mail by completing the google form. Letters were send to each department head of the specialty to conduct survey questions to their trainees.

**Results** The survey was completed by 42 trainees all over the Philippines who had accredited training institutions comprising 57.1% (24/42) residents and 42.9% (18/42) fellows.

**Conclusions** Residents and fellows who specialized in cancer are vulnerable during this pandemic as they serve as both learners and employees. They also cater to vulnerable population since it is known that people with cancer had complicated cases and some with poor outcomes if not treated in a reasonable amount of time. Residents and fellows are dependent on what the training program has to offer for their independent practice to facilitate progression towards their career goals. Awareness of the impact of caring for patients with cancer during the pandemic on trainee safety, health, wellness, education and future preparedness were essential in maintaining physicians workforce during this pandemic.

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**EP179/#1170**

**HIGH TREATMENT DEFAULT AND LOW COMPLIANCE CREATES OVARIAN CANCER CARE GAP: SNAPSHOT ANNUAL AUDIT OF OVARIAN CANCERS AT A TERTIARY CENTRE IN A LMIC**

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**Objectives** While the developed world debates on advanced treatment modalities for ovarian cancers, LMICs continue to be plagued by lack in cancer care delivery. The study was done to highlight the prevailing standards of care delivery for ovarian cancers in LMICs.

**Methods** This is a retrospective analysis of prospectively maintained database of department of gynec-oncology for the year 2021. Variables pertaining to diagnosis and management of ovarian cancers were recorded from online electronic medical records system.

**Results** Amongst the 1438 patients registered in the gynecology department, 184 ladies were diagnosed with ovarian cancer. The median age was 49 years. The stage wise distribution was as follows: I (67,36.4), II (9, 4.9), III (72, 39.1), IV (36, 19.6). The average time for work up was 3.3 weeks. Majority of ladies had serous epithelial ovarian cancers (62.1%) followed by. Mucinous tumors in 5% and germ cell histology in 6.4%. While 21.2% patients defaulted during work-up, remaining patients were planned for upfront surgery (32.1%), neoadjuvant chemotherapy (44%) and supportive care in 3.2% cases. Another 43 patients (23.4%) defaulted prior to treatment initiation and 17 (9.2%) patients defaulted after neoadjuvant chemotherapy. Only 78 patients (42.4%) completed the entire gamut of treatment.

**Conclusions** With very high treatment default rates, the cancer care delivery system in LMICs has an unmet need of reinforcing compliance during the various stages of treatment. Patient advocacy, need for insurance schemes and superior patient-physician interaction are required to achieve overall superior outcomes.

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**EP180/#431**

**FACTORS ASSOCIATED WITH EMERGENCY ROOM READMISSION AFTER ELECTIVE SURGERY FOR OVARIAN CANCER**

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**Objectives** Our objective was to measure emergency room (ER) readmission, analyzing the consequent rate of hospital readmission, their causes and associated factors, and the morbidity and mortality of surgery in patients with ovarian cancer.

**Methods** A retrospective study of 592 patients with ovarian carcinoma who underwent primary, interval or recurrence surgery were reviewed. An analysis of variables associated with ER readmission, hospital readmission and surgical complications were evaluated.

**Results** Form 592 patients, median age was 51 years, the predominant type of surgery was interval laparotomy (52.9%); 46% underwent primary surgeries, and only 6 for recurrence. Complex surgeries resulted in a higher proportion of intraoperative complications (11.7%). The proportion of patients readmitted to ER was 11.8% (70 patients) of whom 12 patients were admitted more than once. The variables associated with ER readmission were prolonged time of surgery, intraoperative bleeding, longer hospital stay, the time of the day when the surgery was performed and postsurgical complications. The hospital readmissions were 4.2% and overall morbidity was 17.6%. In the multivariate analysis, the only variable associated with ER readmission was the presence of surgical complications (OR = 39.01). The variables independently associated with hospital readmission were entrance to the ICU (OR = 1.37), presence of surgical complications (OR = 2.85) and ER readmission (OR = 1.45).

**Conclusions** ER readmission is an adverse event that represents the presence of symptoms/complications in patients. The evaluation of the ER readmission independently of the readmission to the hospital is important because it will allow modifying medical care behaviors.

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**EP181/#465**

**RADIATION UPTAKE AMONG PATIENTS WITH BREAST CANCER IN BOTSWANA**

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**Objectives** This study aims to determine what proportion of patients with breast cancer in Botswana who were eligible for radiation therapy (RT) initiated treatment.