment options. | TR |
| 8 | MC MRN:  3683198 | 77 y/o female with metastatic ER positive, PR negative, HER-2/neu positive breast malignancies with axillary and supraclavicular lymph node involvement as well as bone metastasis to the sternum and leptomeningeal disease. MRI Brain 6/9/20 appears stable, but patient is experiencing worsening of clinical symptoms (diplopia and ataxia). Previously received radiation to cerebellar area. Presenting to review imaging and discuss possibility of whole brain XRT with radiation oncology. | TR |
| 9 | RR MRN:  491337 | 54 y/o male with  Right Frontal Anaplastic Astrocytoma, WHO Grade III, MGMT weakly Methylated (4.64), IDH Wild type, diagnosed 5/12/2020. Patient diagnosed with DVT/PE during hospital stay and is currently on full dose of Lovenox. Planning to start Temodar with concurrent radiation at Allegheny Valley. Presenting to discuss anticoagulation with neurosurgery and discuss future plan for treatment. | TR |
| 10 | NS MRN:  11958103 | 63 y/o female currently admitted at AGH who presenting to OSH with c/o falls and dizziness. A CTH performed which showed possible thickening of the corpus callosum anteriorly. Patient underwent biopsy by Dr. Yu on 6/10/20 ,with pathology pending. Presenting to discuss pathology and establishment of care. | TR |
| 11 |  |  |  |
| 12 |  |  |  |
| 13 |  |  |  |

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: JUYDUR**

You must text within 24 hours of the start of tumor board. You will receive a text receipt and a link to confirm attendance and receive credit

Objectives: Upon completion of this activity, participants will have a better understanding of decision-making for complex Neurologic Oncology 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 medical education for physicians. Credit Designation Statement:Allegheny General Hospital designates this live activity for a maximum of 1.0 *AMA PRA Category 1 Credit(s)™*.  Physicians should claim only the credit commensurate with the extent of their participation in this 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).

Moderators and Presenters: Tulika Ranjan, MD and Stephen Karlovits, MD has nothing to disclose