

and extended hospital stays. Non-serious complications included formation of a hematoma, discoloration, oozing, swelling, or bleeding at the entry site. P values < 0.05 were considered significant.

Results: An independent T -test indicated a significant ($p < .001$) increase in the mean percentage in the number of reused SUDs at BBH. There was no difference in the number of complications that developed after surgery between the hospitals, despite the significant difference in the number of SUDs per procedure. When analyzing length of stay, the results showed significant ($p < .001$) increase in the average mean stay for patients in BBH which may be attributed to the initial health status of patients. No significant differences were found between hospitals in the severity of complications was analyzed (serious vs. non-serious).

Conclusion: There was no significant correlation between the reuse of single use medical devices and adverse outcomes for PTCA at either of the two hospitals in which the study took place.

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Abstract #: 02NCD005

Osteoporosis-Related knowledge, self-efficacy and health beliefs among Chinese women with breast cancer

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Background: Women with breast cancer (BC) are at increased risk for fracture, particularly in resource-limited settings where infrastructure for osteoporosis screening and treatment is fragmented. Understanding behavioral factors that influence adoption of fracture prevention measures in this population is critical. Utilizing concepts from the Health Beliefs Model, we sought to evaluate osteoporosis-related knowledge, self-efficacy, and health beliefs among a cohort of breast cancer survivors in China.

Methods: From April 2013- August 2014, BC survivors receiving care at the Cancer Institute and Hospital of the Chinese Academy of Medical Sciences were invited to participate in this cross-sectional study. Women were eligible if they were 50-70 years of age, had initiated treatment for BC at least 5 years prior to enrollment, and had no history of prior osteoporosis or metabolic bone disease. Volunteers completed a mandarin-language questionnaire that included sociodemographic and fracture risk assessment, the International Physical Activity Questionnaire, a calcium and vitamin D intake scale, the Osteoporosis Knowledge Test (OKT), Osteoporosis Self-Efficacy Scale (OSSES), and Osteoporosis Health Beliefs Scale (OHBS).

Findings: 200 women were enrolled with a mean age of 57.5 ± 4.9 years, and BMI of 24.9 ± 3.7 kg/m². 78% of women had high school level education or beyond. Smoking (ever; 3%) and alcohol use (current; 5.5%) were rare. Rates of parental fracture history, personal fracture history, fall within the last year, and calcium supplement use were 10.6%, 10.5%, 15.7%, and 51% respectively. 53% engaged in high levels of physical activity and on average women reported consuming calcium/vitamin D rich foods more than once per week. Mean OKT score was 11.9 ± 3.8 (scale: 0 to 26). OSSES scores (scales: 0 to 100) indicated greater confidence

regarding adopting dietary calcium intake behaviors (89.3 ± 12.8) compared with exercise-related behaviors (66.8 ± 15.2). OHBS scores (scales: 6 to 30) showed neutral levels of perceived susceptibility to (18.2 ± 2.9) and seriousness of osteoporosis (20.1 ± 3.3), high levels of health motivation (26.7 ± 2.9), high perceived benefit to exercise and dietary calcium intake (25.9 ± 3.6 and 23.6 ± 3.3 , respectively) and relatively low perceived barriers to these activities (14.0 ± 3.9 and 14.0 ± 3.5 , respectively). Logistic regression adjusted for age and BMI showed that high dietary calcium/vitamin D intake was associated with fewer perceived barriers to dietary calcium intake (OR 0.84, 95%CI 0.77-0.93, $p=0.001$), and high physical activity level was associated with fewer perceived barriers to exercise (OR 0.92, 95%CI 0.84-0.99, $p=0.04$) and higher self-efficacy (1.02 , 95%CI 1.01-1.05, $p=0.02$).

Interpretation: Despite high risk for fracture, women in our study demonstrated only moderate levels of knowledge regarding osteoporosis. Perceived barriers to dietary calcium intake and physical activity, as well as self-efficacy regarding physical activity may influence uptake of these behaviors. Understanding these associations can aid development of targeted fracture prevention measures for women with BC.

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Abstract #: 02NCD006

Patterns and predictors of early mortality in the Tikur Anbessa hospital emergency department in Addis Ababa, Ethiopia: a prospective study

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Background: Ethiopian emergency department (ED) patients have a high burden of illness and injury for which mortality rates have not been previously published. This study sought to characterize the burden of and to identify predictors for early ED mortality among patients presenting to the Tikur Anbessa Specialized Hospital ED (TASH-ED) in Ethiopia.

Methods: Data was prospectively collected from the records of all adult (≥ 15 yrs. of age) patients who died within 72 hours of ED admission to the Tikur Anbessa Specialized Hospital in Addis Ababa, Ethiopia. Pearson's chi-square and Fisher's exact tests were used to investigate associations between time to death and cause of death in addition to demographic and clinical factors. Time from ED admission to death was dichotomized as 0-6 hours and 6+ hours and logistic regression was used to assess the adjusted impact of these variables on the probability of dying within 0-6 hours of ED admission. This study was approved by the Research Ethics Boards at Tikur Anbessa Hospital, Ethiopia and the University Health Network in Toronto, Canada.

Findings: Between October 2012 and May 2013, 16,056 patients visited the ED and 220 patients died within 72 hours of admission. After excluding patients dead on arrival ($n=34$), the average age of death was 43.1 years and the overall mortality rate was 1.2%. Head injury (21.5%) and sepsis (18.8%) were the most common causes of death. Relative to medical patients, trauma patients were younger