

respective to a person's identity or orientation. Additionally, collecting SOGI data in an inclusive way may increase trust worthiness in research from potential research participants, particularly among the LGBTQ+ community, who have been underrepresented yet experience several inequities and disparities across multiple health outcomes. DISCUSSION/SIGNIFICANCE: CHEER's goal is to reduce health disparities in underrepresented populations, including the LGBTQ+ community, by promoting inclusivity and engagement in research. Developing a community-driven screening that addresses the unique needs of the LGBTQ+ community successfully bridges a gap in equity across all research participants.

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The Impact of Race and Social Determinants of Health on Clinical Outcome of Glioblastoma Multiforme Patients Over a Decade.

Zerubabbel Asfaw¹, Gianina C. Hernandez-Marquez¹, Anant Naik², Ruben Vega Perez¹, Nina Bickell¹ and Isabelle M Germano¹

¹Icahn School of Medicine at Mount Sinai and ²Carle Illinois College of Medicine

OBJECTIVES/GOALS: While the evolving treatment paradigm for Glioblastoma (GBM) leverages different modalities to improve outcomes, treatment access might be limited by cost and disparities. This study explores the influence of race and social determinants of health (SDoH) on healthcare access and outcomes of GBM patients in a large metropolitan area over a decade. METHODS/STUDY POPULATION: Our institution's tumor registry (2009-2019) was queried to identify our GBM cohort. Data were supplemented by electronic health records to include demographics, outcome, NCI Comorbidity Index, and the Agency for Healthcare Research and Quality (AHRQ) socioeconomic status (SES) index. RESULTS/ANTICIPATED RESULTS: Of the 559 GBM records, 361 unique patients met the inclusion criteria, and 43% were Non-White. Non-White patients predominantly comprised the lowest AHRQ SES index quartile and had longer hospital stays (LOS; $p < 0.001$). White patients accounted for 61% of privately insured patients ($p < 0.001$). Private insurance ($p = 0.02$) and age < 65 years ($p = 0.039$) were associated with a higher rate of home discharge. Patients diagnosed with GBM in the emergency department were more likely to be discharged to acute rehab than home ($p < 0.001$). At 2 years, privately insured patients had longer OS (HR = 1.46; $p = 0.04$). DISCUSSION/SIGNIFICANCE: In contrast to previous studies, the study demonstrates that GBM affected a higher proportion of Non-White patients. Our data show that SDoH influences multiple outcomes in GBM patients. Efforts to identify and correct these barriers are needed to improve the care of all GBM patients.

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Participation of Racial and Ethnic Minorities in Decentralized Trials: The ACTIV-6 Experience

Maximilian Rohde¹, Dushyantha Jayaweera², Olveen Carrasquillo² and Thomas Stewart³

¹Vanderbilt University Medical Center; ²Department of Medicine, Miller School of Medicine, University of Miami and ³School of Data Science, University of Virginia

OBJECTIVES/GOALS: Racial and ethnic minority populations have been historically underrepresented in clinical trials, which limits the

external validity of study findings. We analyze data from the ACTIV-6 trial to assess whether inclusion efforts were effective in increasing participation from minority groups. METHODS/STUDY POPULATION: ACTIV-6 is a decentralized randomized placebo-controlled platform trial investigating repurposed drugs for the treatment of mild to moderate COVID-19. Study participants could either self-refer online or be recruited through a study site. Two inclusion efforts were introduced to increase participation from racial or ethnic minority populations: targeted advertising and outreach, and strategic selection of study sites that serve diverse populations. We assessed the effectiveness of these interventions by analyzing enrollment trends over time. We also assessed whether participants from racial or ethnic minority populations experienced higher loss to follow-up. RESULTS/ANTICIPATED RESULTS: At the start of the trial, enrollment of non-Hispanic White participants outpaced enrollment from racial or ethnic minority populations. At 4 months, only 108 participants (20.5%) were from racial or ethnic minority populations, but greatly increased by 28 months to 3,544 participants (46.4%), nearly half of all participants. This increase was predominantly due to recruitment through study sites rather than self-referral. In particular, certain sites recruited large numbers of minority participants. We also observed that participants from racial or ethnic minority populations were more likely to drop out of the study before receiving the study drug (3% vs 1%). DISCUSSION/SIGNIFICANCE: Our results suggest that strategic site selection is an effective strategy for recruiting a study population that represents racial and ethnic populations. The benefits of targeted advertising and outreach were less clear. Retention efforts remain important to reduce loss to follow-up.

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CUBE: A Collaborative Undergraduate Biostatistics Experience to Bring Diversity and Awareness to the Field of Collaborative Biostatistics

Genevieve Lyons¹, Monica Ahrens², Jennie Ma¹, Sarah Ratcliffe¹, Alexandra Hanlon² and Alicia Lozano¹

¹University of Virginia and ²Virginia Tech

OBJECTIVES/GOALS: Despite a steady rise of graduate degrees in biostatistics earned in the US, the percent from minorities remains low. This poster will describe the Collaborative Undergraduate Biostatistics Experience (CUBE), an 8-week program aimed to diversify and bring awareness to the field of collaborative biostatistics, from recruitment through evaluation. METHODS/STUDY POPULATION: The CUBE program is funded jointly by the NIH's NIDA/NIAAA (award number: 1R25DA058482-01) and is designed to give underrepresented minority (URM) undergraduate students in STEM the opportunity to engage in a collaborative biostatistics and health data science experience, along with related professional development activities. The program is built on four pillars: 1) training in introductory biostatistics, 2) training in R programming, 3) professional development, and 4) a collaborative research project addressing research questions in various disciplines. The CUBE program was delivered in the summer of 2022 as a pilot to four URM students at Virginia Tech (VT) and the University of Virginia (UVA), with two at each site. In summer 2023, the program was offered to 5 students (3 VT, 2 UVA). RESULTS/ANTICIPATED RESULTS: This poster will provide strategies learned over two summers with respect to recruitment