

analog items made parents feel are expected to be related to parents' empathic concern. Finally, parents' responses to the analog tasks are anticipated to be strongly associated with parents' self-reported parental empathy. **DISCUSSION/SIGNIFICANCE OF IMPACT:** Valid, novel assessments of parental empathy can impact the parenting literature as well as community intervention and prevention efforts with parents. Such analog tasks can bolster parenting research but they may also be translated to the community setting as a training tool wherein parents are taught new skills that promote more positive parenting.

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Development of a Falls-Prevention Self-Management Plan for Community Dwelling Older Adults

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OBJECTIVES/GOALS: 1. To determine older adults' opinions on content that is valuable for inclusion in a falls-prevention self-management plan. 2. To determine older adults' recommendations of mode(s) to promote adherence to falls prevention recommendations. **METHODS/STUDY POPULATION:** On-on-one semi structured interviews with older adults are ongoing to determine their opinions on content for inclusion in a falls-prevention self-management plan and recommendations for mode of delivery. As in our prior investigations, we used the theoretical constructs of the health belief model to develop our questions. Interviews will be recorded and transcribed. Data will be entered into MAXQDA12 and coded. Concurrent data collection and analysis will continue until theoretical saturation of themes are achieved. Through this iterative process, we will identify content and mode of delivery for a falls- prevention self-management plan for implementation with older adults. **RESULTS/ANTICIPATED RESULTS:** We anticipate we will have conducted enough interviews to achieve data saturation by February, 2020. We expect the results of this qualitative investigation to guide the development of a falls-prevention self-management plan that includes targeted implementation and adherence strategies deemed acceptable and feasible for use among older adults following community-based falls-risk screenings. **DISCUSSION/SIGNIFICANCE OF IMPACT:** Falls are the leading cause of morbidity and mortality among older adults. Adherence to falls prevention among older adults is poor, even among those that voluntarily seek out recommendations. The results of this study will assist with development and pilot testing of a falls-prevention self-management plan to assist older adults to adhere to recommendations.

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Development of a Patient Registry and Biospecimen Repository to Identify Biomarkers in Nontuberculous Mycobacteria Lung Disease

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OBJECTIVES/GOALS: Non-tuberculous mycobacteria (NTM) is an emerging infection in the United States. Therapeutic development is impaired in NTM due to lack of biomarkers associated with disease activity and treatment response. To address this, we established a cross-sectional patient registry and biorepository from NTM

patients. **METHODS/STUDY POPULATION:** Beginning August 2019 patients were recruited in a cross-sectional format from the bronchiectasis and NTM clinics at our institution. All patients provided at least one sputum sample in the six months prior to inclusion. Clinical and epidemiologically relevant data was obtained, patient reported outcome measures including the SGRQ were provided, and blood specimens were processed and preserved. Patients were grouped based on clinical phenotype and descriptive statistics were reported as means and standard deviations. Serum inflammatory profiles will be analyzed using standard Luminex assays. **RESULTS/ANTICIPATED RESULTS:** 72 patients with prior NTM isolation from sputum have been recruited including 28 patients that do not meet ATS guidelines for NTM treatment (colonized), 29 patients are currently receiving treatment, and 15 patients that have a history of completing therapy. Among all NTM patients, the mean age was 59.5 ±17.6 years and 80.8% were female. The mean FEV₁ percent predicted among these patients was 68.0 ±21.5% and mean BMI was 22.35 ±4.1. The most common mycobacterial species isolated was Mycobacterium Avium Complex (47%). The mean SGRQ total score was 40.2 ±20.3 among all NTM patients. We plan to perform standard Luminex assays to identify inflammatory profiles associated with disease phenotype. **DISCUSSION/SIGNIFICANCE OF IMPACT:** We developed a cross sectional cohort of NTM patients including a registry of clinically relevant data for phenotyping and an accompanying biospecimen repository. Our long-term goal is to identify biomarkers indicative of disease activity and treatment response using these components.

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Development of a Survey Instrument to Predict Uptake of and Adherence to Active Surveillance among Men with Low-Risk Prostate Cancer

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OBJECTIVES/GOALS: Active surveillance (AS) is a recognized strategy to manage low-risk prostate cancer (PCa) in the absence of cancer progression. Little prospective data exists on the decisional factors associated with selecting and adhering to AS in the absence of cancer progression. We developed a survey instrument to predict AS uptake and adherence. **METHODS/STUDY POPULATION:** We utilized a three-step process to develop and refine a survey instrument designed to predict AS uptake and adherence among men with low-risk PCa: 1) We identified relevant conceptual domains based on prior research and a literature review. 2) We conducted 21 semi-structured concept elicitation interviews to identify patient-perceived barriers and facilitators to AS uptake and adherence among men with a low-risk PCa who had been on AS for ≥1 year. The identified concepts became the basis of our draft survey instrument. 3) We conducted two rounds of cognitive interviews with men with low-risk PCa (n = 12; n = 6) to refine and initially validate the instrument. **RESULTS/ANTICIPATED RESULTS:** Relevant concepts identified from the initial interviews included the importance of patient: knowledge of their PCa risk, value in delaying treatment, trust in urologist and the AS surveillance protocol, and perceived social support. Initially, the survey was drafted as a single instrument to be administered after a patient had selected AS comprising sections on patient health, AS selection, and AS adherence. Based on the first round of cognitive interviews, we revised the single