favorable contexts, and empirical priorities of experienced Black clinical research participants.

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Training researchers in community-engaged research: A protocol to update a 2020 systematic review of current curricula

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OBJECTIVES/GOALS: Update a 2020 systematic review evaluating comprehensiveness of curricula on community-engaged research (CEnR) principles. Our protocol assesses CEnR training at academic medical centers on inclusion of topics critical in building community-researcher trust, such as self-evaluation of personal traits and understanding power dynamics. METHODS/STUDY POPULATION: Researchers' well-intentioned interest in CEnR may contribute to mistrust if executed without adequate training in three key domains: 1) community dynamics (e.g., power imbalances, local context), 2) self-evaluation of personal traits (e.g., implicit bias), and 3) dissemination and advocacy. Piasecki et al.'s systematic review found that CEnR trainings at institutions funded by the Clinical and Translational Science Award program inadequately covered these domains. Our protocol builds upon theirs by 1) linking domains to community-researcher trust, as Hallmark et al. recommend; 2) comparing faculty versus community partner CEnR trainings (from CTSA-funded institutions); and 3) including National Cancer Institute-designated cancer centers' trainings. RESULTS/ANTICIPATED RESULTS: Data collection is underway with analyses to be completed by March 2024. We will determine if programs fortified trainings in Piasecki et al.'s 8 domains (>20% with documented learning objectives, didactic presentations, and experiential learning activities). We will identify exemplar programs to provide recommendations for optimizing curricula. This updated review will gauge progress in the field of CEnR training and guide development of more robust modules, particularly seeking thoughtful, intentional engagement with the target community to cultivate and sustain trust. Strong CEnR training programs are critical for forming inclusive, long-lasting partnerships that benefit researchers and communities alike. DISCUSSION/SIGNIFICANCE OF IMPACT: Monitoring and evaluating progress of CEnR training programs ensures the next generation of researchers are prepared to sustain partnerships that benefit individual and community health. Institutional investment in improving CEnR practices is essential to correct historical and prevent future injustices.

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Using qualitative interviews to ascertain caregiver lived experiences when accessing post emergency department follow-up for children with headaches

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OBJECTIVES/GOALS: To explore the caregivers' lived experiences related to facilitators of and barriers to effective primary care or neurology follow-up for children discharged from the pediatric emergency department (PED) with headaches. METHODS/STUDY POPULATION: We used the descriptive phenomenology qualitative study design to ascertain caregivers' lived experiences with making follow-up appointments after their child's PED visit. We conducted semi-structured interviews with caregivers of children with headaches from 4 large urban PEDs over HIPAA-compliant Zoom conferencing platform. A facilitator/co-facilitator team (JH and SL) guided all interviews, and the audio of which was transcribed using the TRINT software. Conventional content analysis was performed by two coders (JH and AS) to generate new themes, and coding disputes were resolved by team members using Atlas TI (version 24). RESULTS/ANTICIPATED RESULTS: We interviewed a total of 11 caregivers (9 mothers, 1 grandmother, and 1 father). Among interviewees, 45% identified as White non-Hispanic, 45% Hispanic, 9% as African-American, and 37% were publicly insured. Participants described similar experiences in obtaining follow-up care that included long waits to obtain neurology appointments. Participants also described opportunities to overcome wait times that included offering alternative healthcare provider types as well as telehealth options. Last, participants described desired action while awaiting neurology appointments such as obtaining testing and setting treatment plans. DISCUSSION/SIGNIFICANCE OF IMPACT: Caregivers perceived time to appointment as too long and identified practical solutions to ease frustrations while waiting. Future research should explore sharing caregiver experiences with primary care providers, PED physicians, and neurologists while developing plans to implement caregiver-informed interventions.

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Immune checkpoint inhibitor-induced endocrinopathies in a large prospective cohort of Black and White cancer patients

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OBJECTIVES/GOALS: Knowledge about predictive factors for immune-related endocrinopathies can help identify appropriate populations for specific screening approaches, provide recommendations for ICI therapy selection, guide clinical monitoring strategies to improve patient outcomes, and guide research efforts to provide equitable healthcare for all patients. METHODS/STUDY POPULATION: This is an analysis of the demographic and clinical data available of patients from DiRECT Cohort, a longitudinal study that prospectively follows adult cancer patients who self-identify as Black or White and undergo anti-PD-(L)1 ICI therapy. Endocrinopathies were graded using the CTCAE criteria. Kaplan–Meier method was used to calculate the incidence within the first year of treatment. Bivariate analysis (Chi-square and log-rank test) examined the associations between patient demographics, clinical characteristics, and endocrinopathies. RESULTS/ANTICIPATED RESULTS: Among 955 patients, 13.20% developed endocrinopathies of any grade, most commonly hyper-/hypothyroidism and adrenal

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insufficiency, and 5.97% were at grade ≥2. Younger age (7.59% in age 30 vs. 4.72% in BMI ≤30, p = 0.022) showed significant associations. No significant difference was found in the incidence of grade ≥2 endocrinopathies by race (13.3 % in White and 10.79% in Black patients, p = 0.732). No association was found with cancer stage or comorbidities. DISCUSSION/SIGNIFICANCE OF IMPACT: ICIs can lead to (irAEs). Endocrinopathies are a common type of irAEs, presenting a unique challenge. However, the current literature lacks real-time data and a comprehensive comparative analysis of variables like race. Identifying and understanding these variables ensures equatable access to safe and effective healthcare for all patients.

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Exploring late effects care for PTLD survivors using the consolidated framework for implementation research

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OBJECTIVES/GOALS: With qualitative interviews we aim to 1-Describe barriers and facilitators for post-transplant lymphoproliferative disease (PTLD) survivors' access to late effects (LE) care. 2-Investigate clinicians' perceptions of current and ideal PTLD LE care. Our long-term goal is to develop and pilot implementation strategies to standardize PTLD LE care. METHODS/STUDY POPULATION: Study population: We will recruit 20–25 PTLD survivors or their caregivers and 10–15 health care workers (HCW) from oncology, LE, and solid organ transplant (SOT) teams at St. Louis Children's Hospital (SLCH). PTLD is a lymphoma-like cancer that occurs in solid organ transplant (SOT) recipients. PTLD survivors experience LE from cancer, yet many do not receive LE care. Research strategy: We will conduct qualitative semi-structured interviews based on the Consolidated Framework for Implementation Research (CFIR). A preliminary codebook will be based on CFIR and refined through transcript review. Team-based coding includes double coding and checking for intercoder reliability. We will generate coding reports to understand themes and identify barriers and facilitators of LE care. RESULTS/ANTICIPATED RESULTS: We hypothesize survivors, caregivers, and HCWs will identify actionable factors to inform future studies to optimize LE care. We will examine the CFIR inner setting (resources, communication, and structural characteristics), outer setting (local attitudes and external pressures), innovation domain (adaptability, evidence base, and relative advantage), individuals domain (need, opportunity, and motivation), and implementation process domain. Our contribution will be novel. 1-This is the first assessment of barriers and facilitators for LE care in pediatric PTLD survivors. 2-We will consider input from HCWs across various disciplines delivering care to PTLD survivors. 3-We anticipate identifying unique contextual factors in PTLD survivors that will influence implementation of evidence-based LE care. DISCUSSION/SIGNIFICANCE OF IMPACT: Pediatric cancer survivors experience LE. Coordinated care mitigates LE. PTLD survivors experience a high burden of LE, but less than 10% of PTLD survivors at SLCH follow in LE clinic. No studies have evaluated ideal delivery of LE care for PTLD survivors. Our findings will inform an implementation trial to improve delivery of LE care for PTLD survivors.

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Bridging the gap: Effective promotion of academic and community engaged (PACE) research dissemination strategies

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OBJECTIVES/GOALS: Present a framework for hosting Community Grand Rounds, where community and academic partners showcase completed community-engaged research (CEnR) projects. This highlights innovative dissemination methods, engages diverse audiences, elicits community responses, and advances the translational science of CEnR. METHODS/STUDY POPULATION: Our approach involves planning and outreach to collaborate with promotion of academic and community engaged grantees to develop community dissemination events that translate the science of CE into accessible, relatable, culturally relevant formats for diverse audiences. These events incorporate interactive presentations that encourage active participation and feedback from attendees. Following each event, an evaluation is completed to assess community impact. Key strategies for hosting, facilitating, and utilizing diverse marketing to ensure that events are tailored to culturally diverse community groups, including regional implementation when practical. This collaborative approach meets a critical need and strengthens the bond between researchers and the communities they aim to serve. RESULTS/ANTICIPATED RESULTS: These events create a feedback loop between the community and academic researchers. It was not just about telling people what was found. We created opportunities for community members and academics to build trust, give us feedback, ask questions, and discuss how findings could be practically applied. By presenting the findings in an accessible way within the community, community members are more informed and empowered to make decisions or advocate for changes in their own lives based on the research. Academics also benefited from community feedback, which provided new insights to help refine future research questions and methods. The goal is for shared conversation and understanding between community members and academics to inspire real-world applications and policy change directly informed by the research. DISCUSSION/SIGNIFICANCE OF IMPACT: Community Grand Rounds are one dissemination strategy to leverage community–academic collaboration to present tailored research, fostering engagement, understanding, and action between researchers and community members. This approach effectively enhances the translational science of CEnR by involving and benefiting the community.