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AIMS: Both psychologists and sociologists highlight the role context plays in shaping individual development across the life span. Operationalizing regional context as the characteristics of care services in one's county, we aim to examine associations between local care amenities and late-life development, operationalized as terminal decline in life satisfaction. **METHODS:** We combine 22 waves of yearly, longitudinal reports of life satisfaction obtained from now deceased participants ($n = 4,159$) in the Socio-Economic Panel Study (SOEP) with German Statistics of Care (German Federal Bureau of Statistics) and run three-level growth curve models. **RESULTS:** We find that between-county differences contribute 7 % of variance to between-person differences in both level and rates of change in life satisfaction. Specifically, availability of beneficial care services (e.g., lower working load in inpatient facilities) contributes to more positive life satisfaction trajectories. **CONCLUSIONS:** Our results support long-standing notions that local amenities play a role for individual late-life development, and we discuss possible routes through which local care services can shape well-being trajectories. In follow-up analyses we will check whether availability of care characteristics contributes differently to well-being trajectories of individuals who receive care and those who don't.

(104.5) Community Aged Care Assessment: Results from a National Field Trial

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AIMS: An aged care assessment suite to enable elderly people to access community aged care services was redesigned for national application and field tested across Australia ($N = 1,011$). A 3-tiered model for assessment related to the need for services underpinned the assessment battery: * Level 1—for those requiring basic services such as domestic assistance or transport etc.; * Level 2—for those requiring more substantial use of services including elements of personal care; * Level 3—for those requiring a comprehensive clinical assessment to obtain higher levels of care. The field trial was concerned with the first two levels of assessment and referral to a Level 3 agency. **METHODS:** The Level 1 assessment included background information, a Functional Profile (FP) containing validated items concerning ADL and IADL function and seven trigger items to determine whether a Level 2 assessment was required. The Level 2 assessment contained supplementary profiles (dementia, health, psychosocial, carer need, caring role and financial/legal issues profiles) which were only completed if triggered. Most assessments were undertaken by telephone. Assessors used a customized, knowledge-management, web-based platform to provide decision support and to record the assessment. Consecutive applicants at seven assessment locations throughout Australia were assessed over the two month trial period. **RESULTS:** Overall 49 % of applicants received a Level 1 Assessment, 51 % a Level 2 Assessment and 10 % of applicants were referred to a Level 3 agency. There was a significant difference in the FP scores between Level 1, Level 2 and applicants referred to Level 3. Most Level 1 applicants (89 %) required only 1 basic service whereas most Level 2 applicants (65 %) required multiple services.

The FP score was significantly associated with the number of case complexity profiles triggered and with referral to Level 3. Although the internal consistency of the FP was $\alpha = 0.82$ item analysis indicated the scale could be streamlined by the removal of one item which slightly increased the alpha. **CONCLUSIONS:** A tiered web-based assessment system with various exit points for referral was useful in assigning people to services and in tailoring the level of assessment to client need.

105: New Approaches to Evaluating Cancer Treatments

(105.1) Effect of low versus high intensity physical exercise during chemotherapy on physical fitness, fatigue and chemotherapy completion rates: Results of a randomized, controlled trial

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AIMS: Cancer chemotherapy is frequently associated with a decline in physical condition and muscle strength, and an increase in fatigue. Exercise programs have been shown to have a beneficial effect on patients undergoing chemotherapy. The optimal intensity of such programs is as yet unknown. This study evaluated the efficacy of a low intensity, home-based, self-management physical activity program (Onco-Move), and a high intensity, structured, supervised exercise program (OnTrack) in terms of maintaining or enhancing cardiorespiratory fitness and muscle strength, minimizing fatigue, enhancing health-related quality of life (HRQOL), and maximizing chemotherapy completion rates of patients undergoing adjuvant chemotherapy for breast and colon cancer. **METHODS:** In this multicenter, prospective, 253 patients were randomized to: Onco-Move ($n = 85$), OnTrack ($n = 83$) or a Usual Care ($n = 85$). Outcomes included both performance and self-report measures of cardiorespiratory fitness and muscle strength, self-reported fatigue, HRQOL and chemotherapy completion rates as determined by medical record review. Outcome measures were assessed prior to chemotherapy, at the end of chemotherapy, and 6 months later. **RESULTS:** Participants in OnTrack had significantly less decline in cardiorespiratory fitness ($ES = 0.52$ and $ES = 1.17$), enhanced muscle strength ($ES = 0.59$) and experienced less physical fatigue ($ES = 0.64$) as compared to the control group. Both exercise groups reported better physical functioning ($ES = 0.62$), less nausea ($ES = 0.43$) and pain ($ES = 0.33$). Only participants in OnTrack reported less constipation ($ES = 0.78$) at follow-up than the control group. Significantly more participants in OnTrack completed their prescribed chemotherapy regimen without dose adjustments than those in the control group (84 % versus 62 %) (OR 3.3). **CONCLUSIONS:** High intensity physical exercise during chemotherapy enhances muscle strength, reduces the decline in cardiorespiratory fitness and fatigue, and leads to less dose reductions in chemotherapy regimens. Low intensity exercise also has a salutary effect on physical fatigue and other symptoms, but less so than high intensity exercise.

(105.2) Quality of life among patients after bilateral prophylactic mastectomy: A systematic review of patient-reported outcomes

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