month of diagnosis. 72% of patients died with median time to death of 9 months (Q1=3, Q3=43). DISCUSSION/SIGNIFICANCE OF IMPACT: We successfully identified and described a cohort of 2909 older patients with incident HL from the SEER-Medicare data. This provides a unique opportunity to study this cohort in a large, representative dataset with nearly 15 years of follow up. Future analysis will help us to better understand treatment patterns of HL in older patients and factors associated with treatment. These results can then be used to help improve care decisions and clinical outcomes.

3417

Impact of Protein-Energy Malnutrition on Outcomes of Heart Failure Hospitalizations

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OBJECTIVES/SPECIFIC AIMS: Chronically elevated cytokines from un-abating low-grade inflammation in heart failure (HF) results in Protein-Energy Malnutrition (PEM). However, the impact of PEM on clinical outcomes of admissions for HF exacerbations has not been evaluated in a national data. METHODS/STUDY POPULATION: From the 2012-2014 Nationwide Inpatient Sample (NIS) patient's discharge records for primary HF admissions, we identified patients with concomitant PEM, and their demographic and comorbid factors. We propensity-matched PEM cohorts (32,771) to no-PEM controls (1:1) using a greedy algorithm-based methodology and estimated the effect of different clinical outcomes (SAS 9.4). RESULTS/ANTICIPATED RESULTS: There were 32,771 (~163,885) cases of PEM among the 541,679 (~2,708,395) primary admissions for HF between 2012 and 2014 in the US. PEM cases were older (PEM:76 vs. no-PEM:72 years), Whites (70.75% vs. 67.30%), and had higher comorbid burden, with Deyo-comorbidity index >3 (31.61% vs. 26.30%). However, PEM cases had lower rates of obesity, hyperlipidemia and diabetes. After propensity-matching, PEM was associated with higher mortality (AOR:2.48[2.31-2.66]), cardiogenic shock (3.11[2.79-3.46]), cardiac arrest (2.30[1.96-2.70]), acute kidney failure (1.49[1.44-1.54]), acute respiratory failure (1.57[1.51-1.64]), mechanical ventilation (2.72[2.50-2.97]). PEM also resulted in higher non-routine discharges (2.24[2.17-2.31]), hospital cost ($80,534[78,496-82,625] vs. $43,226[42,376-44,093]) and longer duration of admission (8.61[8.49-8.74] vs. 5.28[5.23-5.34] days). DISCUSSION/SIGNIFICANCE OF IMPACT: In the US, PEM is a common comorbidity among hospitalized HF subjects, and results in devastating health outcomes. Early identification and prevention of PEM in heart failure subjects during clinic visits and prompt treatment of PEM both in the clinic and during hospitalization are essential to decrease the excess burden of PEM.

3412

Informed Consent: Refining the Process

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OBJECTIVES/SPECIFIC AIMS: -This study aims to evaluate our retention rate into our prospective clinical trial. We will be comparing the rate of withdrawal both before and after our revamped informed consent process. -We aim to assess patient satisfaction with our study and u METHODS/STUDY POPULATION: -The informed consent process for an observational prospective study at our institution has been modified to lengthen the recruitment and consenting process. -In brief, the research protocol for this observational prospective aims to evaluate the role of steroids on ulcer healing in patients with ulcerative colitis. This study involves an initial standard of care colonoscopy with biopsies and photos. The areas biopsied are marked with a tattoo. The patients are started on steroids for management of their Ulcerative Colitis, and must return for two research colonoscopies at one week post- initial diagnostic visit, and at one month. Additional study biopsies are obtained at the one week visit and photo documentation is obtained. At the one month visit, only photos are obtained to document healing. -In addition to patients with active ulcerative colitis, this study recruits control groups of patients with UC in remission, as well as two groups of normal control patients (one group on steroids for non-IBD reasons, and one group not on steroids. -Prior to our informed consent intervention, patients were screened for eligibility on the day of their standard of care endoscopy. The study was explained to the patient prior to their endoscopy, often in the "pre-op" endoscopy suite. -Our intervention seeks to draw out the consent and recruitment process. All patients scheduled for upcoming endoscopies will be mailed a generic flyer announcing research studies occurring in the endoscopy suite. Patients will be prescreened at least a week prior to endoscopy with the aid of the endoscopy scheduler. Patients interested in hearing about research will be contacted via phone by study personnel, and a copy of the consent as well as a brief summary will be mailed to the patient. -Patients potentially interested in study participation will be asked to arrive 30 minutes earlier than they typically would for their procedure, and they will be consented in a quiet and private consultation room. They will be given ample time to ask clarifying questions regarding the study. -At the conclusion of their participation, patients will receive an anonymous post-participation survey that seeks to assess their feelings regarding the study and their understanding of the research process. RESULTS/ANTICIPATED RESULTS: DISCUSSION/SIGNIFICANCE OF IMPACT: This study adds to the ongoing body of evidence suggesting that the informed consent process is more than the three key elements initially described by the Belmont Report 40 years ago. Several factors can impact patient's willingness to participate in research, and the amount of time it takes for patients to achieve all three elements of consent can vary from person to person. The traditional method of consent just prior to study entrance is one that needs to be revisited, and we propose that prolonging the consenting process will positively impact not only patients, but also the overall research process by ensuring that those who decide to participate remain adherent to study protocols.

3228

POET: A perioperative educational tool as an adjunct to enhanced recovery after surgery in patients undergoing minimally invasive gynecologic oncology surgery

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OBJECTIVES/SPECIFIC AIMS: The goal of this study was to determine the impact of an RN-guided preoperative educational intervention in a minimally invasive gynecologic oncology surgery cohort. Our specific objectives include: 1. To assess the impact of preoperative education on quality outcomes such as length of stay and discharge by noon rates. 2. To characterize the differential burden of post-operative communications on nursing staff in patients who received education versus those who did not. METHODS/STUDY

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