

Adjusted logistic regression models evaluated the association of BMI or WC categories on MCC (yes/no). An analysis limited to persons with obesity evaluated the relationship between frailty phenotypes (e.g. robust, pre-frail, frail) and MCC. Of the 4,967 participants (59.7% female), 79% resided in a private residence. The 70-79 age category was most prevalent. In those with MCC, there were 1,511 (30.4%) classified as having obesity using BMI, and 3,358 (67.6%) using WC. In those without MCC, there were 287 (17.6%) and 744 (51.7%). Compared to normal BMI, the odds of MCC was 0.71 [0.46,1.09], 1.25 [1.08,1.45] and 2.59 [2.15,3.11] in underweight, overweight and obesity. In pre-frailty and frailty, the odds of MCC were 2.52 [1.77,3.59] and 8.35 [3.7,18.85] in BMI-defined obesity. Using WC, the odds were 2.38 [1.94,2.91], and 5.89 [3.83,9.06]. Obesity using both BMI and WC are both strongly associated with multimorbidity and frailty.

ASSOCIATIONS BETWEEN MEAL PROGRAM PARTICIPATION AND PROTEIN INTAKE IN PEOPLE OVER 65 (NHANES 2013-2018)

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Protein plays a critical role in healthy aging. Little research exists regarding the association between meal program participation and protein consumption among individuals 65 and older. The objective of this research is to provide health professionals with a better understanding of how meal program participation through delivery services or congregate sites may relate to nutritional status. We analyzed cross-sectional data on 2845 individuals ≥ 65 years old who participated in the National Health and Nutrition Examination Survey (NHANES) during 2013-2018. Using linear regression models, we explored relationships between meal participation and covariates (sex, race, marital status, income, and age) on protein intake. Protein intake did not differ significantly between individuals who participated in meal programs and those who did not. However, among individuals who answered whether or not they participated in meal programs, race was significantly associated with decreased protein intake. Non-Hispanic Blacks experienced a two-day average 8.82 grams lower [SE:1.48; $p < .0001$] that their white counterparts. Similarly, Hispanic/Latinos' two-day protein average was 4.29 grams lower [SE:2.05; $p = 0.0426$]. The association between earning an income of $< \$20,000$ per year and protein intake was also statistically significant [β : -8.44. SE:2.4, $p = 0.0014$]. Understanding protein intake among older adults who utilize meal programs is a gap in current literature. Results from this research may inform questions that health professionals should include in their assessments of older adults and provide guidance for nutrition policies and meal programs for people over 65.

ASSOCIATIONS BETWEEN METFORMIN AND ASPIRIN USE ON CANCER INCIDENCE AND MORTALITY IN OLDER ADULTS.

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Diabetes increases risk of malignancies, and this association increases with age. Metformin may protect against cancer development and progression, but results are mixed and limited to younger cohorts. We examined whether metformin, in the presence or absence of aspirin, reduces incident cancer and cancer-related mortality in older adults. ASPirin in Reducing Events in the Elderly (ASPREE) was a primary prevention trial of daily aspirin vs placebo which enrolled community-dwelling adults from Australia (70+ years) and the US (65+ years for minorities) followed for a median of 4.7 years. Invasive cancer was adjudicated by an expert panel. Cox proportional-hazards models, controlling for age at randomization and known cancer risk factors, were used to analyse the relationship between baseline metformin use, randomized treatment arm, cancer incidence (first in-trial cancer) and mortality. For participants with controlled diabetes, there was a significant reduction in cancer mortality in metformin users compared to nonusers (Adjusted [Adj] HR=0.24, 95%CI=0.07, 0.80), but not for cancer incidence (Adj HR=0.61, 95%CI=0.29, 1.27). For participants with uncontrolled diabetes, there was no significant difference in cancer incidence (Adj HR=0.95, 95%CI=0.66, 1.38) or mortality (Adj HR=1.18, 95%CI=0.62, 2.26) between metformin and non-metformin users. Uncontrolled diabetes, irrespective of metformin use, increased risk of cancer incidence and mortality compared to non-diabetics. Aspirin did not modify the effect of metformin on cancer incidence or mortality. Our findings show that metformin may have protective effects against cancer-related mortality for those older persons whose diabetes is well-controlled, and underscores the importance of diabetes control to minimise cancer risk.

CASE STUDY - CANDIDA AURIS IN SKILLED NURSING FACILITY

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Candida Auris (*C. auris*), is a multidrug-resistant organism, first described in Japan 2009, and now a serious, emerging global health threat¹. *C. auris* pathogen can potentiate morbidity and mortality, i.e. lifelong contact precaution isolation, intravenous antifungal treatment, hospitalization and mortality rate of 30-60%¹. Los Angeles County (LAC) developed 15 new cases in May 2020, and 73 cases in July 2020, amidst COVID-19 pandemic². A 88 year old Black female had a positive skin test for *C. auris* by LAC Department of Public Health (DPH) during skilled nursing facility (SNF) admission for hip fracture in September 2020. Patient's risk factors for *C. auris* included: age, kidney transplantation (1998) immunosuppression on tacrolimus, fungal infection on fluconazole, drug-drug interaction between tacrolimus-fluconazole including nephrotoxicity and neurotoxicity, malnutrition, bedbound, Stage 4 sacrococcyx pressure ulcer, osteomyelitis on broad-spectrum antibiotics,