abuse and neglect. Experiencing mistreatment has been associated with increased risk of mortality, institutionalization, psychological distress, physical injury and financial loss. Though abuse is vastly underreported, efforts to detect its incidence may enable practitioners to intervene in cases of mistreatment. Recent work has focused on improved physical abuse detection through discernment of abusive from non-abusive physical injury. Beyond detection, efforts to improve mistreatment intervention have begun to focus on reducing risk for abuse by strengthening older adult capacities, mitigating negative behaviors in potential abusers, and developing supportive environments to facilitate positive interactions (e.g. Abuse Intervention Model [AIM] Framework). These include person-centered approaches (e.g. Forensic Center Service Advocate Program), community-level multidisciplinary teams (e.g. Elder Abuse Forensic Centers), and primary prevention programs (e.g. Strengths-based Training on Prevention of Elder Mistreatment [STOP-EM] Program).

SESSION 2075 (PAPER)

CANCER AND FUNCTION

PHYSICAL ACTIVITY DISCUSSIONS AMONG OLDER CANCER SURVIVORS: WHO ARE PROVIDERS ADVISING?

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Discussions and advice regarding physical activity (PA) from healthcare providers promotes PA and its role in improving the physical functioning and well-being of older (age > 65 years) cancer survivors. We aimed to characterize older cancer survivors not discussing and receiving advice on PA from their providers. We used population-based data from the Surveillance, Epidemiology, and End Results-Medicare Health Outcome Survey (SEER-MHOS). Individuals who completed a self-report survey between 2008–2014 and were > 24 months after cancer diagnosis; were diagnosed with histologically-confirmed breast, prostate, or colorectal cancer; visited a healthcare provider in the 12 months preceding survey completion; and reported no difficulties performing activities of daily living (ADLs) were included in the analysis. We analyzed 3,955 older cancer survivors, of which 59% discussed PA and 74% of those discussing PA received advice, and found that as survivors aged, they were significantly less likely to discuss PA with their providers (OR=0.97, 95% CI 0.96, 0.99) or receive advice about PA (OR=0.96, 95% CI 0.95, 0.98). Survivors' self-reported physical and mental health did not significantly impact the likelihood of PA discussions, but survivors reporting lower physical health were less likely to receive PA advice (OR=0.99, 95% CI 0.98, <1.00). This analysis examines older cancer survivors who reported no difficulties performing ADLs, and as such, represent those with the potential ability to perform and benefit from low-intensity PA. This characterization of survivors not discussing PA provides an opportunity for future work to examine the barriers to implementing PA discussions among older cancer survivors.

BURDENSOME END-OF-LIFE (EOL) TRANSITIONS AMONG FRAIL OLDER ADULTS WITH ADVANCED CANCER

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Older adults with advanced cancer residing in nursing homes (NHs) are a vulnerable, understudied population. We described these patients' clinical characteristics and burdensome EOL care transitions. We conducted retrospective analysis of deceased older adults (>65) with advanced solid tumors residing in NHs. Medicare data were linked with geriatric assessments via the Minimum Data Set. Clinical characteristics were measured within 90 days of death. Per prior studies, we defined a burdensome transition as two or more hospitalizations or any intensive care unit admission in the last 90 days of life. We included 34,670 patients with advanced solid tumors. Many residents had comorbid congestive heart failure (CHF) (29.3%), chronic obstructive pulmonary disease (COPD) (34.1%), and diabetes (35.0%). 53.8% had moderate or severe cognitive impairment, 66.5% were dependent in all ADLs, and 55.4% used hospice. Overall, 36.0% of patients experienced a burdensome transition at the EOL, and burdensome transitions were more common for patients who did not receive hospice (45.3% vs. 28.6%, $p<0.01$). In adjusted analyses, the following characteristics were associated with higher risk of burdensome transition: female sex (OR 1.2, $P<0.001$), CHF (OR 1.56, $P<0.001$), COPD (OR 1.3, $P<0.001$), diabetes (OR 1.3, $P<0.001$), full dependence in ADLs (OR 1.9, $P<0.001$), and receipt of chemotherapy in the last 90 days of life (OR 1.7, $P<0.001$). Although NH residents with advanced cancer have substantial comorbidities, cognitive deficits, and functional impairments, over a third experienced a burdensome transition at the EOL. Interventions are critically needed to reduce burdensome EOL transitions in this vulnerable population.

THE INFLUENCE OF ACTIVITIES OF DAILY LIVING DISABILITY ON FALLS IN OLDER CANCER SURVIVORS

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INTRODUCTION: The impact of age-related comorbidity on functional mobility limitations in older cancer survivors is not known and likely varies by diagnosis. The purpose of this study was to examine activities of daily living (ADL) performance in older cancer survivors (colorectal, lung, breast, prostate) undergoing active cancer treatment. **METHODS:** In this cross-sectional study, data from cohorts 9–14 (year 2006–2013) of the Surveillance, Epidemiology and End Results national cancer registry and Medicare Health Outcomes Survey linkage were used to examine differences in ADL (walking, getting out of a chair, toileting, bathing, dressing, or eating) performance and falls in older cancer survivors. Forward stepwise logistic regression analyses examined the contribution of ADL performance to falls by cancer type. **RESULTS:** In this sample of 15,367 older cancer survivors (colon: 15.4%, lung: 10.5%, breast: 26.4%, prostate: 47.7%), ADL deficits were greatest in those with