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Providing care to an aging society in the new normal requires increased attention to the informal caregivers who support the health and well-being of older adults with chronic conditions. Hispanic caregivers carry a high caregiver-associated burden. Health disparities experienced by Hispanics, coupled with the emotional, social and physical demands of caregiving, may set an unprecedented risk for lower health-related quality of life (HRQoL). In a quantitative analysis, we investigated the relationship between spirituality, loneliness and HRQoL in Hispanic cancer caregivers using baseline data from the Support for Latinas with Breast Cancer study (N= 234 Hispanic caregivers). Findings suggested an indirect effect of spirituality on HRQoL through reduced loneliness among more spiritual caregivers, effects that were independent of age. The second study was conducted using qualitative semi-structured interviews (N= 10) with Hispanic caregivers. Interviews evaluated spirituality and HRQoL in Hispanic cancer caregivers who reported variable levels of loneliness. Five themes emerged: caregiver experience, coping strategies, loneliness, religion to gain strength or support, and spirituality to gain strength or support. Results supported the role of spirituality in promoting higher HRQoL in Hispanic cancer caregivers and elucidated pathways to intervene on HRQoL through spirituality. With Hispanics often underutilizing formal services, having an improved understanding of caregiving experiences, particularly related to spirituality, will support the development of culturally-relevant strategies and programming to promote HRQoL for Hispanic caregivers.

GERIATRIC ONCOLOGY: COGNITION AND COMMUNICATION

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With the dramatic increase in the older adult population, assessment and care of chronic diseases of aging, notably cancer, cognitive impairment and functional decline, have increasing clinical importance. Most healthcare practitioners (HCPs) receive minimal education in geriatrics and/or communication skills and are not optimally prepared to treat older cancer patients. Geriatric Oncology: Cognition and Communication (Geri-Onc CC) trains HCPs to identify cognitive impairment and/or functional decline and improve communication with patients and caregivers. Geri-Onc CC is a 2-day virtual training. Day 1 covers depression, dementia, delirium, pharmacology, cognitive rehabilitation, language barriers, and decision-making capacity. Day 2 focuses on communication skills experiential practice in geriatric syndromes, cognitive syndromes and shared decision making. In addition, HCPs engage in 6 bimonthly web-based collaborative learning activities post-training. Thus far, three cohorts have participated (n=56). Participants were primarily female (88%), 68% non-Hispanic White, and represented multiple disciplines [psychologists (29%) social workers (25%), physicians (21%), others(25%)] and they work in various settings: comprehensive cancer centers (43%), community hospitals (18%), and others (33%). Most (48%) have been caring for older cancer patients for 1-5 years. All reported the training had value to them as a clinician, increased their knowledge of geriatrics, and helped them meet their training goals and 84% were extremely satisfied with the program. Recruitment has been successful. Participants have been diverse in terms of race/ethnicity, profession, practice characteristics and the populations they serve. Overall, participants have found the training valuable, future work will describe outcomes of the training.

MEMORY AGING PHENOTYPES AMONG OLDER CANCER SURVIVORS: A LATENT GROWTH ANALYSIS OF THE HEALTH AND RETIREMENT STUDY

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While cancer survivors experience many long-term health effects, there is limited evidence on the potentially heterogeneous memory aging of older cancer survivors. We identified memory aging phenotypes of older US cancer survivors, and determined sociodemographic and health-related predictors of membership. Data were from 2,755 survivors aged ≥50 in the U.S. Health and Retirement Study (1998 – 2016). Self-reported first incident cancer diagnosis (except non-melanoma skin cancer) and memory (composite immediate and delayed word-list recall score, combined with proxy-reported cognition) were assessed at biennial interviews. Memory aging phenotypes were identified using latent growth curve (LGC) models, with baseline being time of cancer diagnosis. Logistic regression evaluated predictors of group membership. 5 distinct memory aging groups were identified: low memory (n=163, 6.16%); medium-low memory (n=459, 17.1%); medium-high memory (n=733, 27.4%); high memory (n=750, 28.0%); and very high memory (n=571, 21.3%). The low memory group received less chemotherapy compared to the other groups (20.0% vs. 25.5%, 31.7%, 36.8%, 41.5%, respectively), and had the shortest mean survival time after diagnosis (1.08 vs 2.10, 2.76, 3.37, 4.31 years, respectively). Older age at diagnosis (OR: 1.71, 95%CI: 1.61-1.82), being male (OR: 4.10, 95%CI: 2.82-6.51), having a history of stroke (OR: 4.62, 95%CI: 2.57-8.30) and depression prior to diagnosis (OR: 1.19, 95%CI: 1.05-1.34) were independently associated with being in the low memory group vs. the medium-high memory group. We identified distinct memory aging phenotypes among older cancer survivors. Further research should evaluate the influence of pre-cancer memory and how these phenotypes differ from the general population.

OLDER BREAST CANCER SURVIVORS’ COGNITIVE RESPONSE TO QIGONG/TAI CHI EASY: AN EXPLORATORY ANALYSIS

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Increasing rates of breast cancer coupled with improvements in treatment means the number of breast cancer...