34 yo woman with HIV on ART presenting with rectal mass

20 August 2019

Gorata Motswakae, MD

BOTSOGO

BOTSWANA ONCOLOGY GLOBAL OUTREACH

Continuing Medical Education Announcement

Harvard Medical School

RSS 3081: Monthly BOTSOGO Tumor Board; 2019 - 2020 Academic Year

Today's Objectives:

- Describe the need for timely cancer case presentation and referral to treatment
- Formulate a multi-disciplinary plan for the care of common and complex oncologic cases
- Adopt successful, sustainable strategies to mitigate barriers to quality cancer care common in resource constrained environments

Target Audience:

Oncologists, internists, surgeons, radiation oncologists, infectious disease specialists, nurses, physicists, therapists, technicians, research staff, administrators, policy makers.

Financial Relationships

The following planners, speakers, and content reviewers, on behalf of themselves and their spouse or partner, have reported financial relationships with an entity producing, marketing, re-selling, or distributing health care goods or services (relevant to the content of the activity) consumed by, or used on, patients:

Name	Role	Type of Financial Relationship
Jason Efstathiou, MD	Course Director	Blue Earth Diagnostics – Consultant Taris Biomedical – Consultant Janssen – Advisory Board
Tlotlo Ralefala, MD	Planner	Roche – Sponsorship Celgene – Grant

All other individuals including course directors, planners, reviewers, faculty, staff, etc., who are in a position to control the content of this educational activity have reported no financial relationships related to the content of this activity.

Statements

Accreditation Statement

The Harvard Medical School is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians

Credit Designation Statement

The Harvard Medical School designates this live activity for a maximum of 1 *AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity

This activity meets the criteria of the Massachusetts Board of Registration in Medicine for 1.0 credits of Risk Management Study

Disclosure Statement

In accord with the disclosure policy of the Medical School as well as standards set forth by the Accreditation Council for Continuing Medical Education, course planners, speakers, and content reviewers have been asked to disclose any relevant relationship they, or their spouse or partner, have to companies producing, marketing, re-selling or distributing health care goods or services consumed by, or used on, patients.

Claim your CME credits!

- To claim your CME credit for attendance at this session of the BOTSOGO Tumor Board, please fill out our survey following the Tumor Board.
- You can do this at your convenience on your personal or work computer by navigating to www.botsogo.org
  - Click “What We Do”
  - Click “Tumor Board”
  - Click the link under the section “Continuing Education Credits,” and complete and submit the survey
- A link to the survey is also sent to the BOTSOGO Tumor Board email list following each Tumor Board.

Core Principles of Case Review

Clinicians, pathologists, and other other members of the health care team uniformly strive to provide the best possible clinical care.

Despite these efforts, adverse outcomes still occur.

Reflection on, and re-evaluation of, our practices and outcomes are imperative to continuously improve the care we provide to patients.

Core Principles of Case Review

Discussion will focus on medical decision-making and reporting systems.

Discussion is privileged and content should not be discussed outside of this forum.

We seek to create a safe, collaborative, open and respectful atmosphere for discussion, learning, and improvement

History of Present Illness

KM is a 34 yo woman with HIV on ART, history of pulmonary tuberculosis, presenting with worsening anal pain x12 months.

Jan 2019: Presented with obstruction, s/p colostomy 2019

15 Aug 2019: Now presents with progressive anal pain over past 12 months. Also with difficulty passing stool, and bloody stool.

Has been evaluated by GP, diagnosed with hemorrhoids. Given suppositories.

Past Medical History

Pulmonary tuberculosis

Treated 3 times with RIPE therapy; most recently in 2010

HIV

Diagnosed in 2010, on ART since that time

Current regimen: Combivir + Nevirapine

CD4 1145 VL UD (11/2015)

Medications and Allergies

Combivir

Nevirapine

No known drug allergies

Family History

No known history of oncologic disease

Social History

Lives in southwestern Botswana near the South African border

Mother of two children

Domestic worker

No history of smoking

Occasional drinker x5 years; quit drinking 7 years ago

At Princess Marina Hospital

Aug 2019 Pt was seen in oncology clinic
Chief complaint: 8/10 pain in anal region

Generally stable, no pallor, no jaundice
CV normal S1S2 regular rhythm
Lungs Good air entry bilaterally
Abdomen Soft, NTND, no HSM, no masses
Inguinal: Bilateral nodes, firm and mobile
Extremities without edema
GU: smooth vaginal mucosa but palpable anorectal mass without mucosal breach; could not introduce digit 2/2 intense pain; fleshy ulcerated mass visible on exam

Labs (19 July 2019)

WBC 11.22 RBC 3.78

Hb/Hct 11.5/36.7 MCV 97.1 Plt 397

Neutrophils 72.3%; absolute 0.60

Lymphocytes 21.6%; 2.4

Eosinophils 0.6%; 0.06

Na+ 141 K+ 4.1 Cl 103.62 Urea 2.73 Cr 37

Tbili 6.6 Dbili 1.0 GGT 53 AST/ALT 13/13

Alk phos 102 Total protein 73 Albumin 41

Imaging

July 2019 Abdominal U/S

Normal with no liver metastasis, no LAD

Aug 2019 MRI pelvis

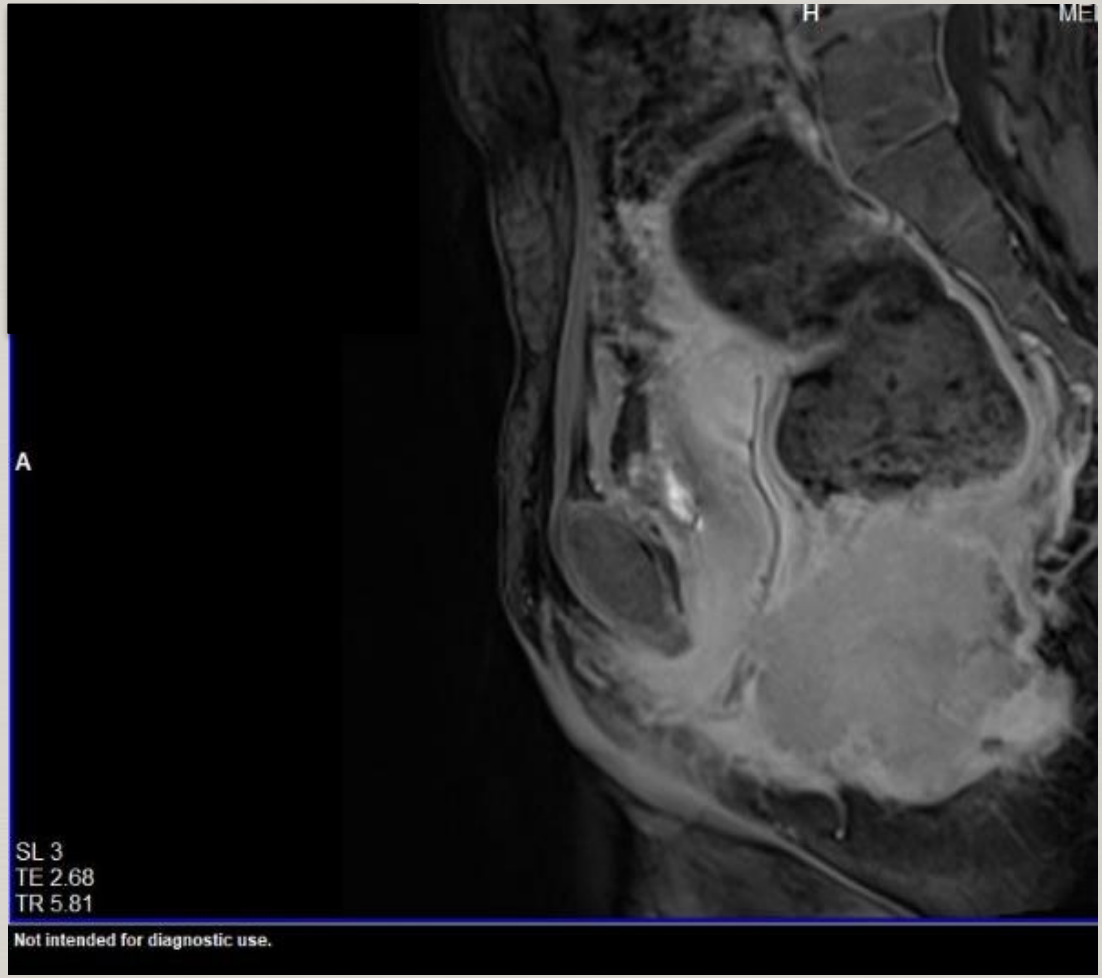
Enhancing lobulated 7.4 x 6.8 x 6.4 cm anorectal mass, with involvement of levator ane muscle; no iliac nodes were seen

Aug 2019 CT Chest Abdomen Pelvis

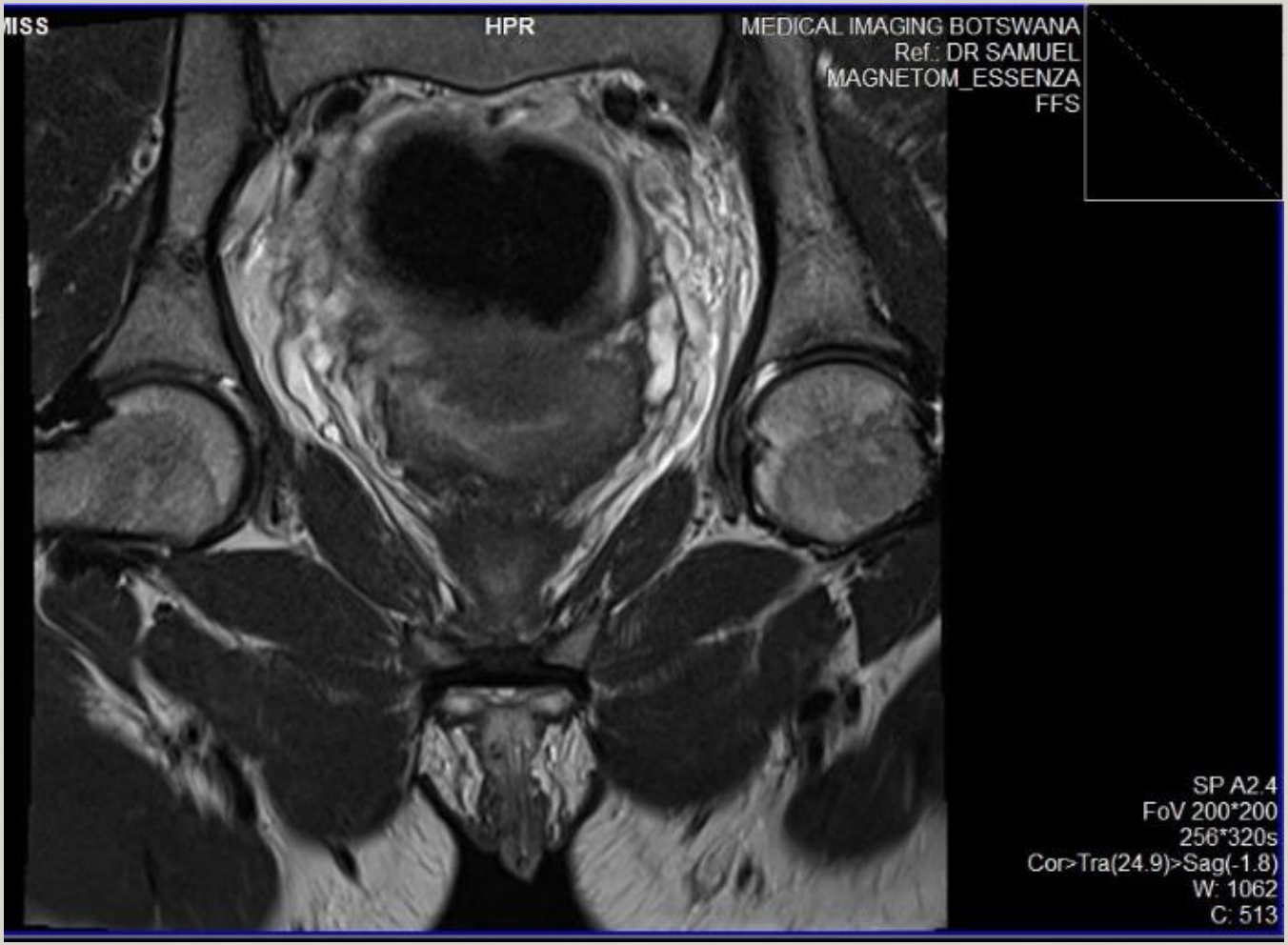
Residual post pulmonary TB changes

Anal mass with bilateral inguinal nodes

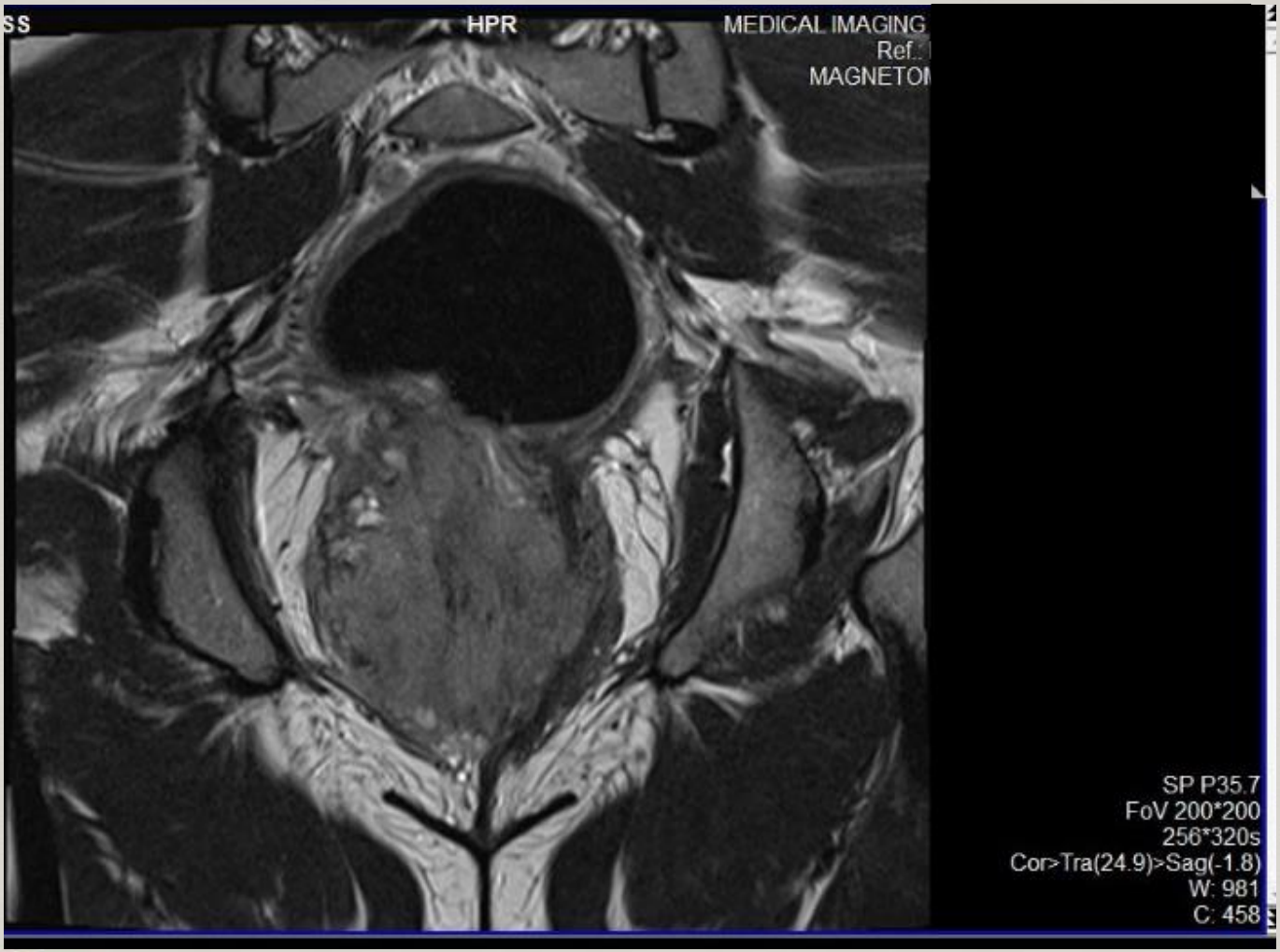
MRI Pelvis



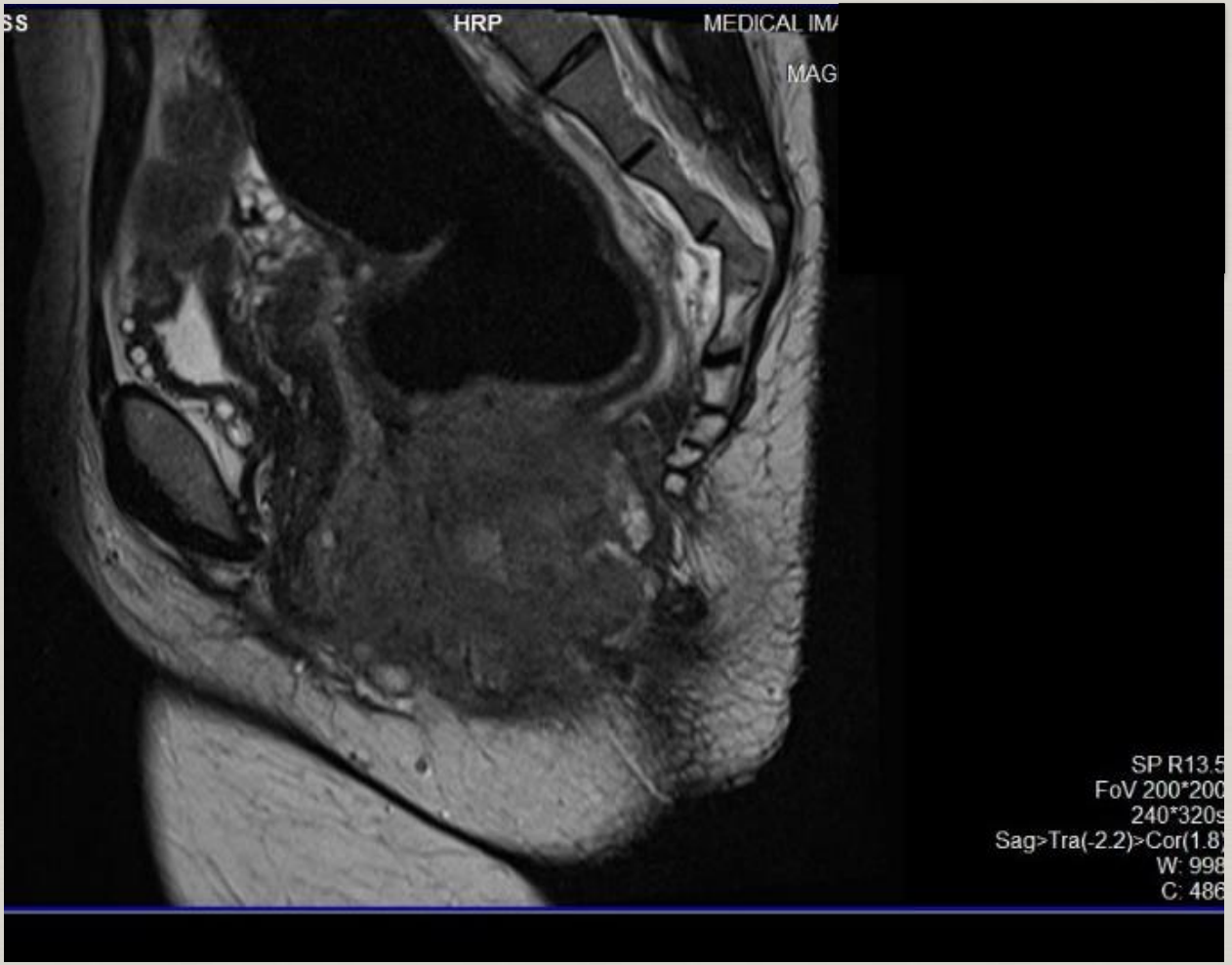
MRI Pelvis


IISS
HPR
MEDICAL IMAGING BOTSWANA
Ref.: DR SAMUEL
MAGNETOM_ESSENZA
FFS
SP A2.4
FoV 200*200
256*320s
Cor>Tra(24.9)>Sag(-1.8)
W: 1062
C: 513

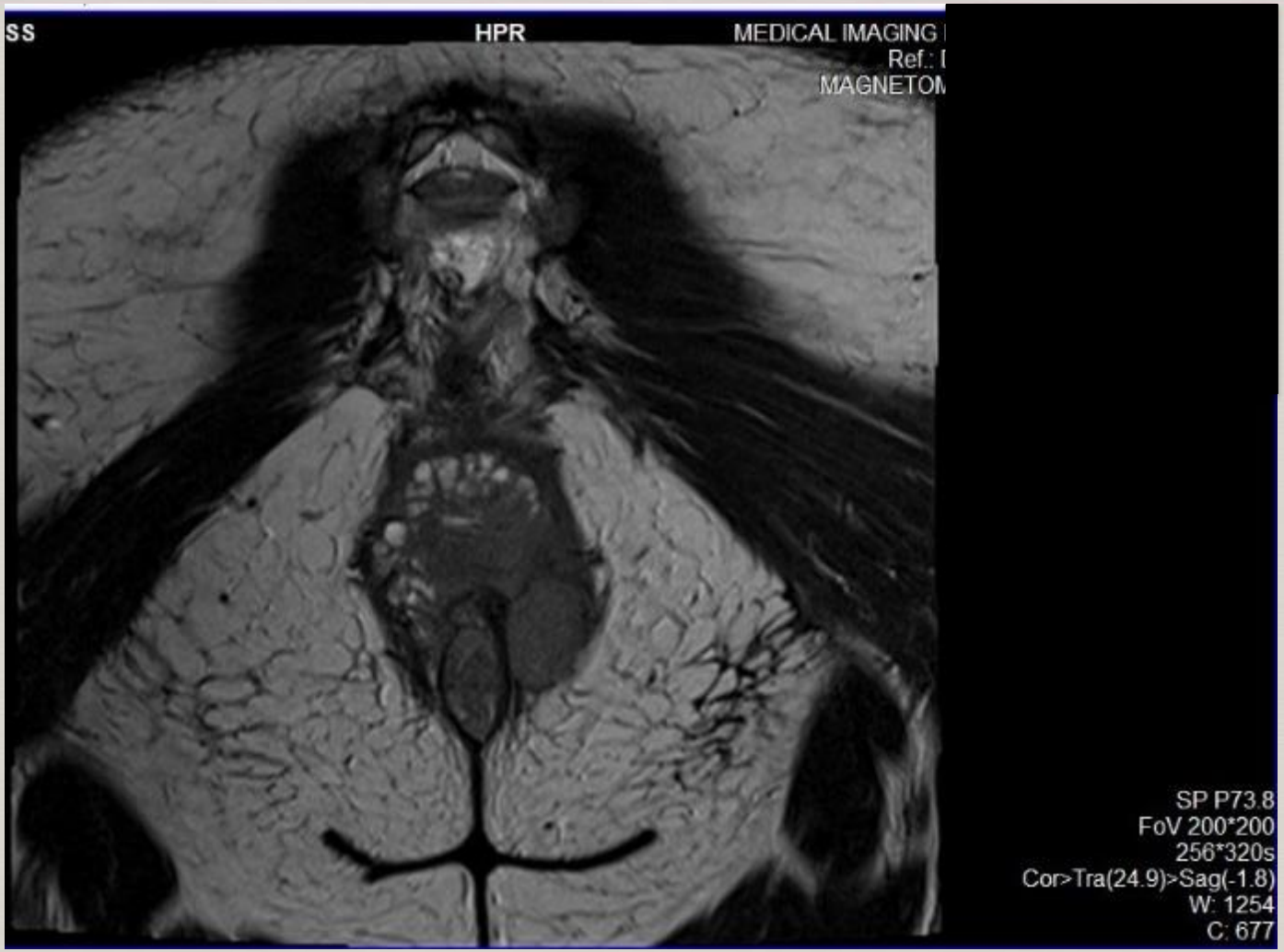
MRI


SS
HPR
MEDICAL IMAGING
Ref.:
MAGNETOM
SP P35.7
FoV 200*200
256*320s
Cor>Tra(24.9)>Sag(-1.8)
W: 981
C: 458

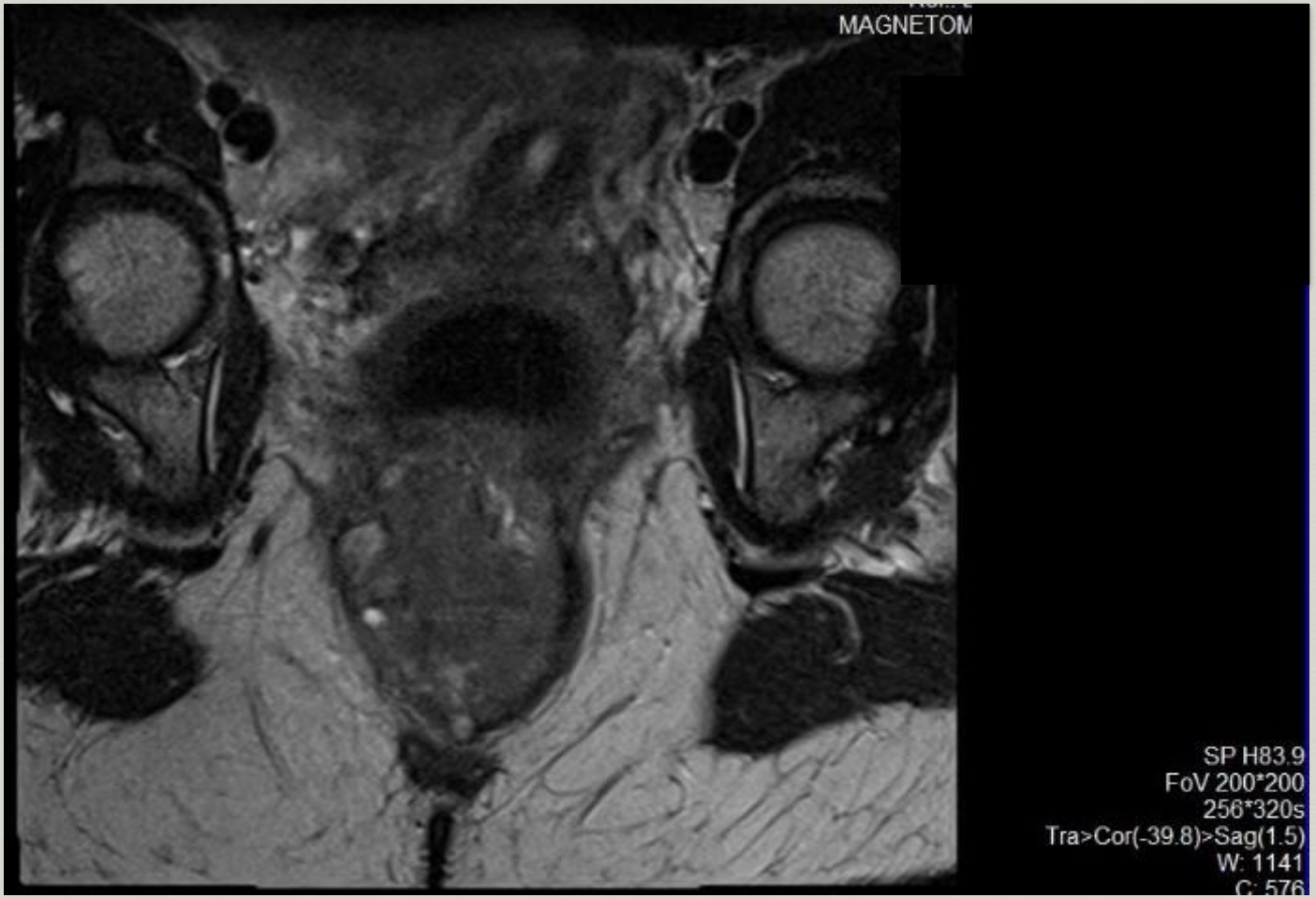
MRI



MRI


SS
HPR
MEDICAL IMAGING
Ref.:
MAGNETOM
SP P73.8
FoV 200*200
256*320s
Cor>Tra(24.9)>Sag(-1.8)
W: 1254
C: 677

MRI


MAGNETOM
SP H83.9
FoV 200*200
256*320s
Tra>Cor(-39.8)>Sag(1.5)
W: 1141
C: 576

Staging

Per imaging and clinical exam, staged as:

T4N1aM0

3C

Pathology

Aug 2019 Cervical pathology

Negative for intraepithelial lesions

June 2019 Anal pathology

Microscopic examination shows in all the fragments an infiltrating squamous cell carcinoma grade II. Erosion is present but no vascular infiltration of tumour cells is seen.

Diagnosis: Squamous cell carcinoma Grade II

Back to the patient

Pt received morphine for pain control and bisacodyl for symptomatic relief

Discharged home mid-August 2019 with plan for close follow up

Clinical Questions

In the management of anal cancer, therapy would involve concurrent chemoradiation therapy. Residual disease would require APR. In this case of anorectal cancer:

1) Would APR still be offered post CCRT?

2) Dose monitoring and RT planning with deferred APR?

3) What would chemotherapy regimen consist of?