better. For long delay recall performance, there was a similar trend though it did not reach statistical significance F (2, 114) = 3.03, p = .052; Wilk's Λ = 0.949, partial η2 = .51.
Conclusions: Data showed that patients who reported trauma exposure scored significantly higher on immediate recall performance on CVLT and WMS-LM than those who did not report trauma exposure. Although research suggests that patients who were exposed to trauma often experience cognitive deficits on verbal memory tasks, evidence also shows that trauma exposure can lead to higher immediate recall performance in memory related to attentional allocation modeling (Hayes et al., 2012).

7 Self Assessment Memory Scale, a new simple method for evaluating memory function

Hisatomo Kowa
Kobe University Graduate School of Health Sciences, Kobe, Hyogo, Japan

Objective: Given the results of the clinical trials for the disease-modifying therapy for Alzheimer's disease and its mechanism of action, it is necessary to start at the early stage as soon as possible. To this end, there is a need for a tool that allows easy periodic home assessment of memory change from the early stages of the disease. The purpose of this study is to establish a new method of memory evaluation showing well- correlated with Logical Memory (LM) II subtest score of the WMS-R and that, at the same time, can be done easily in a short time.
Participants and Methods: The subjects were 85 subjects (including 12 MCI, 8 AD, and 65 age people with normal cognitive function). In the new method, 8-picture recall and 16-word recognition were assessed, respectively, and the index was calculated by adding up the ratio ofcorrect responses to both tests (max point is

two). The correlation with the LM II score was examined.
Results: Our statistical analysis showed that 8-picture recall (R=0.872, p<0.001) and the index (R=0.857, p<0.001) showed a significantcorrelation with the LMII score. On the other hand, the 16-word regression and LM II score was R = 0.691(p<0.001), relatively lower than the other two scores, because this task may have been higher than the true ability due to the false recognition of words that were not there.
Conclusions: Our new method can easily predict the LM II score of WMS-R in about one third of the time required by conventional methods. We named this index as Self Assessment Memory Scale (SAMS), and are planning to develop a digital tool to enable easy andself-accessible evaluation of recall.

8 Computational Modeling of Memory Processes in non-CNS Cancer Survivors

Ruben D Potthoff, Sanne B Schagen, Joost A Agelink van Rentergem
Netherlands Cancer Institute, Amsterdam, Netherlands

Objective: Cognitive impairment is an often-overlooked issue that non-CNS cancer survivors face. Our current understanding of their issues is lacking, as traditional memory sum scores grant us little insight into the underlying cognitive processes of memory and its impairment. We can improve the informativity of memory impairment studies by isolating which cognitive processes are impaired.
Participants and Methods: Participants were breast cancer survivors who received chemotherapy (n=68), and women controls (n=157). The participants completed the Amsterdam Cognition Scan (ACS), in which classical neuropsychological tests are digitally recreated for online at-home administration. Online administration reduces the burden on patients and allows for recording measurements with greater precision. The specific test used to