completion of data collection, the survey results will be further analyzed to determine common barriers and patterns in barrier type across the different institutions, schools, positions/roles in research, and translational research stages. Given that the Comments and Feedback section of the survey entailed ranking the top three barriers across the entire survey as a whole, the results will also indicate the relative prevalence of specific barriers and categories. DISCUSSION/SIGNIFICANCE: The impact of the survey and its results is to develop feasible institutional solutions to overcome the prevalent barriers and improve efficiency in all parts of the research process. Possible solutions encompass accessible resources for researchers, longitudinal training programs, consultative services, and workshops for investigators.

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The development of a digital game to prevent suicide in youth who misuse substances

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OBJECTIVES/GOALS: Suicide is the second leading cause of death in teens. Substance misuse, including opioids, is a risk factor for suicidal thoughts and behaviors among teens. School-based approaches are promising, yet they lack evidence on their effectiveness. To fill this gap, we created supportED, a digital game to prevent suicide in youth who misuse substances. METHODS/STUDY POPULATION: We conducted focus groups and interviews to inform the development of the digital game and discuss approaches to enhance user experiences, acceptability, and feasibility of the intervention. A semi-structured focus group/interview guide was developed, pilot tested, and used in focus groups/interviews. The guides aligned with constructs from a safety planning intervention, a well-recognized, evidence-based suicide prevention intervention, to identify potential warning signs of emotional distress, coping strategies, and resources for seeking help to prevent suicidal thoughts and behaviors. Focus groups/interviews were led by a facilitator, who is also a certified school counselor and licensed professional counselor, and a co-facilitator who took field notes and provided debrief summaries. RESULTS/ANTICIPATED RESULTS: A total of 35 participants, including 10 high-school-aged teens [aged 16-19], 10 college-aged youth [aged 18-22], 10 school-based providers, and five interviews with adults who had experience with opioids in their youth informed the development stage. Of the focus group participants, 25.7% identify as female (n=23), 71.4% identify as male (n=6), and 2.9% do not identify as male or female (n=1); 60% identify as White (n=18), 20% identify as multi-racial (n=6), 10% identify as Black (n=3), 3.3% identify as Asian (n=1), and 6.7% identify as race unknown (n=2); and, 37.1% (n=13) identify as Hispanic/Latinx. Salient themes that emerged focused on opioids, substance misuse, mental health, bullying, grief, family, identity, and stigma to create six distinct narratives in the digital game. DISCUSSION/SIGNIFICANCE: Findings informed the development of a digital game to prevent suicide among adolescents who misuse substances. The digital game is currently being evaluated in a pilot RCT to assess the preliminary efficacy of the intervention, user experience, usability, and feasibility of delivering the intervention and protocols among 60 youth.

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Exploring the Diversity of Expanded Access Patients at Michigan Medicine

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OBJECTIVES/GOALS: Lack of diversity within clinical trials is well known, but there is little data on the use of investigational products through other pathways, such as expanded access. This project sought to determine the demographic diversity of patients benefiting from expanded access at Michigan Medicine. METHODS/STUDY POPULATION: Previous quality improvement reviews provided the list of 271 patients for whom a single-patient, expanded access request had been approved by the FDA and University of Michigan IRBMED between 2005 and 2021. Demographic information was collected through the EMERSE tool, including age, legal sex, race, ethnicity, and zip code. These data were cross-referenced with available regulatory documentation on product requested, treatment area, and date of request. Descriptive statistics were performed using Excel. RESULTS/ANTICIPATED RESULTS: Patients who were approved to use an investigational product through expanded access at Michigan Medicine showed a wide geographic distribution, including 48 Michigan counties, 20 states, and 1 province. All age groups were served, with those between 30-49 underrepresented and those under 10 and over 60 overrepresented. Race data generally followed the proportions of the Michigan state census, including 76% white and 14% black or African American (expected: 79% and 14%) and 48% female (expected: 50%). On further breakdown, populations differed by specialty and county. DISCUSSION/SIGNIFICANCE: The distribution of Michigan Medicine patients with approved expanded access requests was similar to the population of Michigan with respect to age, sex, and race. Further research is needed to determine if this reflects equitable use or if these results are generalizable to other institutions.

Research Management, Operations, and Administration

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Creating a Dashboard to Increase Efficiency in Tracking and Reporting on Research Data Requests

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OBJECTIVES/GOALS: The purpose of the project was to create a Tableau dashboard to track metrics on requests for research data at Atrium Health Wake Forest Baptist. The objectives included: 1) define and identify request fulfillment metrics, 2) build a dashboard to capture metrics, and 3) integrate the dashboard into metrics tracking and reporting activities. METHODS/STUDY POPULATION: Project managers and team leaders in the Office of Informatics collaborated to determine which measures would be most relevant and impactful to report on. Metrics that were