

using geriatric assessment in an ongoing exercise trial to manage side effects of aromatase inhibitors. Dr. Gell will present data on older survivors' preferences regarding text messaging to support physical activity maintenance from an intervention study. Dr. Leach will discuss the use of technology to facilitate lifestyle change in older cancer survivors, presenting data on older adults' user preferences and benefits from an eHealth tool. The discussant, Dr. Trevino, will summarize how these interventions can be leveraged to promote engagement in managing older survivors' health and to inform next steps in intervention development. Collectively, this multidisciplinary group of speakers will provide practical information and "lessons learned" from designing behavioral and technology-based interventions, and highlight the promise that these approaches hold for improving quality of life in aging cancer survivors. Cancer and Aging Interest Group Sponsored Symposium.

OVERVIEW OF REJOIN: A CLINICAL TRIAL TO USE EXERCISE TO RELIEVE JOINT PAIN IN OLDER BREAST CANCER SURVIVORS

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Aromatase Inhibitors (AIs) are recommended for survival in hormone-sensitive breast cancer survivors, yet are underutilized, especially in older survivors. Joint pain is a prevalent AI-related symptom that is associated with low adherence. The aims for this randomized clinical trial (n=76) are to: 1) adapt a self-management (exercise + education) intervention for older survivors planning to take AIs; 2) Test the effect of a pilot intervention on arthralgia; and 3) Test its effect on AI medication adherence behaviors. We will adapt a program for seniors that includes bi-weekly 60-minute sessions of supervised exercise plus 30 minutes of education. The 16-week program includes: 8-weeks in person plus 8-weeks at home with phone counseling. We will conduct geriatric plus baseline assessment of exercise, joint pain, and AI adherence (repeated 4, 6 and 12 months). More research with geriatric survivors is required to address treatment needs and to promote survival. Part of a symposium sponsored by the Cancer and Aging Interest Group.

AGE-RELATED ENGAGEMENT AND OUTCOMES IN A CANCER SURVIVOR SELF-MANAGEMENT EHEALTH PROGRAM

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While eHealth programs equip survivors with tools at where and when they need, their benefit to and engagement patterns among older adults are less known. Data come from the Springboard Beyond Cancer RCT, a cancer survivor self-management program (N=176; 88 control, 88 intervention arm) and the corresponding qualitative evaluation/user testing (N=40). Younger survivors, but not older, preferred socially interactive and personalized long-in features which enable greater tailoring of the program. However, the older survivors who did enroll in the RCT were equally as likely as their younger counterparts to engage with one or more aspects of program. Health self-efficacy improvement from baseline to 3 months was significant among younger participants in the intervention (p<.05) but not the control arm (p=.54) (d=.20) and marginally significant among older survivors (age 60+) in intervention (p=.06) but not the control arm (p=.58) (d=.28). Results suggest that the program may benefit survivors regardless of age. Part of a symposium sponsored by the Cancer and Aging Interest Group.

CANCER SURVIVOR PERSPECTIVES ON TEXT MESSAGES IN A TECHNOLOGY-BASED PHYSICAL ACTIVITY INTERVENTION

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Messaging through mobile apps and texts are a common feature of technology-based physical activity interventions. We aimed to examine perspectives of mid-life and older cancer survivors on message content, timing, and two-way communication. We conducted qualitative interviews with 14 participants (Mean 59.9 years, Range 52-79) who completed a remotely delivered intervention that included text messages to support physical activity. After transcription, the interviews were coded and analyzed thematically using inductive, directed content analysis. Themes related to content preferences included personalization, accountability, perspective on the 'bigger picture,' and acknowledgement of PA-related achievements. Random timing for receipt was considered acceptable whereas interest in responding to messages was highly variable. Older cancer survivors' preferences for highly personalized messages are an important consideration in designing technology-based physical activity interventions. A combination of accountability, relation to personal factors, and acknowledgement of goal attainment need to be considered in efforts to scale interventions. Part of a symposium sponsored by the Cancer and Aging Interest Group.