RESULTS: We identified 662 patients. The average age was 62.3 years. The average tumor thickness was 1.95mm and ulceration was present in 27%. Of the 662 patients, 86 had LS while 576 (87%) did not. In the non-LS group, 9 (1.6%) had mapping failure while one patient in the LS group (1.2%) did (p=NS). Seven patients with failed mapping had upper extremity melanomas including 4 proximally. All 3 patients with lower extremity melanoma with mapping failure had melanoma in the proximal thigh. No patient with failed mapping developed recurrence in that lymph node basin.

CONCLUSION: Although there was a higher number of mapping failures in non-LS patients, this was not statistically significant, nor did it result in increased lymph node recurrences. Surgeons should strongly consider LS in melanomas on the proximal extremity.

The Association of Preoperative Functional Status and Surgical Outcomes in a Prehabilitation Program for Surgical Oncology Patients

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INTRODUCTION: Prehabilitation has been proven to improve surgical outcome by optimising functional status and it has become a widely recognised method to properly prepare patients preoperatively. This study focuses on patients who are malnourished and often physically dependent due to oncological conditions, predominantly upper gastrointestinal and pancreatic cancer. We looked at specific factors such as hemoglobin, Timed Up and Go (TUG) tests, bilateral grip strength, and frailty scores at the first and last consult, and calculated the changes. Identifying a strong association with measures of outcome such as length of stay in hospital, readmission after 10 days, or discharge disposition could serve to predict and potentially decrease morbidity and mortality.

METHODS: This is a retrospective chart review of 39 patients who had been referred to the prehabilitation program at a single tertiary institution from 2015 to 2020. The primary outcome was to assess the correlation between hemoglobin, TUG, grip strength, and frailty score with the duration of hospital stay post-op, readmission after 10 days, discharge home or to other medical facilities, mortality status, and various post-op complications.

RESULTS: The data collected from these 39 patients showed many statistically significant relationships. A decrease in timed up and go had a significant relationship with patients who were alive thirty days after surgery, less patients who were readmitted within 10 days of surgery, and they were more likely to be discharged home as opposed to other medical facilities (all p < 0.05). Increased grip strength on the right had a significant relationship with less needing to be escalated to the ICU, decreased mortality within 90 days, less likely to get readmitted to the hospital, more likely to be discharged home, and less post-operative complications overall (all p < 0.05). Increased grip strength on the left had a significant relationship with patients who were discharged home rather than other medical facilities (p < 0.05). There was no significant relationship with hemoglobin levels.

CONCLUSION: We have concluded that there are significant correlations between TUG, bilateral grip strength, hemoglobin, and the changes after prehabilitation with escalation to ICU, mortality, readmission, discharge location, and post-op complications. There’s also correlation of grip strength with hospital, ICU, and ventilator length of stays and various other correlations between specific post op complications. This data reflects the importance of prehabilitation to improve cancer patient’s morbidity and mortality.

The ILEUS Study: A Phase 2 Randomized Controlled Trial Investigating Alvimopan for Enhanced Gastrointestinal Recovery after Cytoreductive Surgery and Hyperthermic Intra-peritoneal Chemotherapy

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INTRODUCTION: Surgical management of peritoneal metastases with cytoreductive surgery and hyperthermic intra-peritoneal chemotherapy (CRS/HIPEC) is associated with prolonged return of bowel function and length of stay. Alvimopan is a peripherally-acting opioid antagonist that reduces postoperative ileus. We sought to determine the efficacy of alvimopan on the return of bowel function in patients undergoing CRS/HIPEC.

METHODS: A double-blind, randomized, placebo-controlled, single-institution, IRB-approved trial was conducted in patients undergoing CRS/HIPEC from 3/2018-4/2020. Patients received alvimopan 12 mg, or placebo, 0.5-5 hours before, and twice daily for seven days after surgery. The primary endpoint was the recovery time of upper and lower gastrointestinal function after surgery (GI-2: later of tolerance of solid food and first bowel movement/BM). Secondary endpoints included the proportion of prolonged ileus, time to first flatus, first BM, tolerance of solid food, discharge, and adverse events/AEs.

RESULTS: Sixty-two eligible patients received placebo (n=32) or alvimopan (n=30). Median time to GI-2 was 152 hours in the placebo arm vs 117 hours in the alvimopan arm (p=0.04). Incidence of postoperative ileus (37.5% vs. 10%) and time to BM (89 vs. 67 hours) were less/shorter in the alvimopan arm (p=0.03 and p=0.02, respectively). Time to first flatus (79 vs. 64 hours), tolerance of solid food (149 vs. 117 hours), and discharge (233 vs. 241 hours) were not significantly different. Serious AEs also were not significantly different in the two groups (11.9% vs. 16.7%).
CONCLUSION: Perioperative alvimopan is well-tolerated and accelerates bowel function recovery in patients undergoing CRS/HIPEC.

The Impact of Obesity on Patients with Hepatocellular Cancer in Louisiana
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INTRODUCTION: Excess body weight is associated with the risk of hepatocellular cancer (HCC), but its effect on HCC-related treatment and outcomes remains unclear. We sought to assess the impact of body mass index (BMI) on patients diagnosed with HCC in Louisiana - one of the most obese states in the union.

METHODS: HCC cases diagnosed from 2011 to 2015 and BMI data were extracted from the Louisiana Tumor Registry (LTR) using ICD-3-O primary site and histology codes. We excluded cases diagnosed by death certificate/autopsy and those for which HCC was not the patient’s first tumor. Incidence, demographics, treatment, and outcomes were compared between obese (BMI > 30 kg/m²) and non-obese patients using contingency tables and the multivariable Cox survival model.

RESULTS: Of 1,272 HCC patients analyzed, 329 (25.8%) were obese. The proportion of females was higher among obese (22.2 vs. 15.3%, p = 0.0041) and as was the proportion of whites (71.4 vs. 52.7%, p < 0.0001). The percent of patients with a chas-son comorbidity index > 4 was higher among obese (24.3 vs. 17.7%, p = 0.0318); however, a higher proportion of obese patients received liver-directed surgery (28.9 vs. 22.2%, p = 0.0439). There was no difference in the median cause-specific survival between obese and non-obese patients (11.4 vs 13.1 months, p = 0.2805), nor was there a difference observed on subset multivariable analysis.

CONCLUSION: Obese patients with HCC experience significant clinicopathologic and treatment differences. Despite this, the obese patients experience more aggressive treatment and similar HCC-specific survival as non-obese individuals.

Triple Positive Oral Squamous Cell Carcinoma Patients Show Poorer Survival
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INTRODUCTION: Survival of oral cancer patients is adversely affected by the presence of Extra-Nodal Extension (ENE), Perineural Invasion (PNI) and Lympho-Vascular Invasion (LVI). We studied the impact of all three adverse pathological factors being positive in oral cancer patients.

METHODS: This is a retrospective study of prospectively maintained data of oral cancer patients from January 2017 to December 2020. A total of 183 patients underwent surgery and received adjuvant treatment. Clinical features, stage, recurrence and survival rates were analyzed.

RESULTS: There were 151 males and 32 females. 3.3% (6) patients had both LVI and ENE positive. 5.5% (10) patients had both PNI and ENE positive and 8.2% (15) had both LVI and PNI positive. 2.7% (5) patients were triple-positive (LVI, PNI and ENE positive). Patients with triple-positive status had a median disease-free survival of 14.6 months and median overall survival of 19 months.

CONCLUSION: Patients with triple-positive status had a dismissal prognosis and poorer outcome compared to other patients. These patients need aggressive management and novel interventions.