

insufficiency, and 5.97% were at grade  $\geq 2$ . Younger age (7.59% in age 30 vs. 4.72% in BMI  $\leq 30$ ,  $p = 0.022$ ) showed significant associations. No significant difference was found in the incidence of grade  $\geq 2$  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 equitable 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 PTLT LE care. Our long-term goal is to develop and pilot implementation strategies to standardize PTLT LE care. **METHODS/STUDY POPULATION:** Study population: We will recruit 20–25 PTLT 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). PTLT is a lymphoma-like cancer that occurs in solid organ transplant (SOT) recipients. PTLT 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 PTLT survivors. 2- We will consider input from HCWs across various disciplines delivering care to PTLT survivors. 3- We

anticipate identifying unique contextual factors in PTLT survivors that will influence implementation of evidence-based LE care. **DISCUSSION/SIGNIFICANCE OF IMPACT:** Pediatric cancer survivors experience LE. Coordinated care mitigates LE. PTLT survivors experience a high burden of LE, but less than 10% of PTLT survivors at SLCH follow in LE clinic. No studies have evaluated ideal delivery of LE care for PTLT survivors. Our findings will inform an implementation trial to improve delivery of LE care for PTLT 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.