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Oncology Second Opinion - Extended Written Report

Date:2022-01-20 Patient:

John Doe

Date of birth: 08/31/1954

Discussion:

61 year old male requesting second opinion for colon cancer. History as follows, patient had a 2 year history of right sided lower quadrant abdominal pain. Eventually had colonoscopy on 1/6/16 revealing 2 x 3 cm massive lobulated polyp like structure found in ascending colon, 5 biopsies taken. Pathology results revealed tubular adenoma. The patient had tumor markers sent including AFP and CEA both of which were negative. He also underwent PET/CT scan for staging on 1/8/16 which revealed enteric wall thickening at the ascending colon with increased metabolism, multiple other small subcm lesions were seen throughout the lungs without any significant activity.

Based on the current information available to me, this patient does NOT have a diagnosis of invasive colon cancer. Given the lack of proven invasion, this would be considered Stage 0 and the risk of distant spread is also virtually zero. The patient should undergo endoscopic resection of this polyp.

Hemicolectomy would not be necessary in the case of non-invasive polyp and endoscopic resection alone would be sufficient. If the diagnosis of non-invasive cancer is confirmed, the patient will NOT require any further treatment with chemotherapy or radiation as the risk of recurrence is not increased.

If the polyp is found to have invasive cancer: cancer invading through the muscularis mucosa and into the submucosa (pT1) then margins should be evaluated. If margins are positive or the cancer is high grade, patient will require hemicolectomy with LN dissection. Following hemicolectomy, full pathology review would need to be performed to evaluate for stage. The scope and recommendations for adjuvant therapy is complex, would recommend reconsult in the scenario that a Stage II or Stage III colon cancer is diagnosed.

Following surgery, patient may consider taking aspirin or vitamin D for potential risk reduction, references noted below.

Recommendations:

-endoscopic resection of polyp

-if no invasive cancer found, repeat colonoscopy follow up in 1 year

-if invasive cancer found, low grade, and margins negative then no hemicolectomy, repeat colonoscopy in 1 year no further s

-if invasive cancer and high grade or margins positive, then proceed to hemicolectomy with LN dissection, pathology evaluation, and reconsult for adjuvant therapy options

-consider addition of aspirin and/or vitamin D for risk reduction

Questions:

1. Can the patient get a general treatment plan?

Yes, as noted above.

2. Does the patient need to have surgery?

Surgery only if invasive component is detected in polyp along with positive margins and/or high grade

3. Does he need laparoscopy colon surgery?

Laparoscopic surgery would be recommended if done by an experienced surgeon. Healing time is improved with laparoscopic surgery.

4. Does he need preventive chemotherapy or radiation therapy?

At this juncture, no. Only if invasive and Stage II or III, please reconsult.

4. For follow-up body, would you recommend PET/CT or Colonoscopy?

Only colonoscopy would be required, as noted above.

5. Are there any diet suggestions?

High fiber, low red meat, low fat diet.

6. Are there any medicine suggestions?

Consider aspirin and/or vitamin D based on references below.

7. If the patient need to have surgery, can you recommend a doctor for him? How to contact related doctor?

An experience colorectal surgeon would be recommended if hemicolectomy is required, otherwise a gastroenterologist should be able to perform endoscopic resection.

References:

Cao Y, Nishihara R, Wu K, et al. Long-term aspirin use of aspirin and risk of cancer. Presented at: 2015 AACR Annual Meeting; April 18-22; Philadelphia, PA. Abstract 3197.

Nan H, Hutter CM, Lin Y, et al. Association of aspirin and NSAID Use with risk of colorectal cancer according to genetic variants. JAMA. 2015;313(11):1133-1142.

Ng K, Venook AP, Sato K, et al. Vitamin D status and survival of metastatic colorectal cancer patients. Results from CALGB/SWOG 80405. Presented at: 2015 Gastrointestinal Cancers Symposium. January 15-17, 2015; San Francisco, CA. Abstract 507.

Electronically Signed by: on 01/20/2022 04:12:34 AM

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