non-adherence included Hispanic/Latina ethnicity, lack of health insurance, lack of a normal provider of women's health care, and cigarette smoking. Race, education level, method of contraception, age, and body mass index were not found to be associated with adherence.

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Conclusions: The enrollment phase of this pilot RCT found non-adherence rates similar to nationwide rates. The strongest predictors of adherence were having a regular women's health care provider ($p < 0.001$) and having health insurance ($p < 0.013$). The intervention and follow-up phases of this RCT are in progress and will provide robust preliminary data regarding potential efficacy of the behavioral interventions. In addition, the identification of covariates associated with non-adherence will inform the refinement of these interventions. Next steps will include using the foundation provided by this pilot RCT to conduct a large-scale multisite RCT of behavioral interventions to catalyze cervical cancer screening adherence among ED patients.

☐ THE SMILOW CANCER HOSPITAL ONCOLOGY EXTENDED CARE CLINIC: A FACILITY DEDICATED TO MANAGING ONCOLOGIC URGENCIES AND EMERGENCIES

Background: The burden of acute care among cancer patients, estimated to exceed $70 billion by 2020, represents approximately 50% of all costs of advanced cancer care and accounts for 70% of nationwide regional variation in these costs. The Centers for Medicare and Medicaid Services proposed value-driven Rule OP-35 includes a mandate to reduce acute care use among oncology patients. Emergency departments (ED) are the gateway to much acute care use and their 60% oncology patient admit rates are more than double general rates. Keeping oncologic urgencies and emergencies out of the ED has the potential to increase value for oncology care delivery. Here we describe the launch of a dedicated oncology urgent care clinic that offers same-day treatment for oncologic urgencies/emergencies, as well as unplanned supportive care needs and, where necessary, facilitates direct admission to the inpatient service.

Methods: The Smilow Cancer Hospital (SCH) Oncology Extended Care Clinic (OECC) is a six-bed urgent care center dedicated to serving the > 10,000 active analytic cases of the SCH Care Network, which includes a tertiary academic center and 10 Connecticut-wide community practices. The OECC operates 365 days from 7 AM–11 PM with primary staffing by four Advanced Practice Providers and five Registered Nurses and attended by an American Board of Internal Medicine–certified hospitalist in collaboration with the primary oncologist. Situated within the hospital, the OECC can access resources typically restricted to inpatients, including same-day subspecialty consults, STAT diagnostic testing, and care coordination. The OECC can also trigger a Rapid Response Team, which enables caring for high-acuity patients; only respiratory collapse, cardio/cerebrovascular urgencies, and shock are outside the scope of practice.

Results: During the first 13 months of operation, the OECC staffed 2855 visits across 1570 unique patients, including 1089 with solid tumors, 449 with liquid tumors, and 32 patients with benign hematologic needs. While 953 patients visited the OECC once, 145 had four or more encounters. Gastrointestinal oncology (256 patients, 459 visits), leukemia (170 patients, 374 visits), and thoracic oncology (150 patients, 255 visits) frequented the OECC most. Altogether, 863 (30.2%) visits were for clinic overflow (e.g., transfusion) and 1994 visits were for urgent indications. Urgent care visits resulted in a 43.3% admission rate with genitourinary cancer (odds ratio [OR] 1.91; 95% confidence interval [CI] 1.07–3.41), head and neck cancer (OR 3.93; 95% CI 2.26–6.92), and bone marrow transplantation (OR 2.15; 95% CI 1.19–3.88) independently associated with admission. Common indications for admission included intractable pain (102/151 visits, 67.5%), neutropenic fever (94/101 visits, 93.1%), and bowel obstruction (30/41 visits, 73.2%).

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Conclusions: The OECC shows a substantial reduction in overall admission rates in the urgent care setting compared with historic levels. Determination of impact on Smilow patient ED presentation rates and on overall cost of care are ongoing.

☐ CHARACTERISTICS OF UNSCHEDULED EMERGENCY DEPARTMENT REVISITS IN CANCER PATIENTS

Background: The quality of patient care in the emergency department (ED) can be assessed by unscheduled revisits. Identifying characteristics of the patients with revisits may help optimize diagnostic and management strategies. Cancer patients consume more ED resources than non-cancer patients, and identifying the factors that lead to fewer revisits may alter patient outcomes and save expenses for both the patient and the hospital.

Methods: Patients who visited The University of Texas MD Anderson Cancer Center ED between January 1, 2011 and December 31, 2015 were identified retrospectively. Patients with revisits were defined as patients who revisited the ED within 72 h after the initial discharge. General patient characteristics, presenting chief complaint(s), comorbidities, and cancer type data were collected. The association between each of the variables and revisit was determined using univariate and multivariate logistic regression models.

Results: Of the 46,576 eligible patients with ED visit, 3041 (7%) revisited the ED within 72 h. Top cancer types for patients with revisit were breast, lung, leukemia, sarcoma, and lymphoma, while the top five chief complaints were pain, fever, nausea/vomiting, headache/dizziness, and weakness/fatigue. Younger age and more comorbidities were associated with significantly higher revisits (odds ratio [OR] 0.99; 95% confidence interval [CI] 0.99–1.00; $p < 0.001$ and OR 1.02; 95% CI 1.01–1.04; $p = 0.003$, respectively). Sarcoma patients and patients presented with fever had the highest association with revisits (OR 1.93; 95% CI 1.62–2.30; $p < 0.001$ and OR 1.72; 95% CI 1.56–1.90; $p < 0.001$, respectively).

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Conclusions: Cancer patients who visited our ED were evaluated. Risk factors that were associated with the occurrence of revisits within 72 h of their initial discharge, including general characteristics, presenting complaint, and cancer type were identified. Further study that includes larger number of patients can help identify more factors, including more cancer types. Other chief complaints that had fewer numbers of patients, such as altered mental status, shortness of breath, and diarrhea, can also be investigated in future.

☐ MYSTERY BEHIND THE OUTCOME OF FEBRILE NEUTROPENIA IN INDIGENT CANCER PATIENTS: A "U-TURN" IN MORTALITY THROUGH A STATE-SPONSORED SCHEME IN INDIA

Background: Febrile neutropenia is among the most common symptoms of oncology patients presenting to the emergency department (ED). Timely antibiotic therapy is key to successful management. Little is known, however, about the extent of this problem in cancer patients in developing countries, especially those who live below the poverty line. We utilized a statewide database, Dr. NTR Vaidyaseva Trust, to report on the status of care for febrile neutropenia in the State of Andhra Pradesh, India.

Methods: We conducted a retrospective, observational, descriptive, exploratory study of cancer patients who received chemotherapy under the state-sponsored scheme and presented with fever/febrile neutropenia from April 2014 to April 2018. Demographic, clinical, and outcomes data were retrieved from the Dr. NTR Vaidyaseva Trust, Government of Andhra Pradesh, India (the state-sponsored scheme) database. Inclusion criteria were: an absolute neutrophil count < 500 cells/mm^3 or expected to be < 500 cells/mm^3 within the next 48 h and an annual income < 60,000 rupees (approximately $833) for the rural population and < 100,000 rupees (approximately $1388) for the urban population, based on an exchange rate of $1.00 = 72 rupees.

Results: During the study period, 223,404 patients were treated with chemotherapy; of these, 1607 (0.72%) were admitted to the ED with febrile neutropenia, with 1234 (76.79%) coming from the rural population and 373 (23.21%) from the urban population. Males outnumbered females by a small margin (1.08:1.00). Hematologic and solid tumor malignancies were represented equally, at 817 (50.84%) and 790 (49.15%), respectively. The average absolute neutrophil counts for hematologic and solid tumor malignancies were 360 and 470, respectively. The median day of febrile neutropenia presentation following chemotherapy was 11. The average duration of hospital stay for patients with hematologic vs. solid tumor malignancies was 13 days vs. 7 days, respectively. Death from febrile neutropenia occurred in 7.28% of patients.

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Conclusions: In a developing country like India, where most of the population is rural, living below the poverty line, and lacking knowledge about modern medicine, a state-sponsored scheme like the Dr. NTR Vaidyaseva Trust is vital for helping patients overcome oncologic emergencies like febrile neutropenia, where the risk of death and costs of treatment are higher if not treated promptly.

☐ ASSOCIATION OF CANCER-RELATED FACTORS AND VENOUS THROMBOEMBOLISM IN PATIENTS PRESENTING TO THE EMERGENCY DEPARTMENT OF A COMPREHENSIVE CANCER CENTER

Background: Cancer patients have several risk factors that account for their higher incidence of venous thromboembolism (VTE) compared to the general population. Being a leading cause of death among ambulatory cancer patients, proper diagnostic approach for cancer patients presenting to the emergency department (ED) for the evaluation of suspected VTE is essential. Optimized diagnostic approach for these patients is critical and can improve patient outcomes. Here, we investigated the extent to which cancer-related factors can be used as predictors of VTE in the ED.

Methods: We retrospectively analyzed all patients who visited The University of Texas MD Anderson Cancer Center ED between September 1, 2011 and January 1, 2013 and who had D-dimer measurement for suspected VTE. Clinical and cancer-related data were collected. The presence or absence of VTE was determined by reviewing the imaging reports. Univariate and multivariate analyses were performed to determine the association between cancer-related factors and VTE.