

The implications for efforts to enhance collaboration are intriguing. In samples already high in collaboration readiness, these measures will have limited ability to detect positive change. However, assessment of collaboration readiness may be particularly useful in identifying scholars who could most benefit from collaboration-enhancement programs (i.e., scholars with moderate scores on one or more of these metrics) and in personalizing intervention (e.g., selectively targeting TDO, collaboration motivators, and/or collaboration self-efficacy, and/or perceived threats to collaboration).

Translational Science, Policy, & Health Outcomes Science

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“My research is their business, but I’m not their business”: Patient and Oncologist Perspectives on the Commercialization of Research Data

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OBJECTIVES/SPECIFIC AIMS: Our objective was to assess and compare the attitudes of patients with head and neck cancer and their clinicians regarding the commercialization of genetic research data. We explored whether such opinions changed when profits from such transactions were used to fund 1) cancer research, 2) academic research generally, or 3) if patients were given personalized genetic information in return. **METHODS/STUDY POPULATION:** This qualitative analysis was nested within a prospective precision oncology genomic sequencing study in an NCI-designated cancer center. We conducted paired, semi-structured interviews with enrolled participants with head & neck cancer and with their doctors (medical oncologists, surgical oncologists, and radiation oncologists). Interviews were recorded, transcribed, and coded for analysis. Codes were developed through an iterative process until saturation was reached, and all transcripts were double-coded (and discrepancies reconciled) to ensure reliability. **RESULTS/ANTICIPATED RESULTS:** We identified three main themes from the patients and clinicians: (1) Both clinicians and their patients were unclear about how the study protocol and informed consent form authorized patients’ genetic data to be used and commercialized in the future. (2) Patients with cancer were generally more comfortable than their clinician thought they were regarding the ongoing research use of their genetic data and commercialization thereof. (3) There is a strong interest among patients and clinicians in focusing academic medical center profits from commercialization back into the research program from which the data was acquired, rather than being invested into academic research more broadly. **DISCUSSION/SIGNIFICANCE OF IMPACT:** Given patients’ strong feelings about the commercialization of their data, our results highlight the need for greater transparency—both with patients and with their clinicians—about potential future use of research data. Clinicians appear inclined to be particularly cautious regarding access to and commercialization of patients’ data, however patients generally hope that their data may be used to help future cancer patients. Explicit discussions with patients about specific future uses of profits derived from commercialization of research

data can ensure both transparency and participation in future primary and secondary precision health research programs.

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Perceived Knowledge of Palliative Care among Immigrants: A Secondary Data Analysis from the Health Information National Trends Survey

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OBJECTIVES/SPECIFIC AIMS: Immigrants to North America receive more interventions at end of life. The reasons for this are not entirely clear but may potentially be due to knowledge gaps. The primary objective of this study was to measure and describe levels of perceived knowledge about palliative care among immigrants to the US compared to those born in the US. Our secondary objective was to identify trusted sources for seeking information about palliative care among immigrants and compare these trusted sources with those born in the US. We hypothesized that immigrants would have less knowledge of palliative care than those born in US and would trust different sources for information about palliative care. **METHODS/STUDY POPULATION:** We analyzed data from the nationally representative 2018 Health Information National Trends Survey (HINTS 5, cycle 2). Questionnaires were administered via mail between January and May 2018 to a population-based sample of adults. The primary outcome of interest was assessed using the item “How would you describe your level of knowledge about palliative care?” The secondary outcome of interest was determined using the item “Imagine you had a strong need to get information about palliative care, which of the following would you most trust as a source of information about palliative care?” All analyses were complete case analyses and conducted with survey commands using SAS 9.3 (SAS Institute Inc, Cary, NC, USA). Descriptive statistics were calculated, and bivariate analyses run between the outcomes of interest and sociodemographic characteristics (age, sex, education, race/ethnicity, nativity, English language proficiency). Multivariable logistic regressions were conducted to assess the role of nativity, controlling for statistically significant and relevant sociodemographic variables. Jackknife weighting was used to generate population-level estimates. **RESULTS/ANTICIPATED RESULTS:** The response rate was 33% (n=3384) and included 2846 (85.3% weighted) born in the US and 492 (14.7% weighted) not born in the USA. About 70% of those born in the US and 77% of immigrants (weighted) responded that they had “never heard of palliative care.” Trusted sources of palliative care were very similar between the groups (all $p > 0.05$). Both groups’ preferred trusted source of palliative care knowledge was “health care provider,” with over 80% of respondents in each group selecting this option. Printed materials and social media were the least popular trusted sources among both groups. After adjusting for relevant sociodemographic characteristics, we found no association between poor knowledge of palliative care and nativity ($p=0.22$). Female respondents had 2.5-fold increased odds of reporting low levels of perceived knowledge of palliative care (OR = 2.58, 95% CI = 1.76-3.78; $p < 0.001$). Education was an important predictor of perceived knowledge of palliative care; as education level increased, so did perceived knowledge of palliative care ($p < 0.001$). **DISCUSSION/SIGNIFICANCE OF IMPACT:** Perceived knowledge of palliative care is poor generally, regardless of birthplace. Trusted

sources for palliative care are similar between immigrants and those born in the US. Education is important and is a strong predictor of perceived knowledge of palliative care. Women perceive they have lower levels of knowledge of PC than men. Differences in end of life care between immigrants and non-immigrants cannot be explained by knowledge differences. Further research is needed to examine the potential factors including suboptimal communication between providers and immigrant patients to understand why these differences are noted. Future strategies for improving knowledge of palliative care should target health care providers as the key trusted source of information to help address deficits noted in this study.

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A community-based, low calorie dietary intervention for the prevention and remission of type 2 diabetes mellitus

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OBJECTIVES/SPECIFIC AIMS: The aim is to investigate if sustained weight loss due to caloric restriction can be achieved in a community setting, using faith-based organisations (FBOs) as hubs; and if this weight loss can lead to the re-establishment of normal metabolism (using the normalisation of blood sugar levels while off glucose lowering medication as a proxy) in a person with pre-diabetes or T2DM. **METHODS/STUDY POPULATION:** Members of the FBO with either a diagnosis of T2DM for <6 years or pre-diabetes as defined by the American Diabetes Association (ADA); and a Body Mass index (BMI) of ≥ 27 kg/m² are eligible. After counselling, participants will be placed on a 12 week low calorie liquid diet, supplemented by low carbohydrate vegetables, totalling approximately 840 kcal/day. During this time, participants will be monitored weekly at their FBO by trained members of their congregation, with oversight from the study team, for change in weight, fasting blood glucose, waist and hip circumference and blood pressure. This will be followed by a 3 month period during which participants will receive ongoing dietary advice as they transfer to a balanced, reduced calorie, solid diet. Physical measurements will be monitored monthly during this 3 month period. The next 6 months is a period where the participants and the FBO health team move towards 'independence'. This involves further training of the FBO health team and participants in healthy lifestyle habits; and a commitment by the leadership of the FBO to assume 'ownership' for NCD monitoring within their community. Physical measurements will be repeated at the end of one year. **RESULTS/ANTICIPATED RESULTS:** Based on previous studies, we expect that participants who are compliant to the diet will lose approximately 2.2 kg per week over the 12 week period. This will be associated with rapid (within 1 week) normalisation of fasting blood glucose levels (<7 mmol / L). We expect that, due to the accessibility of NCD monitoring and support, that participants to be satisfied with their care and compliant to their regime and that the results of the first 12 weeks will be sustained at the 12 month follow up. We expect that the FBO leadership will assume the responsibility of continuing and NCD programme, not only for the local congregation but for the surrounding community. **DISCUSSION/SIGNIFICANCE OF IMPACT:** Diabetes remission with a low calorie diet is a viable intervention for T2DM remission however social support is key to an individual's success. This novel study which proposes institution of a diabetes remission intervention which fits into the participant's locale and involves peer support, should increase long-term success.

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A High-Impact, Structured, Collaborative Approach to Implementing and Utilizing the Research Performance Progress Report (RPPR) for a Clinical and Translational Science Award

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OBJECTIVES/SPECIFIC AIMS: This presentation will highlight a structured, collaborative approach to implementing and utilizing the RPPR process created at the University of Minnesota CTSI in response to the need to enhance the quality, efficiency, consistency, and utilization of annual program reporting. The approach is in line with the NCATS's strategic objective that encourages all CTS organizations to "disseminate research results and best practices broadly, and promote a culture of openness, sharing and transparency" (NCATS, 2016, p. 19). Program activities that support translational processes and contribute to clinical outcomes are complex, nonlinear, and multidisciplinary (Smith et al., 2017). In this complex context, the meaningful engagement and reflection of program staff and collaborators is essential for all aspects of program planning, implementation, reporting, and dissemination. The University of Minnesota CTSI's key objectives, goals, and uses of RPPR are as follows: - Develop, align, and leverage the RPPR to fulfill the accountability requirements, needs, and expectations of multiple stakeholders: NIH/NCATS, Internal Advisory Board and External Advisory Board, campus/hub, program staff and collaborators. - Engage the CTSA staff and collaborators as a team in multiple aspects of program reporting. - Inform strategic management, continuous improvement, monitoring and evaluation, organizational learning and dissemination to program stakeholders. - Translate the reported information into practical, evidence-based issues and strategic questions for the leadership discussions and advisory board consultations, actionable work plans, communication to stakeholders, organizational learning, and translational science knowledge base. **METHODS/STUDY POPULATION:** A case study of the programmatic/evaluative and methodological approach/technique development that resulted in a formal, structured, collaborative, transparent process with detailed guidelines, templates, and timelines. The process and content for reporting has been developed via a variety of methods and sources: specific funder (NIH) requirements, Huddle meetings, document/content/database analysis, reflection meetings with component staff, informal conversations, and observations. Preparation for the report began almost one year in advance, including careful analysis of the report requirements, developing user-friendly, detailed guidelines, templates, and examples. The guide templates and worksheets were created as a result of time spent navigating current instructions provided by NIH and NCATS. Timeline/project plan was developed with start and end dates for all of the moving parts along with identified responsible personnel for each of the tasks. A grid of the grant components and responsible personnel was designed to highlight the matrixed organization of the grant and the need to work across components to create single reports. The RPPR key categories have also been considered for incorporating and tracking in a program activity/customer tracking system for ongoing data management and use. As a complex translational science program, UMN CTSI has multiple initiatives, variables, and metrics to report. The program staff has been deeply engaged in the evaluative reflection to identify, prioritize, and incorporate into the RPPR the metrics that most useful to manage and