

The implications for efforts to enhance collaboration are intriguing. In samples already high in collaboration readiness, these measures will have limited ability to detect positive change. However, assessment of collaboration readiness may be particularly useful in identifying scholars who could most benefit from collaboration-enhancement programs (i.e., scholars with moderate scores on one or more of these metrics) and in personalizing intervention (e.g., selectively targeting TDO, collaboration motivators, and/or collaboration self-efficacy, and/or perceived threats to collaboration).

Translational Science, Policy, & Health Outcomes Science

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“My research is their business, but I’m not their business”: Patient and Oncologist Perspectives on the Commercialization of Research Data

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OBJECTIVES/SPECIFIC AIMS: Our objective was to assess and compare the attitudes of patients with head and neck cancer and their clinicians regarding the commercialization of genetic research data. We explored whether such opinions changed when profits from such transactions were used to fund 1) cancer research, 2) academic research generally, or 3) if patients were given personalized genetic information in return. **METHODS/STUDY POPULATION:** This qualitative analysis was nested within a prospective precision oncology genomic sequencing study in an NCI-designated cancer center. We conducted paired, semi-structured interviews with enrolled participants with head & neck cancer and with their doctors (medical oncologists, surgical oncologists, and radiation oncologists). Interviews were recorded, transcribed, and coded for analysis. Codes were developed through an iterative process until saturation was reached, and all transcripts were double-coded (and discrepancies reconciled) to ensure reliability. **RESULTS/ANTICIPATED RESULTS:** We identified three main themes from the patients and clinicians: (1) Both clinicians and their patients were unclear about how the study protocol and informed consent form authorized patients’ genetic data to be used and commercialized in the future. (2) Patients with cancer were generally more comfortable than their clinician thought they were regarding the ongoing research use of their genetic data and commercialization thereof. (3) There is a strong interest among patients and clinicians in focusing academic medical center profits from commercialization back into the research program from which the data was acquired, rather than being invested into academic research more broadly. **DISCUSSION/SIGNIFICANCE OF IMPACT:** Given patients’ strong feelings about the commercialization of their data, our results highlight the need for greater transparency—both with patients and with their clinicians—about potential future use of research data. Clinicians appear inclined to be particularly cautious regarding access to and commercialization of patients’ data, however patients generally hope that their data may be used to help future cancer patients. Explicit discussions with patients about specific future uses of profits derived from commercialization of research

data can ensure both transparency and participation in future primary and secondary precision health research programs.

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Perceived Knowledge of Palliative Care among Immigrants: A Secondary Data Analysis from the Health Information National Trends Survey

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OBJECTIVES/SPECIFIC AIMS: Immigrants to North America receive more interventions at end of life. The reasons for this are not entirely clear but may potentially be due to knowledge gaps. The primary objective of this study was to measure and describe levels of perceived knowledge about palliative care among immigrants to the US compared to those born in the US. Our secondary objective was to identify trusted sources for seeking information about palliative care among immigrants and compare these trusted sources with those born in the US. We hypothesized that immigrants would have less knowledge of palliative care than those born in US and would trust different sources for information about palliative care. **METHODS/STUDY POPULATION:** We analyzed data from the nationally representative 2018 Health Information National Trends Survey (HINTS 5, cycle 2). Questionnaires were administered via mail between January and May 2018 to a population-based sample of adults. The primary outcome of interest was assessed using the item “How would you describe your level of knowledge about palliative care?” The secondary outcome of interest was determined using the item “Imagine you had a strong need to get information about palliative care, which of the following would you most trust as a source of information about palliative care?” All analyses were complete case analyses and conducted with survey commands using SAS 9.3 (SAS Institute Inc, Cary, NC, USA). Descriptive statistics were calculated, and bivariate analyses run between the outcomes of interest and sociodemographic characteristics (age, sex, education, race/ethnicity, nativity, English language proficiency). Multivariable logistic regressions were conducted to assess the role of nativity, controlling for statistically significant and relevant sociodemographic variables. Jackknife weighting was used to generate population-level estimates. **RESULTS/ANTICIPATED RESULTS:** The response rate was 33% (n=3384) and included 2846 (85.3% weighted) born in the US and 492 (14.7% weighted) not born in the USA. About 70% of those born in the US and 77% of immigrants (weighted) responded that they had “never heard of palliative care.” Trusted sources of palliative care were very similar between the groups (all p > 0.05). Both groups’ preferred trusted source of palliative care knowledge was “health care provider,” with over 80% of respondents in each group selecting this option. Printed materials and social media were the least popular trusted sources among both groups. After adjusting for relevant sociodemographic characteristics, we found no association between poor knowledge of palliative care and nativity (p=0.22). Female respondents had 2.5-fold increased odds of reporting low levels of perceived knowledge of palliative care (OR = 2.58, 95% CI = 1.76-3.78; p<0.001). Education was an important predictor of perceived knowledge of palliative care; as education level increased, so did perceived knowledge of palliative care (p < 0.001). **DISCUSSION/SIGNIFICANCE OF IMPACT:** Perceived knowledge of palliative care is poor generally, regardless of birthplace. Trusted