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=165, 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 survivors (BCSs) is growing. BCSs frequently report persistent cognitive deficits (i.e., "cancer-related cognitive impairment") that impacts QOL and treatment compliance. Older (≥65 years old) BCSs are more likely to experience cognitive decline and impairment, partly due to the biological process of senescence. In the context of a larger RCT of BCSs (ages 45-75; stages 0-III), we evaluated cognitive function/performance effects on among the older participants (ages 65-75) of 8-weeks Qigong/Tai Chi Easy (QG/TCE) compared to education control (EdC). Cognitive function was measured using the Functional Assessment of Cancer Therapy-Cognitive Function (FACT-COG), including: perceived cognitive impairment (PCI), and perceptions of effects of cognitive function on quality of life (PCQOL). Cognitive performance was measured using the Wechsler Adult Intelligence Scale-Third Edition (WAIS-III): Digit Span (DS) and Letter-Number Sequencing (LNS). A multilevel model with random intercept was used to examine GroupXTime interactions: The majority of participants (N= 32) (M age= 69.7) were white (84%). Changes in WAIS-III DS, LNS and FACT-COG PCI were not statistically significant, but effect sizes were small to medium. The interaction between group and time was significant for FACT-COG PCQOL (p= 0.033) with a medium effect size, 0.14. Findings from this exploratory analysis of the larger study suggests that older BCSs' participation in QG/TCE may improve perceptions of effects of cognitive function on quality of life. Such improvements may increase cognitive-related self-efficacy, overall QOL and treatment compliance among older BCSs.

PREDICTORS OF RACIAL DIFFERENCES IN DEPRESSION AND AFFECT AMONG OLDER ADULT, LONG-TERM CANCER SURVIVORS

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Research has long documented the psycho-social sequelae experienced by those who have been treated for and survived cancer. Depression, affect and other indicators of mood state have been an important focus of that research However, there is little research on racial differences in depression and affect outcomes or the specific cancer and age-related factors that predict them. The research to be presented is based on a 10 year, six wave NCI funded study of 471 older adult (age 60+), long-term cancer survivors randomly selected from the tumor registry of a comprehensive cancer treatment center. Key outcome measures were depression (CES-D) scale) and both positive and negative affect (PANAS). Covariance analyses and nested OLS Regression were used to identify Black-white differences these outcomes and the relative importance of both cancer and non-cancer predictors. Blacks reported lower levels of depression and negative affect when compared to whites. In a separate regression analysis of the black sub-sample, continuing cancer-related symptoms were by far the strongest predictors (beta =.16) of negative affect. In the white sub-sample, while cancer-related symptoms continued to be a significant predictor (beta=.16), non-cancer symptoms were substantially more important (beta=. 22). These results will hopefully help practitioners to have a better understanding of the nuanced racialized experiences and mental health among cancer survivors, and how these may impact after-care for older adult cancer survivors.

SHAKEN IDENTITIES, RESERVE MASCULINE CAPITAL, AND THE LIVED EXPERIENCES OF AGING MEN WITH BREAST CANCER

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A question that begs to be examined is: How does aging men's discovery they have breasts as a result of their breast