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.