A prospective study of cancer clinical trial availability and enrollment among adolescents/young adults treated at a Children’s Hospital or Affiliated Adult Cancer Specialty Hospital

Stefanie M. Thomas1,2, Jemily Malivar1, Henry Tran3, Jared Shows4 and David R. Freyler1,2,5 1 Children’s Center for Cancer and Blood Diseases, Children’s Hospital Los Angeles, Los Angeles, CA, USA; 2 Department of Pediatrics, Keck School of Medicine, University of Southern California, Los Angeles, CA, USA; 3 Department of Pathology, University of Oklahoma Health Sciences Center, Oklahoma City, OK, USA; 4 Department of Pathology, Long Beach Memorial/Miller Children’s Hospital, Long Beach, CA, USA; 5 Department of Medicine, Keck School of Medicine, USC Norris Comprehensive Cancer Center, University of Southern California, Los Angeles, CA, USA

OBJECTIVES/SPECIFIC AIMS: Low cancer clinical trial (CCTs) enrollment may contribute to the poor survival improvement for adolescents and young adults (AYAs, aged 15–39 years) with cancer. Treatment site is thought to exacerbate this problem. This study evaluated whether differences in CCT availability and enrollment lower CCT enrollment depending on treatment site for AYAs.

METHODS/STUDY POPULATION: This prospective, observational cohort study was conducted at an academic children’s hospital and an adult cancer hospital, 2 affiliated sites within a NCI-designated Comprehensive Cancer Center over 13 months. In consecutive AYA patients newly diagnosed with cancer at both sites, it was determined whether an appropriate CCT existed for the location and an enrollment occurred. The proportions of AYAs in these categories were compared by site using the χ² test. RESULTS/ANTICIPATED RESULTS: Among 152 consecutive AYA patients, 68 and 84 were treated at the children’s hospital and adult cancer hospital, respectively. AYAs treated at the children’s hospital had similar CCT existence nationally compared with AYAs treated at the adult hospital [36/68 (52.9%) vs. 45/84 (53.6%), p = 0.938]. However, a significantly higher percentage of children’s hospital treated AYAs than adult hospital treated AYAs had an available CCT [30/68 (44.1%) vs. 14/84 (16.7%), p < 0.0001]. Enrollment percentages were similarly low in both groups [6/68 (11.8%) vs. 7/84 (7.1%), p = 0.327]. DISCUSSION/SIGNIFICANCE OF IMPACT: Significantly fewer AYAs treated at the adult hospital had a CCT available, but national existence was similar at both sites. This suggests that institutional barriers to opening CCT have more importance at adult centers.

Addressing challenges from missing data in a global quality improvement study

Amelia Barwise1, Lisha Yi1, Jun Guo2, Ognjen Gajic2, Moldovan Sabov2, Yue Dong2 and Rahul Kashyap2 1 Mayo Clinic; 2 Division of Pulmonary and Critical Care Medicine

OBJECTIVES/SPECIFIC AIMS: Missing data is a common problem in research studies that may lead to inconclusive or inaccurate results. It may even lead to harm secondary to wrong research conclusions. The purpose of this ancillary study is to measure the differences in missing data following implementation of a variety of mechanisms to improve data quality and documentation in a global quality improvement study. Many of the sites involved in the study were in low-income or middle-income countries with minimal research infrastructure. Missing data is defined as "values that are not available that would be meaningful for analysis if they were observed" (The prevention and treatment of missing data, New Engl J Med 367, 14, nejm.org, April 4, 2012). METHODS/STUDY POPULATION: All study sites used REDCap software to enter various data points including hospital and ICU admission and discharge dates as well as whether items on a Checklist relevant to processes of care in the ICU were