Lunch Review Session: GI, Sarcoma, and Palliative Care

Drs. Aragon-Ching, Haller, Macdonald, and Siegel
A 50 year old woman is involved in an automobile accident and has an abdominal CT scan to rule of splenic injury. Her spleen appears normal but a 3.5 cm mass is noted in the liver. Her medical history is notable for a history of ulcerative colitis since her early 20s, treated medically and requiring two hospitalizations. Her disease has been quiescent for at least 5 years, and she had a negative screening colonoscopy one year ago. Her alkaline phosphatase is moderately elevated but her bilirubin is normal.
What is the most likely diagnosis of her liver lesion?

A. Adenoma
B. Hepatocellular carcinoma
C. Cholangiocarcinoma
D. Metastatic colorectal cancer
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QUESTION #2

- The incidence of the anal cancer is increased in women who have:

A. Anal receptive intercourse
B. Crohns’ disease
C. HPV infection
D. EBV infection
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A 45 year old female was diagnosed with leiomyosarcoma underwent resection of an intra-abdominal mass. No adjuvant therapy was given. Upon routine surveillance imaging, she was found to have recurrence as well as distant sites of metastasis biopsy-proven to be leiomyosarcoma. She underwent chemotherapy using AIM (Adriamycin, Ifosfamide and Mesna) and achieved a good partial response after 4 cycles but progressed after the 6th cycle. She was thereafter treated with Gemcitabine and docetaxel with further progression after 4 months.
Which of the following approved agents may be considered at this time?

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B. Imatinib
C. Pazopanib
D. Temsirolimus
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QUESTION #4

- A 55 year old man is referred to you for treatment of his newly diagnosed metastatic colon cancer, KRAS mutated 13D. He has a negative past medical history and is on no medicines other than long acting pain medicines for RUQ cancer related pain and laxatives. On baseline CT scans, the radiologist reports multiple bilateral pulmonary emboli. The patient has no respiratory symptoms. You begin systemic anti-coagulation with warfarin. The patient is eager to begin the best, most effective treatment possible.

- You recommend:
  A. FOLFOX
  B. FOLFOX + bevacizuamb
  C. FOLFIRI + Cetuximab
  D. Capecitabine and oxaliplatin alone
  E. FOLFOX + cetuximab
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QUESTION #5

The appropriate standard therapy for localized anal carcinoma is:

A. Surgical resection (abdominal-perineal resection)
B. Combined modality therapy with 5-FU/Mitomycin-C + radiation
C. Combined modality therapy with continuous infusion 5-FU + radiation
D. Electro cautery or laser cytoreduction followed by chemoradiation
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A 42 year old male nurse was recently screened for hepatitis and found to have hepatitis C; he had not undergone screening before, but has worked in an emergency room for 20 years. Based on consensus guidelines, what would constitute cost effective surveillance for hepatocellular carcinoma?

A. No surveillance is recommended
B. AFP levels Q6 months
C. Ultrasound Q6 months
D. Annual MRI
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The role for abdominal-perineal resection of anal carcinoma includes the following:

A. Primary therapy for patients with localized lesions
B. Salvage therapy for patients with regionally recurrent disease
C. Primary treatment for patients with positive inguinal nodes
D. Combination with low-dose radiation to avoid the use of chemotherapy
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QUESTION #8

You are asked to see a 48 year old man who recently underwent surgery for a cecal colon cancer. He had a 3.5 cm moderately-differentiated tumor, with none of 15 nodes positive. You are considering adjuvant chemotherapy and have access to his clinicopathologic data as well as to a gene assay for prognosis (Oncotype DX®).

Which of the following is most likely to lead to a decision to administer treatment?

A. T3 tumor, dMMR (MSI-H), low recurrence score
B. T3 tumor, pMMR (MSI-L), low recurrence score
C. T3 tumor, dMMR (MSI-H), moderate recurrence score
D. T3 tumor, pMMR (MSI-L), moderate recurrence score
E. T4 tumor, pMMR (MSI-L), moderate recurrence score
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72%
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E. T4 tumor, pMMR (MSI-L), moderate recurrence score
A 19 year old male presents with painful hip lesion and diagnosed with osteosarcoma and has a family history pertinent for breast cancer in his mother, diagnosed at age 30, a maternal uncle who died of acute leukemia at age 9, and a cousin diagnosed with adrenocortical carcinoma.

Which gene mutation is most likely involved?

A. APC
B. p53
C. RB1
D. NF1
E. NF2
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ANSWER #9

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Pancreatic neuroendocrine tumors:

A. are frequently hormonally inactive
B. are much more common as autopsy findings than seen in clinical practice
C. can cause pancreatic cholera
D. b and c
E. all of the above
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In your multimodality GI clinic you are seeing a 54 year old man who was recently found to have a 3 cm cancer of the rectum, 7 cm from the anal verge. You are considering preoperative chemoradiation. You are planning to obtain a dedicated MRI for staging.
Based on the data from the German CAO/ARO/AIO-94 Study comparing postoperative to preoperative neoadjuvant chemoradiation in equally well-staged patients, and understanding that adjuvant treatment is directed for patients at high risk for locoregional and distant recurrences, what is the likelihood that a well-staged patient receiving neoadjuvant treatment will have a tumor stage that would be at low risk?

A. 0%
B. 5%
C. 15%
D. 25%
E. 40%
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Extended radical resection of the stomach including a D2 dissection of the perigastric lymph nodes has been shown to be of benefit because:

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B. Increases the precision of surgical pathologic staging
C. Decreases local recurrence
D. It is less commonly associated with the dumping syndrome
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The ABC-02 trial was a Phase III trial comparing gemcitabine to the combination of gemcitabine plus cisplatin (GemCis) in patients with unresectable biliary tract carcinomas. All of the following are true, EXCEPT:

A. Overall survival was superior for GemCis
B. There were no differences in the rate of response between the gallbladder and cholangiocarcinoma subgroups
C. Tumor control (complete or partial response or stable disease) was superior in the GemCis arm
D. Neutropenic infection rate was significantly higher with GemCis
E. Patients in the gemcitabine-only group discontinued planned treatment prematurely, primarily because of disease progression
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A 68 year old man with refractory metastatic colon cancer that is unresectable is being treated with cetuximab and irinotecan. He has already received FOLFOX plus bevacizumab and irinotecan alone. After four weeks of treatment, he returns to clinic with a grade III rash on his face, scalp and chest. The rash is pruritic, pustular, and disfiguring. He does not go out in public anymore due to his appearance. His CEA has fallen from 250 to 75 in the 4 weeks of treatment and his cancer related RUQ pain has decreased.
You advise:

A. Stop the cetuximab due to obvious allergic skin reaction and do not reintroduce
B. Treat the reaction with topical and intravenous steroids and maintain the treatment
C. Reduce the dose of cetuximab and continue the treatment
D. Hold the cetuximab, treat the rash with antibiotics and have the patient return in a week for consideration of more treatment
E. Slow the infusion rate of the cetuximab
ANSWER #14

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A 60 year old male presents with anemia and abdominal pain. Further imaging reveals a 10 cm mass in the gastric area and no other distant sites of involvement. He undergoes surgical resection and pathology confirms gastrointestinal stromal tumor 11 cm in size. Mitotic count was > 5 per 50 power field.

What is the next course of action?

A. Start imatinib 400 mg daily
B. Start imatinib 800 mg daily
C. Start sunitinib 50 mg daily
D. Start sorafenib 400 mg twice daily
E. No adjuvant treatment necessary
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