COPIING VARIABILITY AND ITS ASSOCIATION WITH ALL-CAUSE MORTALITY
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Coping strategies – cognitive, behavioral, and emotional tactics used to manage stressors – are associated with morbidity and mortality. Between-strategy coping variability, defined as (un)evenness in usage across coping strategies, may reflect context-specific coping and account for additional variance in health outcomes beyond mean strategy use. This study examined prospective associations of mean coping strategy use and between-strategy coping variability with time to death in 823 men from the Normative Aging Study. In Cox proportional hazard models, 1-SD higher in mean usage of positive action, negative action, prayer, withdrawal, and substance use strategies was associated with 17-32% greater risk of all-cause mortality over 27 years, after adjusting for baseline demographics, health status, and depression. Contrary to prior research, mortality risk did not differ by coping variability. We will consider findings within the stress and coping framework and discuss implications for biobehavioral pathways linking coping to all-cause mortality.

SESSION 2630 (AWARD LECTURE)

M. POWELL LAWTON AWARD PRESENTATION AND LECTURE
Chair: Tiffany Washington

The M. Powell Lawton Award Lecture will feature an address by the 2021 recipient David L. Roth, PhD, FGSA, of Johns Hopkins University. This session will also include the presentation of the 2022 M. Powell Lawton Award to recipient Jon Pynoos, PhD, FGSA, FAGHE, of the University of Southern California. The M. Powell Lawton Award is presented annually to an individual who has made outstanding contributions from applied research that has benefited older people and their care. The Lawton Award is generously funded by the Polisher Research Institute of Abramson Senior Care.

FROM STRESSED CAREGIVERS TO HEALTHY CAREGIVING: THE IMPLICATIONS OF BALANCED PERSPECTIVES AND UPDATED FINDINGS
David Roth, Johns Hopkins University, Baltimore, Maryland, United States

Research on family caregiving continues to evolve and stress process models are now frequently balanced by perspectives of benefits emanating from prosocial behaviors including caregiving and volunteering. Initial findings that caregivers have elevated inflammation levels and shorter life expectancies than non-caregivers have been contradicted by numerous more recent findings from larger, population-based, epidemiological studies. In many ways, the caregiving literature shows a bias pattern that is sometimes found in other areas, where initial studies with relatively small samples and alarming results are widely cited, whereas subsequent studies with larger samples contradicting results are given much less attention. A minority of caregivers are highly stressed, but most caregivers are resilient and face other challenges besides stress-related health problems. Caregivers are the backbone of long-term care, and interventions and policy initiatives to support caregivers are vital, but should be based on replicable findings of verifiable challenges to vulnerable caregiving subgroups.

SESSION 2640 (SYMPOSIUM)

METHODOLOGICAL APPROACHES TO GERONTOLOGICAL CANCER RESEARCH
Chair: Sean Halpin

The wide range of gerontological cancer research necessitates a variety of methodological approaches. In our symposium, we bring together researchers who represent varied approaches to studying multiple cancer types—with a focus on demonstrating how to apply different methods. First, Ye, will discuss the use of a unique cross-sequential design to facilitate comparison between health change in long-term older cancer survivors and demographically-matched older adults with no history of cancer. Zanwar, will present disparities in cancer screening using secondary nationally representative complex survey data, provide examples of survey data that can be utilized in aging and cancer prevention and control research, and present challenges and opportunities for using survey data. Von Ah, will discuss research methods pertaining to a series of non-pharmacological clinical trials and offer insight to reducing barriers and improving acceptability to technology-based intervention programs in older breast cancer survivors. Next, Castaneda will present quantitative (i.e., group trajectory modeling, conditional Poisson regression) and qualitative approaches to understand the role of monoclonal gammopathy of undetermined significance in healthcare utilization and progression to multiple myeloma. Last, Halpin will discuss the use of naturally occurring data such as participant observation and audio recordings to evaluate education for patients with multiple myeloma preparing for autologous stem cell transplant. Understanding how a variety of methodological approaches are applied to gerontological cancer research will help facilitate a broader understanding of the tools available for these studies.

DIFFERENCES IN HEALTH TRAJECTORIES BETWEEN CANCER SURVIVORS AND NONCANCER OLDER ADULTS
Minzhi Ye1, Eva Kahana2, Gary Deimling2, Adam Perzynski1, and Kurt Stange1, 1. Kent State University, Cleveland, Ohio, United States, 2. Case Western Reserve University, Cleveland, Ohio, United States, 3. MetroHealth and Case Western Reserve University, Cleveland, Ohio, United States, 4. Case Western Reserve University Center for Community Health Integration, Cleveland, Ohio, United States

The current study addresses how cancer and aging influence older adults’ health trajectories differently. The unique cross-sequential design allowed the study to compare the health changes between long-term (5 years +) older cancer survivors (breast, prostate, and colorectal cancer) and demographically-matched older adults without a history of cancer in the same geographic area within...
the same period by merging two longitudinal studies. The study also captured comprehensive information on health disparities over time. General linear models were employed. The findings showed that neither previous cancer experience nor aging affects health trajectories in later life. Conversely, comorbidities, being African American, female, having less than a college degree, and living alone significantly decreased the health trajectory in later life for all older adults. Moreover, when compared to other groups, older African American cancer survivors reported low scores in self-reported health after controlling for other conditions.

ASSESSING CANCER SCREENING DISPARITIES USING SECONDARY SURVEYS: CHALLENGES AND OPPORTUNITIES
Preeti Zanwar, Jefferson College of Population Health, Philadelphia, Pennsylvania, United States

According to the WHO, cervical cancer is the fourth common cancer in women, with 90% each of the 604,000 new cases and 342,000 deaths in 2020 occurring in low- and middle-income countries. Cervical cancer can be cured if diagnosed early and treated promptly. Cervical cancer screenings by Pap-tests are evidence-based secondary prevention which are important in diagnosis and for receiving timely treatment for pre-cancerous lesions. I will present intersectional disparities in compliance with the U.S. Preventive Services Task Force guidelines for Pap testing in age-eligible women with disabilities by race/ethnicity using nationally representative Medical Expenditure Panel Survey. I find overall the proportion of women current with Pap testing is significantly lower among women with versus without disability. Additionally, I will provide example of other survey data such as the Behavioral Risk Factor Surveillance System that can be used for cancer screening and prevention and opportunities and challenges for using survey data.

RANDOMIZED CONTROLLED TRIALS FOR CANCER-RELATED COGNITIVE IMPAIRMENT IN OLDER CANCER SURVIVORS: LESSONS LEARNED
Diane Von Ah, OSU, Columbus, Ohio, United States

Breast cancer survivors (BCS) face a myriad of late and long-term symptoms including cancer-related cognitive impairment (CRCI). In fact, up to 75% of the 3.8 million BCS report concerns with memory, processing information speed, and decision-making. It is hypothesized that a subset of vulnerable BCS incur ‘accelerated aging’ resulting in CRCI with older BCS at greatest risk. CRCI has many downstream negative effects on everyday functioning and health-related quality of life. Despite considerable need, there are currently no effective treatments which have been sufficiently validated for CRCI. Cognitive training, which is based on the principles of neuroplasticity (brain’s ability to reorganize and form new neural connections to accomplish tasks), may be a therapeutic option. Clinical trials from our lab and others offer insights into the needs of BCS with CRCI and considerations (facilitators, barriers, acceptability and satisfaction) for older BCS will be highlighted to address this potentially debilitating symptom.

THE ROLE OF A MONOCLONAL GAMMOPATHY OF UNDETERMINED SIGNIFICANCE DIAGNOSIS IN HEALTHCARE UTILIZATION
Maira Castaneda-Avila, Kate Lapane, and Mara Epstein, 1. University of Massachusetts Chan Medical School, Shrewsbury, Massachusetts, United States, 2. University of Massachusetts Chan Medical School, Worcester, Massachusetts, United States, 3. Meyers Health Care Institute, Department of Medicine, UMass Chan Medical School, Worcester, Massachusetts, United States

Monoclonal Gammopathy of Undetermined Significance (MGUS) is an understudied precursor of multiple myeloma (MM), the second most prevalent hematologic malignancy in the US. MGUS is incidentally diagnosed, and its significance is unclear as only 1% per year transition to MM. MGUS is highly prevalent among adults aged ≥ 50 years. In this presentation, we will review mixed-method approaches. Using healthcare claims and electronic health records from patients in central Massachusetts, we applied group-based trajectory modeling and conditional Poisson regression. These analyses were complemented by a qualitative analysis of in-depth interviews with providers and MGUS patients. Together, these methodologies provided a comprehensive evaluation of the impact of MGUS on healthcare utilization in older adults. The qualitative analysis provided a better understanding of the patient and provider factors influencing healthcare utilization after an MGUS diagnosis. The presentation will highlight how the use of these methodologies provide different perspectives among understudied premalignant conditions.

USING NATURALLY OCCURRING QUALITATIVE DATA IN GERONTOLOGICAL CANCER RESEARCH
Sean Halpin, and Michael Konanomas, 1. Evidera, Decatur, Georgia, United States, 2. Emory University, Atlanta, Georgia, United States

Cancer therapies for older adults have accelerated at break-neck speed in the last few decades, necessitating evaluation of their delivery and uptake to ensure patients receive their maximum benefit. Among the vast array of evaluation tools available, those utilizing naturally occurring data—data produced without intervention from a researcher—are a powerful but underused tool. In this presentation, we will review two methods for examining naturally occurring data, participant observation and conversation analysis (CA), in an educational intervention study of multiple myeloma patients receiving autologous stem cell transplant. First, we will review how participant observation of nurse-led education visits (n=70) was incorporated to iteratively improve video-based education. Next, we will review use of CA in reviewing audio recordings containing reference to the education videos of 12 nurse-led education visits (1011 minutes of audio). Ultimately, understanding the purposes of and ways of using naturally occurring data have potential for improving the evaluation of patient education.

SESSION 2650 (SYMPOSIUM)

NARROWING THE DISPARITIES GAP IN LTSS: POLICY AND PRACTICE
Chair: Rita Choula

Access to and the quality of long-term supports and services (LTSS) are not equitable for all older Americans.