interpretation; 2) Accessibility: increasing screening throughput, improving rural community access to breast cancer care, and increasing opportunistic screening; 3) Sensitization: increasing patient and health worker awareness of clinical presentations of breast cancer, reducing cultural barriers, and improving trust in the medical community. DISCUSSION/SIGNIFICANCE: Innovators seeking to solve problems in early breast cancer detection in LMICs should focus on ineffective clinical processes, accessibility, and sensitization. In conjunction with prompt treatment, there is potential to reduce breast cancer mortality rates in line with the Global Breast Initiative.

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Understanding the utility of an evaluation instrument and a feedback mechanism in community-based participatory research (CBPR) partnerships

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OBJECTIVES/GOALS: To examine i) how longstanding (≥6 years) community-based participatory research (CBPR) partnerships nationwide implemented a validated questionnaire to measure success and its contributing factors and ii) how the CBPR partnerships utilized and applied a feedback mechanism, or reports of findings from the questionnaire and a facilitation guide METHODS/STUDY POPULATION: This mixed methods study builds upon a larger NIH-funded project entitled 'Measurement Approaches to Partnership Success (MAPS). MAPS developed and validated the 109-item MAPS questionnaire to measure success in longstanding (≥6 years) CBPR partnerships. In 2020, 55 CBPR partnerships nationwide completed the MAPS Questionnaire and, a year later, received the MAPS Feedback Mechanism, consisting of questionnaire findings and a facilitation guide on how to present the findings. In this follow-up study, we administered multi-method surveys to each partnership contact person in 2022 to examine their experience with and utility of the MAPS Questionnaire and the MAPS Feedback mechanism. We performed descriptive analysis of quantitative responses using SAS and thematic analysis of qualitative responses. RESULTS/ANTICIPATED RESULTS: Survey responses have been presently collected from 14 partnerships. Preliminary findings suggest that the most frequently reported benefits of completing the MAPS Questionnaire included stimulating partnership reflections and ease of completion. Many partnerships shared results of the MAPS Questionnaire by e-mail or during partnership meetings. Nearly half of the partnerships rated components of the MAPS feedback mechanism as useful. Over one-third of the partnerships reported that the COVID pandemic limited their capacity to engage with the MAPS Feedback Mechanism. Key qualitative suggestions included making the MAPS Questionnaire shorter, providing it in a different format, and offering additional facilitation to support the implementation of the MAPS Feedback Mechanism. DISCUSSION/SIGNIFICANCE: This study examines how CBPR partnerships utilize an evaluation instrument and apply results on success. Current findings suggest potential utility of the MAPS Questionnaire and Feedback Mechanism for ongoing evaluation. Reducing the questionnaire length and providing facilitation resources may enhance implementation across diverse settings.

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Use of Community Review Boards to Evaluate the Utility of the ICF Navigator - A Browser-based Tool to Create Plain-Language Informed Consent Forms

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OBJECTIVES/GOALS: To evaluate the clarity of plain-language informed consent forms (ICF) created using a browser-based tool called the ICF Navigator, we solicited feedback from two community review boards (CRB) to ensure the resulting ICF met the informational needs of all potential participants, including those with limited health literacy skills. METHODS/STUDY POPULATION: Community-engaged research highlights the importance of involving community members in the planning and execution of translational research projects. Virtual discussions were held to elicit feedback from two separate CRBs on the understandability of an ICF that was generated using an online, browser-based tool that we designed to aid researchers in the creation of plain-language ICFs. CRBs included representation of diverse communities from across the state of Arkansas, including individuals who may have limited health literacy skills, those with and without prior experience participating in clinical research projects, members living in rural and urban settings, and those whose race or ethnicity have been traditionally underrepresented among clinical research participants. RESULTS/ANTICIPATED RESULTS: CRB feedback was used to inform actionable improvements to the tool, such as removing content redundancies and embedding tips to guide researchers on how best to optimize the clarity and understandability of resulting ICFs. Program refinements in response to the feedback have been implemented and will be evaluated in another round of CRB discussions in early 2023. Feedback from this follow-up CRB session will also be presented in addition to a discussion of how the feedback was used to improve the online tool, which will ultimately be available for free use by other institutions. DISCUSSION/SIGNIFICANCE: The use of community feedback to optimize the functionality of the ICF Navigator demonstrates the value of CRBs for ensuring that ICFs are culturally salient and readily understandable by all potential research participants, particularly those who may have limited health literacy skills, thereby promoting more equitable opportunities for all.

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Using Learning Health System Principles to Improve Cancer Research: The Citizen Scientist Cancer Research Curriculum

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OBJECTIVES/GOALS: Team science is a focus of the University of Florida Clinical and Translational Science Institute (UF CTSI) Learning Health System Initiative. Citizen Scientists (CSs) are integral research partners who provide pragmatic feedback. The UF Health Cancer Center (UFHCC) aspired to adopt a similar approach to