RESULTS/ANTICIPATED RESULTS: Preclinical evidence supports 23 natural remedies being used to ease side effects brought on by chemotherapy. These natural supplements are shown to affect at least one of the seven breast cancer cell lines observed. Fifty-two total clinical trials were used to verify the preclinical models of the 23 natural remedies, and the clinical trials would be patient symptom assessment-based, or determining tumor growth or shrinkage. Many of these clinical trials, however, did not supply results. This shows that there is a gap in getting participants for oncology-related clinical studies. With the trials that supplied results, 16 natural remedies have clinical data showing their ability to be used to ease common chemotherapy side effects, or even further leading to cancer death in related cell lines. DISCUSSION/SIGNIFICANCE OF IMPACT: There are not many specific findings about young women and post-menopausal women being affected by breast cancer (despite being more sensitive groups). Looking into differences in biology, reactions to treatment and effectiveness of treatment, and clinical trials with supplements between these groups could address issues affecting them.

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"It's a stepping stone but… stepping stones are all we have" – a customer discovery approach to optimizing an internal funding opportunity for pragmatic, EHR-embedded research

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OBJECTIVES/GOALS: CTSA programs' requests for applications (RFAs) can be hindered by misalignments with grantees' needs and expectations. Using a customer discovery approach, we identified real and perceived barriers to conducting pragmatic EHR-embedded trials (PEET) to inform RFA optimization, demonstrating how this funding opportunity addressed barriers. METHODS/STUDY POPULATION: Using Colorado Profiles, a research networking tool, we identified investigators who engaged in PEET-type research across the Colorado Clinical and Translational Sciences Institute (CCTSI) partnering institutions. We invited 33 investigators representing key centers and departments to participate in 30-minute, virtual customer discovery interviews about their experiences conducting PEET-type research within CCTSI's PEET health system partner, UCHealth. Interviews were conducted using a semi-structured interview guide and were synthesized using a Value Proposition Canvas to identify relevant investigator "jobs-to-be-done," pain points and potential benefits and strategies to optimize our internal RFA (now in its third year) to address these. RESULTS/ANTICIPATED RESULTS: Twenty-one investigators participated in interviews, including five previous applicants. Two key "customer segments" emerged from interviews: 1) early-career investigators, who wanted to build connections and competencies related to PEET-type research and were often transitioning to independent funding; and 2) experienced investigators, who were focused on larger grants, but valued support in interfacing with UCHealth around both research implementation and informatics. For both groups, while the research funding was seen as beneficial, the true value of the PEET support was the facilitation of a relationship with the health system. Potential changes to the PEET RFA include eligibility clarifications, increased emphasis on health system liaison support, and increased budget flexibility. DISCUSSION/SIGNIFICANCE OF IMPACT: In PEETs, alignment of the health system, research infrastructure, and investigators is essential to trial success. Through this process, we identified key unmet needs for investigators and opportunities to optimize this internal RFA to enhance overall alignment between institutional capacities and investigator needs.

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Avoiding dash-boredom with a Translational Science Dashboard

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OBJECTIVES/GOALS: The Michigan Institute for Clinical & Health Research (MICHR) needs to maintain a balanced portfolio of initiatives with respect to the extent of innovation sought and the stage of implementation. We created a Translational Science (TS) Dashboard to visualize this balance of intent and execution. METHODS/STUDY POPULATION: In designing the dashboard, we considered innovation along a spectrum: making incremental changes to our current offerings; seeking out new offerings or audiences; and seeking both new offerings and new audiences. We also used MICHR's TS Framework that guides both the identification of roadblocks along the translational spectrum and the development of potential solutions to those roadblocks. Categories in the TS Framework help us understand if innovation efforts are in the early stages of problem framing or later stages of testing, iterating, and/or disseminating. Using co-creation methods, we partnered with various MICHR program teams, whose initiatives represent a mix of innovation categories as well as framework implementation phases, to optimize the design and understand the utility of the dashboard. RESULTS/ANTICIPATED RESULTS: We worked with various programmatic teams at MICHR to help them understand the elements of the dashboard and to co-create the dashboard interface. Our methods also helped teams understand the "right" amount of innovation for their programs, ensuring they considered both differentiation and resource constraints as well as alignment with MICHR's overarching strategic goals. Programs had different resource considerations, tolerance for risk, and unmet customer needs that informed how to right-size their innovation portfolio and where efforts should map along the stages of roadblock identification and solution crafting. The perspectives and insights of MICHR's executive leadership were key to informing how the dashboard could support data-informed

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