CONCLUSION: Adenocarcinomas of the vulva are exceedingly rare, making diagnosis and management difficult for pathologists and clinicians. As a result literature is very limited. This report will allow for further advancement in regards to the diagnosis and treatment of this unusual and uncommon neoplasm.

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Association of Obesity With Transtheoretical Stage of Change and Self-Efficacy in Women With Endometrial Cancer [5J]

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INTRODUCTION: Exercise and lifestyle interventions may improve health metrics and quality of life in survivors of endometrial cancer. The purpose of this study was to evaluate the association between patient characteristics and self-efficacy as well as transtheoretical stage of change for diet or exercise in an ethnic/racially diverse population of women with endometrial cancer.

METHODS: After IRB approval, 100 survivors of endometrial cancer completed a questionnaire including demographics, disease factors and co-morbidities. Transtheoretical Stage of Change and Self-Efficacy for Diet and Exercise were assessed using the Stages of Change Measure and Five Item Self Efficacy Measure. Associations were evaluated using Krusal Wallis and ANOVA testing, performed with Stata version 13.0.

RESULTS: Mean age of 99 responders was 69 years and BMI was 34.1 kg/m^2. There was a difference in BMI between stages of transtheoretical stage of change for exercise, maintenance vs contemplation (29.2 vs 38.0, p less than 0.01) and between stage of change for diet (38.6 vs 31.4, p=0.04) . Obesity (BMI greater than 30) was associated with the action stage of change when evaluated as a categorical variable (p less than 0.01). Self-efficacy for exercise as compared to transtheoretical stage of change was of borderline significance (p=0.08), however it was not significant for diet.

CONCLUSION: In survivors of endometrial cancer, BMI was the only clinical/pathological factor associated with transtheoretical stage of change for exercise. Patient centered diet and exercise lifestyle intervention programs may consider patient BMI, and education as well as transtheoretical stage of change and self-efficacy to improve recruitment and retention.

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Using the Rothman Index to Identify Oncology Patients at Risk for Postoperative Readmission [6J]

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INTRODUCTION: The Rothman Index (RI), a composite score from 0 to 100, is a previously validated, continuously computed score derived from over 50 clinical measures that assesses a patient's clinical status. It has been used as a prognostic indicator in the ICU setting and can be incorporated into the EMR. This study was designed to determine its utility in assessing readmission rates in postoperative gynecologic oncology patients.

METHODS: In this pilot retrospective case-control study, gynecologic oncology surgical patients readmitted within 30 days of discharge (cases) were matched 1:2 by procedure, diagnosis, age and comorbidities to non-readmitted gynecologic oncology surgical patients (controls). All procedures were performed at one center by a single surgeon. RI values were obtained immediately postoperative (RI-i) and before discharge (RI-f), and the difference between these values was calculated (RI-d). RI's were compared between cases and controls using R software.

RESULTS: A total of 24 cases were matched to 48 controls. The mean age was 56. RI-f was significantly different between groups and predictive of readmission (P = 0.017). An RI-f of 58 or less was associated with at least 51% likelihood of readmission. Cases and controls did not differ significantly based on RI-i or Ri-d, and they were similar with respect to risk factors including diabetes, smoking, and BMI.

CONCLUSION: The RI value on the day of discharge is helpful in identifying postoperative gynecologic oncology patients at increased risk for readmission. Delaying discharge for patients with an RI below a designated threshold may reduce readmission rates.

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Adequacy of Surgical Staging for Stage I Ovarian Carcinoma in a Military Tertiary Care Facility [7J]

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INTRODUCTION: Ovarian cancer has a lifetime risk of 1 in 70 with 14,000 deaths in the United States in 2015. Surgical staging is the mainstay of ovarian cancer treatment with five-year survival for stage I ovarian cancer at 92.1% if completely staged. Our goal was to evaluate the adequacy of surgical staging in our low volume military treatment facility (MTF) to determine the need to centralize oncologic care.

METHODS: We performed a retrospective chart review of all patients with stage I ovarian and fallopian tube cancer who received surgery at our MTF. Surgery had to include pelvic washings, lymph node sampling, peritoneal biopsy and omentectomy to be considered adequately staged. Complications, patient demographics and recurrence rates were also analyzed using chi-square analysis.

RESULTS: Sixty two percent of patients were adequately staged. Of those that were inadequately staged, the majority had a clear reason; 31.2% were due to body habitus, 25% had borderline tumors and 12.5% had severe pelvic adhesive disease. Adequate staging increased surgery time by 50 minutes (P = .028), and had a statistically insignificant increased risk of complications. Interestingly, recurrence was more likely in those that were adequately staged (P = .02) and no patients that were inadequately staged had recurrence. Five year survival was 98%.

CONCLUSION: Our five year survival rates are similar to other large referral centers nationwide. We postulate that our resource availability compensates for our low patient volumes, though more analysis is needed to determine exact causation.

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The Association Between Perioperative Outcomes and BMI Among Patients Who Underwent TLH for Uterine Cancer [8J]

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INTRODUCTION: Greater degree of obesity can pose surgical challenges in patients who undergo open surgery. As total laparoscopic hysterectomy (TLH) is becoming utilized widely for uterine cancer, our objective is to assess the association between patient body mass index (BMI) and perioperative outcomes.

METHODS: A retrospective analysis of the American College of Surgeons-National Surgical Quality Improvement (ACS-NSQIP) database during 2005-2013 was conducted. Women with uterine cancer who underwent TLH, including robotically-assisted and conventional routes, were identified. We used preoperative BMI (kg/m^2) to estimate the degree of obesity as follows: normal (< 25), overweight (25-29.9), obese (30-39.9), and morbidly obese (≥40).

RESULTS: TLH was performed in 3630 women with uterine cancer during 2005-2013. Of those, 15.9%, 18.9%, 36.9%, and 28.2% had normal, overweight, obese, and morbidly obese BMI. The mean operation time (minutes) was significantly higher in overweight (159), obese (158), and morbidly obese (171) women than women with