

*Massachusetts, United States, 4. VA Boston Healthcare, Boston, Massachusetts, United States*

Cancer survivors are at-risk for physical functioning (PF) decrements particularly among older adults. However, few studies have examined moderators of PF over time which may guide rehabilitation interventions. This study examined the moderating effect of depressive symptoms on the association between PF at 6 months following cancer diagnosis and PF 18 months after diagnosis controlling for age, education, and treatment status (whether still in treatment). We hypothesized that the association between PF (T1) and PF (T3) would be attenuated by higher depression scores 12 months after diagnosis (T2). Participants (N = 170; Mage 65.3 +/- 9.17, 98.2% male; 81.2% White) with head and neck, esophageal, gastric, or colorectal cancers were recruited from tumor registries at two VAMCs. Self-report measures included demographics, treatment status, depression symptoms (PHQ-9), and physical functioning (PROMIS) were collected. Performance-based measure of PF (SPPB) was administered. Depression symptoms at Time 2 moderated the relation between performance-based PF (SBBP:  $\Delta R^2 = .07$ ,  $F(6, 103) = 10.1$ ,  $p < .001$ ) but not self-reported PF, PROMIS:  $\Delta R^2 = .001$ ,  $F(6, 110) = 15.3$ ,  $p = .733$ . The turning point of non-significance to significance of SBPP T1-T3 was a PHQ-9 score of 7.2. In the absence of depression, the best predictor of future functioning is prior functioning. For those with PHQ-9 scores > 7.2 (28% of the sample), prior functioning does not predict future functioning. Depression should be measured closely with performance-based measures of PF, including gait speed, to improve prediction of future functioning and guide personalized interventions.

#### DIETARY ACID LOAD, PAST SMOKING INTENSITY AND MORTALITY AMONG BREAST CANCER SURVIVORS

Tianying Wu,<sup>1</sup> Fang-Chi Hsu,<sup>2</sup> and John Pierce,<sup>3</sup> 1. *San Diego State University, SAN DIEGO, California, United States*, 2. *School of Medicine, Wakeforest, North Carolina, United States*, 3. *University of California at San Diego, San Diego, California, United States*

Cancer survivors are at accelerated risk of aging and more susceptible to unhealthy diets and lifestyles than people without cancers. However, current dietary guidelines for cancer survivors not quite different from that for general healthy population. Further, these guidelines are not specific for cancer survivors who are past smokers. Acid-producing diet can accelerate aging and stimulate cancer development if acid-base balance is not regulated properly. Cancer survivors and past smokers have reduced capacities to adjust acid-base balance. Thus, we conducted prospective cohort analyses among 2950 early-stage breast cancer survivors who enrolled in the Women's Healthy Eating and Living study and provided dietary information through 24-hour recalls at baseline and during follow-up. We assessed dietary acid load using two common dietary acid load scores, potential renal acid load (PRAL) score, and net endogenous acid production (NEAP) score. We assessed past smoking intensity by pack-years of smoking. After an average of 7.3 years of follow-up, there were 295 total death, and 249 breast cancer-specific

death. Increased PRAL and NEAP scores were positively associated with total mortality and breast cancer-specific mortality ( $p$  for trend <0.1 for PRAL and <0.01 for NEAP). Further, dietary acid load and pack-years of smoking had joint positive associations with mortalities (Comparing the highest to the lowest categories, risk increased by 2.5-3 times;  $P$  for trend <0.01 for both PRAL and NEAP). Our study provides valuable evidence for adding dietary acid load to dietary guidelines for breast cancer survivors and developing specific guidelines for past smokers.

#### PILOT STUDY OF A SURGICAL-ONCOLOGY GERIATRIC CO-MANAGEMENT PROGRAM

Megha Patel,<sup>1</sup> Stephanie Chow,<sup>2</sup> and Lizette Munoz,<sup>3</sup> 1. *Icahn School of Medicine at Mount Sinai Hospital, New York, New York, United States*, 2. *Icahn School of Medicine at Mount Sinai, New York, New York, United States*, 3. *Mount Sinai Hospital, New York, New York, United States*

Purpose: This study aims to evaluate clinical outcomes of a pilot co-management model for patients 65 years and older that were referred by their surgical oncologist for a comprehensive geriatric assessment prior to surgery. Methods: A retrospective chart review was conducted for 9 patients. Patients' pre-operative Charlson Comorbidity Index (CCI) and frailty index were measured. Additional measures included advanced care planning (ACP) documentation and whether patients transferred primary care. Post-operative courses and complications were followed, including length of stay (LOS) and discharge outcomes. Results: A total of 9 patient charts were reviewed. The average age was 79 years. The average CCI and frailty indices were 9 and 4, respectively. Every patient had ACP during the initial assessment. Five patients had multiple outpatient geriatrician visits. Of the 9 referrals, 7 proceeded with surgery. LOS ranged from 6 – 22 days, with a median and average of 8 and 11 days, respectively. Of those undergoing surgery, 4 had an inpatient geriatrics consult. Complications included 1 mortality, 2 aborted cases and 4 with other complications. Four patients were discharged to previous living situations and 2 to SAR. Two patients had one ED/UC visit and 2 had multiple readmissions. No patients transferred their primary care. Conclusion: This is a small pilot showing a promising collaboration between geriatrics and surgical oncology. It outlines a supportive framework for initial and peri-operative geriatric assessments with favorable experiences for both providers. More studies are necessary to make clinical associations with this co-management model.

#### RELIABILITY OF THE CAPACITY TO CONSENT TO TREATMENT INSTRUMENT IN METASTATIC CANCER

Mackenzie Fowler,<sup>1</sup> Dario Marotta,<sup>2</sup> Richard Kennedy,<sup>1</sup> and Kristen Triebel,<sup>1</sup> 1. *University of Alabama at Birmingham, Birmingham, Alabama, United States*, 2. *Student, Birmingham, Alabama, United States*

Metastatic cancer patients undergo numerous treatment strategies with known cognitive side effects. It is unclear how medical decision-making capacity (MDC) is impacted by