

Posters 1–50, 326 are the top 50 posters

AI and Data Science

1 Developing an annotated database to facilitate machine learning in rare pediatric cancer[†]

Brian Englum¹, Ashley Johnston², Minerva Mayorga-Carlin¹, John D. Sorkin¹ and Brajesh K. Lal¹

¹University of Maryland, Baltimore and ²Georgetown University

OBJECTIVES/GOALS: Rare pediatric cancer research has been hindered by limited sample size and disease-specific databases. The training and infrastructure required to create these datasets have been cost prohibitive. Automated electronic medical record (EMR) extraction and natural language processing (NLP) hold the potential to overcome these limitations. **METHODS/STUDY POPULATION:** In a mixed population of adults and children with thyroid cancer, we implemented an automated data extraction process for multiple data types, including structured demographic, laboratory, and billing data and unstructured free text from pathology reports. Data extraction and cleaning software transformed EMR data into a research-ready database. NLP using regular expressions extracted meaningful, structured data from free-text pathology reports. Results from the automated data extraction and NLP were compared to manual extraction, and results were quantified using accuracy, precision, recall, F1-score, and Cohen's Kappa to account for random agreement. Additional iterations using machine learning and large language models will be performed to compare accuracy and identify an optimal strategy. **RESULTS/ANTICIPATED RESULTS:** From 2016 to 2023, 2,899 patients with thyroid cancer were identified. In a 50-patient subset, manual extraction of pathology reports was compared to NLP-derived data. Histology type was correctly identified in 90% of cases ($\kappa = 0.85$), and thyroid procedure identification accuracy was 89% ($\kappa = 0.81$). Focality was 98% accurate ($\kappa = 0.96$). Vascular, lymphatic, and perineural invasion, along with extrathyroidal extension and pathologic tumor stage, were 100% accurate. Pathologic nodal staging was 96% accurate ($\kappa = 0.89$). Kappa greater than 0.8 is considered almost perfect agreement. **DISCUSSION/SIGNIFICANCE OF IMPACT:** Our results indicate that automated EMR extraction and NLP can be used to develop a thyroid cancer dataset that is highly detailed, accurate, and efficient to collect. After optimizing our system of data extraction, we will replicate this process in a multi-center study with the eventual goal to expand these algorithms across rare pediatric cancers.

2 Risk factors for suicide-related revisits at US Pediatric Emergency Departments[†]

Anna Cushing¹, Pradip P. Chaudhari², Ramon Durazo-Arvizu², Juliet Edgcomb³, Bonnie T. Zima³ and Amy E. West²

¹Children's Hospital Los Angeles/University of Southern California;

²CHLA/USC and ³UCLA

*Blue Ribbon Awardee; [†]Gold Ribbon Awardee

OBJECTIVES/GOALS: Nearly 1 in 5 children with a suicide-related emergency department (ED) visit will have a suicide attempt within 18 months. Our objective was to determine demographic and clinical characteristics associated with time to ED revisit with self-injurious thoughts and behaviors (SITB) within 6 months. **METHODS/STUDY POPULATION:** We performed a retrospective cohort study of children aged 6 to 17 years with a primary mental health ED visit at 38 US children's hospitals from January 2021 to December 2023. Data were obtained from the Pediatric Health Information System administrative database. We included the first index mental health ED visit for each child. Primary outcome was time to first ED revisit with a SITB diagnosis within 6 months of a patient's index mental health ED visit, defined by ICD-10-CM diagnosis codes. We evaluated demographic and clinical characteristics associated with time to SITB revisit using a multivariable Cox Proportional Hazards Regression model. **RESULTS/ANTICIPATED RESULTS:** We included 201,214 unique children, 8.7% had an ED revisit with SITB within 6 months. Among children with an SITB revisit, 74.6% had SITB diagnosed at the index visit. Multiple demographic characteristics were associated with longer time to revisit including male sex (HR 0.76, 95% CI 0.74-0.79) compared to female, private insurance (HR 0.83, 95% CI 0.80-0.86) compared to public, and Hispanic race and ethnicity (HR 0.81, 95% CI 0.77-0.85) compared to non-Hispanic White. Clinical characteristics associated with a shorter time to SITB revisit included index visit diagnoses for intentional self-harm (HR 1.32, 95% CI 1.27-1.38), suicidal ideation (Hazard Ratio (HR) 1.65, 95% CI 1.59-1.71), and mood disorder (HR 1.38, 95% CI 1.33-1.44). **DISCUSSION/SIGNIFICANCE OF IMPACT:** Three in four children with a SITB ED revisit had SITB diagnosed at the index visit. Children with index visit suicidal ideation were at highest risk of SITB revisit. These findings highlight missed opportunities to identify and address pediatric SITB at the index ED visit and to prevent ED revisits.

3 Machine learning approaches to predict colorectal cancer screening uptake in real-world EHR data

Maliha Mehnaz Mitu¹, Tyler Thompson², Emily Slade³, Charbel Salem⁴, Jennifer Sword⁴ and Katherine Thompson²

¹University of Kentucky; ²Dr. Bing Zhang Department of Statistics, University of Kentucky; ³Department of Biostatistics, University of Kentucky and ⁴UK King's Daughters Medical Center

OBJECTIVES/GOALS: The study's objective was to use real-world data to compare machine learning approaches for predicting colorectal cancer (CRC) screening status: (1) a Random Forest model optimized for overall accuracy and (2) Feasible Solution Algorithm (FSA) models focused on interpretability and identifying subgroups at risk of being unscreened. **METHODS/STUDY**