OHRP meets ToS: Cloud-based technologies in human subject research
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OBJECTIVES/SPECIFIC AIMS: To identify new ethical challenges in human subject research related to the use of cloud-based platforms for data collection.

METHODS/STUDY POPULATION: Ethical analysis.

RESULTS/ANTICIPATED RESULTS: The OHRP regulations protecting the data, privacy and confidentiality of human subjects and the Terms of Service regulations governing data use by cloud-based platforms are vastly different. The gap between these 2 sets of laws and regulations leaves human subjects vulnerable to harm during the data collection process via cloud-based tools.

DISCUSSION/SIGNIFICANCE OF IMPACT: Cloud-based technologies in research are widely used across many disciplines. However, both definitions and terminology differ among the field of research and clinical trials. In total, 82% of the participants when asked agreed to be contacted for participation in research studies. Specific curriculum which includes research could be designed for further development of patient navigators.

PN training and implementation knowledge is critical to the development of standards and best practices in this emergent area of cancer care.

Patient navigation training: Community-engaged workforce development
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OBJECTIVES/SPECIFIC AIMS: The goal of this initiative was to address this cancer health disparity in the Appalachian counties and help participants develop, implement and evaluate evidence-based “PN” that effectively and positively impacts patient and outcomes of the HealthyWoman Program. Following were the objectives of this training program: (1) To understand the broad range of roles and responsibilities associated with “PN”, including care coordination and case management, in the Pennsylvania HealthyWoman Program in Pennsylvania and the National Breast and Cervical Cancer Early Detection Program. (2) To identify and assess local resources and expertise for evidence-based “PN” in the HealthyWoman Program. (3) To utilize “PN” in association with public education and targeted outreach initiatives in the HealthyWoman Program. (4) To implement strategies to manage and evaluate “PN” for the HealthyWoman Program.

METHODS/STUDY POPULATION: The series of PN training was held at Pittsburgh, Camp-Hill, Wilkes-Barre and Philadelphia during June 2017. In total, 86 participants attended the training program at one of these 4 locations. Attendees represented organizations that provided breast, cervical and colorectal cancer outreach, screening and treatment. The participants of the training were solicited by national program coordinators of the HealthyWoman Program of the PA Department of Health. The Harold Freeman model for patient navigation model was used to train the participants on the concepts of patient navigation. The training was built upon the Health Belief Model and Chronic Care Model, which de

DISCUSSION/SIGNIFICANCE OF IMPACT: Translation of research is widespread enhancing translation and application across many disciplines.

Polypharmacy and patterns of prescription medication use among cancer survivors
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OBJECTIVES/SPECIFIC AIMS: The population of cancer survivors is rapidly growing in the United States. Long term and late effects of cancer, combined with ongoing management of other chronic conditions, make cancer survivors particularly vulnerable to polypharmacy and its adverse effects. We examined patterns of prescription medication use and polypharmacy in a population-based sample of cancer survivors.

METHODS/STUDY POPULATION: Using data from the Medical Expenditure Panel Survey (MEPS), we matched cancer survivors (n = 5216) to noncancer controls (n = 19,588) by age, sex, and survey year. We defined polypharmacy as using 5 or more unique medications. We also estimated proportion of respondents, prescribed specific medications within therapeutic classes and total prescription expenditures.

RESULTS/ANTICIPATED RESULTS: A higher proportion of cancer survivors were prescribed 5 or more unique medications (64.0%, 95% CI 62.3%–65.8%) compared with noncancer controls (51.5%, 95% CI 50.4%–52.6%), including drugs with abuse potential. Across all therapeutic classes, a higher proportion of newly (<1 year since diagnosis) and prevalent (>1 year since diagnosis) cancer survivors were prescribed medications compared to controls, with large differences in central nervous system agents (65.8% vs. 57.4% vs. 46.2%), psychotherapeutic agents (25.4% vs. 26.8% vs. 18.3%), and gastrointestinal agents (31.9% vs. 29.6% vs. 22.0%). Specifically, nearly 10% of cancer survivors were prescribed benzodiazepines and/or opioids compared to about 5% of controls. Survivors had more than double the use of antidepressants in the last year compared to noncancer controls (6.3% vs. 2.8%). Finally, 14% of all survivors had more than triple the use of opioids in the last year compared to noncancer controls (5.6% vs. 1.8%).

DISCUSSION/SIGNIFICANCE OF IMPACT: Cancer survivors were frequently prescribed...