

**AHNCI Neurologic Oncology Program Tumor Board**

Friday, July 10, 2020

12:00-1:00 p.m.

Join Zoom Meeting

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

Meeting ID: 519 670 691

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**Cases to be discussed**

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| **Case** | **De-identified patient** |  | **Presenter** |
| 1 | DG MRN 11963070 | 51 year old male, pathology pending s/p L parietal craniotomy 6/24 | JL |
| 2 | BB MRN 3658116 | 43 yo M with intermittent R foot numbness who was found to have a 2.2 x 1.5 cm left medial parietal brain mass.  S/p biopsy on 6/9/2020 due to tumor location in an eloquent area.  Please review pathology and determine plan of care. | AM |
| 3 | JM MRN 11432405 | 31 yo F with Li Fraumeni syndrome and a history of sarcoma, colon, breast, and esophageal cancers and multiple brain metastases.  She received WBRT, 30 Gy 10 fractions completed on 3/27/19, gamma knife SRT, 24 Gy 1 fraction on 10/15/19 to a lesion in the left temporal lobe, and more recently, 27 Gy in 3 fractions to 8 different lesions completed on 1/27/2020.  She was recently hospitalized due to seizures.  Please review most recent MRI brain and determine plan of care. | AM |
| 4 | RS MRN 11962675 | 67-year-old who presented with an acute onset of aphasia and seizures and was found have a left frontal region hypodensity.  He also has a history of tonsillar cancer in 2008, status post resection and radiation with 1 cycle of chemotherapy.  He followed with his oncologist until 2012.  Dr. Xu took him to the operating room on June 23, 2020 for a left craniotomy for tumor resection.  Pathology consistent with a glioblastoma, IDH-Wildtype, giant cell type, MGMT status currently pending. | LX |
| 5 | KC MRN 5322610 | Patient has h/o Cushing syndrome and was found to have a sellar cystic lesion.  She underwent endoscopic transnasal transsphenoidal pituitary resection by Dr. Leonardo on March 9, 2020. Pathology returned as adenoma CORTICOTROPHIC TYPE  . Most of the adenoma was attached to basilar artery. | JL |
| 6 | KR MRN 11892658 | 40 yo F with metastatic triple negative breast cancer with a symptomatic T5 intramedullary metastasis.  She has had prior XRT 30 Gy 10 fractions to the neck/chest back in Nov. 2019 encompassing this area of a presumed new T5 metastasis.  Her care is complicated by the development of radiation pneumonitis and pneuomocystis jiroveci pneumonia (PJP).   Would like to review MRI from OSH and determine whether the T5 metastasis is new/old.  Likely plan is to treat this area to a reduced dose. | CH/AM |
| 7 | CM MRN 4476746 | 58 yo F with history of stage IV breast cancer with multiple brain metastases, s/p WBRT completed 1/3/2019.  She has received gamma knife 27 Gy 3 fx to right occipital lobe and 24 Gy 3 fx to the pons completed on 11/4/2019.  She received additional gamma knife to 20 separate lesions, 18-20 Gy single fraction on 4/23/2020.  Recently presented to the hospital with mental status changes.  Please review MRI Brain and determine treatment plan. | AM |
| 8 | PP MRN 1517157 | 77 yo F with history of lung cancer with brain metastases, s/p 27 Gy 3 fx to two brain mets in the left parietal and left frontal lobes completed 5/19/20.  She has a significant amount of edema associated with the left parietal lobe metastases and is intolerant of steroids.  Pt was doing better after completely being weaned off of steroids, but this week had a fall and a witnessed seizure in the ED.  Mental status improved after steroid administration.  Discuss recent imaging and options for management. | AM |
| 9 | CS MRN 11176803 |  | CH |
| 10 | MH MRN 11968718 | 68 y/o female transferred from Butler ER with brain mass discovered on imaging. Patient underwent resection on 07/06, per Neurosurgery likely meningioma. Pathology pending as of 7/9. Presenting to review imaging and discuss pathology | TR |
| 11 | DS MRN 10165133 | 48 y/o female Patient with PMH significant for oligodendroglioma diagnosed in 97, complex partial seizures, history of CVA with residual left upper extremity weakness, prior DVT currently on dabigatran. Patient was seen by her neuro oncologist, Dr. Lieberman at UPMC on 04/20/2020 and recommended Ivosidenib 500 mg daily due to her significant myelosuppressive pressure in from cytotoxic chemotherapy and given her tumor is IDH 1 mutant. Ivosedinib has not yet been initiated.  Patient has a difficult time tolerating systemic chemotherapy due to marrow toxicity. Recently d/c from AGH where she was admitted for worsening headaches and progression of disease noted on MRI. Presenting to review imaging and treatment options. | TR |
| 12 | MB MRN 10225578 | 29 y/o  female with Left Temporal Atypical Meningioma, WHO Grade II, diagnosed 6/10/2020. Presenting to discuss with radiation oncology for future treatment recommendations. | TR |
| 13 | BC MRN: 901642 | 58 y/o female with Ependymoma of the 4th Ventricle, WHO Grade II, diagnosed 7/10/2019. Presenting to review PET  Brain 7/2/20. | TR |
| 14 | DK MRN: 238447 | 57 y/o female with a past medical history of chiari malformation s/p decompression with VPS placement currently admitted to AGH from OSH with c/o severe headache. MRI suggestive of meningioma. Presenting to review imaging and discuss future treatment plan | TR |
| 15 | MT MRN: 1182993 | 65 y/o female with history of breast CA w/ brain metastasis. Presenting to discuss future management and review MRI Brain 6/9/20. | HA |
| 16 | SR MRN 5494941 | Patient previously presented.  Diagnosis of glioblastoma late last year at UPMC with transition to care with Dr. Syme's and Dr. Figura at Saint Vincent.  Had presented with small recurrent lesion, undergoing craniotomy with Dr. Yu a few weeks ago.  Pathology is consistent with recurrent disease and treatment effect.  Presented to the ER this week with severe headache and emesis with findings of new recurrence on MRI with perfusion.  Currently on Decadron 4 milligrams b.i.d..  Presenting for discussion of options and radiology.  Chemo id was sent on most recent pathology, pending to my knowledge at this time. | AY |
| 17 | TB MRN 11947142 | h/o metastatic lung ca with ?new brain met. MRI today at ACMH, Dr. Klayton will share PACS via zoom | TK |

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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.

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