indicating that children and adolescents differ in their cancer experience. PROMIS Pediatric measure scores within each profile were clinically and significantly different according to symptom suffering profiles.

**Impact.** Profile parameters and characteristics can be calculated and provided to clinicians in advance of assessing the ill child, and thus clinicians could screen patients for their profile membership and prioritize care accordingly, with particular focus on patients in the high symptom suffering profile.

**Racial/Ethnic Disparities in Cancer Caregiver Burden and Potential Sociocultural Mediators (RP425)**


**Outcomes.**

1. Summarize sociocultural factors that can foster differences in racial and ethnic caregiving burdens
2. Summarize knowledge about disparities in racial and ethnic groups’ risk of different types of caregiving burdens

**Purpose.** Family caregivers are integral to cancer patients’ care and often experience significant burdens. Considerable research has demonstrated that Black and Hispanic cancer patients experience worse healthcare delivery and health outcomes compared to Whites, yet less is known about how caregiving burdens may differ by racial or ethnic group in cancer care.

**Methods.** We analyzed cross-sectional data from the Cancer Care Outcomes Research and Surveillance Consortium, a large multiregional population-based study of individuals with colorectal or lung cancers and their caregivers. Bivariate and multivariate regression models assessed differences by racial/ethnic group (non-Hispanic Black, Hispanic, and non-Hispanic White) in caregiving responsibilities and burden in three domains: social/emotional, financial, and health. We used structural equation modeling to examine whether sociocultural factors (social support, caregiving preparedness, and caregiver-patient communication) mediated racial/ethnic differences in caregiving burden type.

**Results.** In unadjusted models, compared with non-Hispanic White caregivers (N = 1,169), Black (N = 220) and Hispanic (N = 84) caregivers spent more time caregiving (18 vs. 26 vs. 26 hours/week; P < 0.001), completed more tasks (6.8 vs. 7.6 vs. 8.7; P < 0.05), and reported greater financial burden (P < 0.02). Yet, compared to non-Hispanic Whites, Black caregivers reported lower social/emotional (P < 0.01) and health burdens (P < 0.01), and Hispanic caregivers reported similar burden levels. In structural equation models, caregivers’ social support and caregiving preparedness partially mediated the Black-White gap for all three burden types. None of the factors examined mediated the Hispanic-White gap in burdens.

**Conclusions.** Black and Hispanic caregivers perform more caregiving tasks and report greater financial burden than non-Hispanic Whites but experience lower or equivalent social/emotional and health burdens. Black-White burden differences are partially explained by race-based differences in caregivers’ social support and caregiving preparedness. Interventions that build social support and caregiving preparedness may reduce caregiving burden across all racial/ethnic groups.

**The Long-Term Outcomes of Conservatively Managed Patients with Advanced Kidney Disease Who Forgo Maintenance Dialysis: A Systematic Review (RP501)**


**Outcomes.**

1. Increase learners’ knowledge of the long-term outcomes of patients who opt for conservative management of their advanced kidney disease
2. Orient learners to potential research priorities to improve care for patients with advanced kidney disease who forgo maintenance dialysis that is supported by the findings of our systematic review

**Importance.** Greater understanding of the clinical trajectory of patients with advanced kidney disease who do not undergo maintenance dialysis is needed to improve care practices for this population.

**Objective.** To evaluate the long-term outcomes of conservatively managed patients with advanced kidney disease.

**Methods.** We searched Medline, Embase, and CINAHL from inception through January 27, 2020 for all English-language cohort studies of adults for whom there was an explicit decision not to pursue maintenance dialysis. Two reviewers independently reviewed