were identified. Patients with a documented diagnosis (ICD-9 code or problem list) for any history of adrenal disease were excluded. The prevalence of adrenal incidentalomas was ascertained by 2 different detection strategies: (1) documented diagnosis of adrenal incidentaloma or (2) imaging reports containing in the same sentence “adrenal” and “nodule”,” “adenoma,” “mass,” and not containing “no” and “adrenal” in the same sentence. Adrenal pathology surprise was further established in the second approach by excluding patients having previously undergone adrenal lab testing (cortisol, aldosterone, catecholamines, adrenocorticotrophic hormone, renin) or having been registered in the cancer registry for any cancer excluding superficial skin cancers. RESULTS/ANTICIPATED RESULTS: In total, 194,624 individuals were identified in our initial search, from which 1056 were excluded for past adrenal disease (Table 1). Detection by the documented diagnosis method yielded 1578 cases (0.8%), compared with 13,697 cases (7.1%) by the imaging report method (Figure 1). Further restricting detection to true “Adrenal Surprise” by excluding those with any past adrenal lab testing and cancer history yielded 10,568 cases (6.1%). Validation studies for the 7.1% prevalence with 100 records revealed an adrenal incidentaloma positive predictive value (PPV) of 98%. When restricted to size ≥1 cm the PPV was 84%. DISCUSSION/SIGNIFICANCE OF IMPACT: Comparing our first strategy using documented diagnoses as criterion for incidentaloma as used in a recent paper by Lopez D (Annals of Internal Medicine 2016: 165: 533–542), we found a prevalence of 0.8% in our population similar to her 0.6%. However, when searching at the level of radiology report text, we found a prevalence ten-fold greater at 7.1%. Therefore, adrenal incidentalomas are more robustly identified by searching radiologic reports.

**MyResearchHome@Duke—launch and adoption of a portal for the research community**

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**OBJECTIVES/SPECIFIC AIMS:** Describe (1) the features of the first release of Duke’s myResearchHome portal for researchers, and 2) the methods and results of adoption strategy METHODS/STUDY POPULATION: Through methods described previously (cite ACTS poster, 2016), the myResearchHome portal team conducted a needs assessment to determine priorities for inclusion in the tool. Based on results of that assessment, the “minimal viable product” launched in June 2016 included the following features, organized into 9 distinct widgets: Access to all web-based research applications; ability to find and request research services; at-a-glance view of financial, protocol, and salary distribution information; access to financial and personnel reports; access to status of agreements and patents; access to CTSA-supported navigation services; visibility into required training and expiration dates; listing of announcements relevant to relevant researchers; customized links to portal resources. The portal was developed using Ruby on Rails™, with a REACT grid framework. The development team, internal to Duke University, followed industry-standard best practices for development. After the initial release, the team employed several strategies to ensure awareness and adoption. Although written communications were not an important factor for awareness, the presentations and hands-on sessions proved most important. RESULTS/ANTICIPATED RESULTS: Use of the portal was directly related to in-person outreach efforts. There were small spikes after written communications, but strategies such as presentations, hands-on demonstrations, training sessions, and faculty meetings garnered the steadiest adoption rates. As of early January, 2017, almost 3000 users have interacted with the portal, with numbers rising steadily. There are an estimated 10,000+ faculty, staff, and trainees engaged in research at Duke. DISCUSSION/SIGNIFICANCE OF IMPACT: To maintain high adoption rates with the research community, engagement strategies must be ongoing. In addition to frequent in-person demonstrations, updates via written communications, and attendance at events, the portal team will employ a key adopt strategy—engaging the researchers in ongoing needs assessments. By maintaining the portal’s relevance to the needs of the research community, the tool can better improve the efficiency of research at a large academic medical center.

**Addressing African American glaucoma through genetics and electronic health records**

Jessica Cooke Bailey and Stephanie A. Hagstrom

**OBJECTIVES/SPECIFIC AIMS:** The overall goal of this project is to understand the genetic and clinical differences in POAG that specifically increase risk in...