intervention, SPIRIT (Sharing Patient's Illness Representations to Increase Trust), for PLWDs in early stages and their surrogates and assessed the feasibility/acceptability of the adapted SPIRIT. SPIRIT was adapted by the investigators and underwent expert panel review. The refined SPIRIT was then evaluated in a randomized trial with 23 dyads of PLWDs and their surrogates. Dyads were randomized to SPIRIT in-person (in a private room in a memory clinic) or SPIRIT remote (via videoconferencing from home). Participants completed preparedness outcome measures (dyad congruence on goals of care, patient decisional conflict, surrogate decision-making confidence) 2-3 days postintervention along with a semi-structured interview. PLWDs' levels of articulation of end-of-life wishes during SPIRIT sessions were rated (3 = expressed wishes very coherently, 2 = somewhat coherently, 1 = unable to express wishes coherently). Fourteen PLWDs had moderate dementia, but all 23 were able to articulate their end-of-life wishes very or somewhat coherently during the SPIRIT session. While decision-making capacity was higher in PLWDs who articulated their wishes very coherently, global cognitive function did not differ by articulation levels. PLWDs and surrogates perceived SPIRIT as beneficial, but the preparedness outcomes did not change from baseline to postintervention in either group. SPIRIT for PLWDs and surrogates engaged them in meaningful ACP discussions. Further research is warranted to test its efficacy and long-term outcomes with a larger and diverse sample.

COMBINED EFFECT OF CMV SEROPOSITIVITY AND SYSTEMIC INFLAMMATION ON DEMENTIA PREVALENCE IN CANCER SURVIVORS

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Though cancer patients treated with multi-modal therapies demonstrate higher levels of systemic inflammation, which is associated with dementia, cancer survivors have not shown a consistent association with dementia. Since several studies reported an independent association between cytomegalovirus (CMV) infection, inflammation and dementia in non-cancer populations, we have evaluated whether CMV infection and systemic inflammation were associated with increased prevalence of dementia in cancer survivors in Health and Retirement Study (HRS). We evaluated prevalence of dementia (using score ≤7 on the 27-point scale) among 1607 cancer survivors, in whom we measured CMV seropositivity and two biomarkers of systemic inflammation: C-reactive protein (CRP) and neutrophil-lymphocyte ratio (NLR). The prevalence of CMV seropositivity was 68.26% (n=1097), while prevalence of increased systemic inflammation [CRP >5mg/L and NLR >4] was 4.23% (n=68). Using survey logistic regression, adjusted for age, race, gender, BMI (Body Mass Index) and sampling design, cancer survivors who were both CMV seropositive and had increased systemic inflammation had the highest odds of dementia compared to those who were CMV seronegative and had low levels of systemic inflammation (OR=6.59; 95% CI [2.81, 15.44]; p<.0001). Cancer survivors who were CMV seropositive without evidence of systemic inflammation had a lower but increased odds of dementia (OR=2.02; 95% CI [1.17, 3.47]; p=0.01). Odds of dementia among those who were CMV seronegative with elevated systemic inflammation was not significant (p=0.09). Our study demonstrates a possible role for ongoing CMV induced inflammation in determining dementia prevalence among cancer survivors that needs further confirmation.

DISCORDANCE IN GOALS OF CARE BETWEEN PATIENTS WITH ADVANCED CANCER AND THEIR CAREGIVERS: DOES AGE PLAY A ROLE?

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Cancer is considered a family disease as the caregivers (CG's) role extends beyond providing care as they can also help facilitate treatment decisions. While much has been reported in the literature about patient (PT) goals of care (GoC), little is known about discordance between PT and CG GoC and the impact of PT age. The variables of interest were PT and CG identified GoC using a 100-point visual analog scale (VAS) with anchors of quality of life (0) and survival (100). Discordance was defined as a > 40 point difference on the VAS. The GoC data reported here were those obtained at enrollment and prior to subject's death. A sample of 235 PTs and CGs of PTs diagnosed with advanced cancers were included in the study. Mean age for the PTs was 64.7 (SD=10.5, range =21-88) with 54% being > 65. At enrollment, 28.7% of the PT-CG pairs of those PTs 65 years (X2 (1)=1.06, p=.304). At death, 61.8% (X2 (1)=31.04 <.001, Φ=.49) with discord at enrollment had discord at death. For patients who were older, 66.7% who had discord at enrollment also had discord at death and for patients

FAMILY CAREGIVERS' COMMUNICATION NEEDS AT THE END OF LIFE OF OLDER PATIENTS AT GERIATRIC FACILITIES

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Current literature on end-of-life communication (EOLC) between family caregivers (FCs) and health professionals (HPs) lacks reference to FCs' communication needs and primarily addresses its formal aspects of communication such as offering advance directives. We explored FC's communication needs and developed a questionnaire to evaluate the quality of EOLC. Interviews were conducted with 152 Israeli FCs of patients from nursing care, skilled nursing care, assisted ventilation, and dementia units within four facilities (nursing homes and geriatric medical centers). Most participants were women (61%), married (78%), and were children of the patients (77%), with a mean age of 57.5 (S.D.=12.01, range: 29-88). Qualitative analysis yielded several themes: FCs' concerns about the availability and accessibility of all types of HPs, information needs (e.g., the need for regular updates initiated by HPs), FCs' need for emotional support, and difficulties stemming from differences in language and culture.