

cancer certifications, with prostate and breast cancer being the most common. Category A cancers were evaluated together due to prior existing evidence outlining significant benefit from PT intervention. In total, Category A cancers represent over 14,000 Program members. Less than 1% of members with a Category A cancer had a PT related claim in 2023. **DISCUSSION/SIGNIFICANCE OF IMPACT:** The mission of the Program is to provide quality and compassionate medical care and treatment to our members. Better understanding the utilization of PT services provided by the Program will allow us to increase awareness and support of interventions for members of our Program who could benefit from PT services.

225

Evaluation of the characteristics and impact of the NCATS CTSA Program pilot translational and clinical studies

Munziba Khan, Heather Baker, Andie Vaught, Monica Donerson and Robin Wagner

¹National Center for Advancing Translational Sciences/National Institutes of Health

OBJECTIVES/GOALS: To fully understand the scientific objectives, overall financial commitment, and outcome of the pilot projects. **METHODS/STUDY POPULATION:** We evaluated pilots reported in the annual, interim, and final Research Performance Progress Reports (RPPRs) for Clinical and Translational Science Awards (CTSA) Program UM1 and UL1 grants from FYs 2021–2023 to assess research categories across the translational science spectrum. We analyzed the number of pilots involving human subjects, vertebrate animals, both, or neither; financial allocations; publication outputs; and other characteristics. Pilots reported across multiple years were deduplicated and assigned to the latest reporting year. Each pilot was classified into broad (Category 1) and specific (Category 2) areas. Descriptive statistics, including means and frequency distributions, were generated. Multi-year pilots with NA or 0 values used the most recent prior value. **RESULTS/ANTICIPATED RESULTS:** In the period from FY 2021 to 2023, 61 hubs reported 1,811 unique pilot projects in their RPPRs, receiving a total of approximately \$62 million, of which two-thirds were expended. On average, each hub conducted 30 pilots with an award size of about \$35K. Just over half of the pilots involved human subjects research (HSR), while about one-third were neither HSR nor vertebrate animal studies (VAS), with the remaining focused primarily on VAS. Notably, only 13% of pilots resulted in peer-reviewed publications. Collaborative efforts were observed in one-third of the projects. The majority of pilots fell into Preclinical Research (46%), followed by Clinical Research (33%) and Public Health (20%). Limitations in data quality were identified, and ten pilots reported \$0 awarded funds, which may be captured in future RPPRs. **DISCUSSION/SIGNIFICANCE OF IMPACT:** Analysis of pilots reported in RPPRs from FYs 2021–2023 across 61 hubs shows a strong focus on HSR, highlighting collaborative efforts that enhance translational science and align with CTSA goals. Future analysis will help assess the pilots' impact and their alignment with NCATS' mission to expedite research translation into health solutions.

226

MICHR redesign of evaluation services to foster increased CTS

Ellen Champagne¹, Elias Samuels¹, Sarah Miles¹ and Maureen Brudzinski¹

¹University of Michigan, Michigan Institute for Clinical and Health Research

OBJECTIVES/GOALS: The demands on MICHR's Evaluation team are profuse and varied. Quarterly team meetings were used to keep track projects, identify new projects, and relay important new initiatives from MICHR leadership. The MICHR Translational Innovation team took on the task of assessing the Evaluation team's processes to design better workflow and effectiveness. **METHODS/STUDY POPULATION:** The process included 5 stages, Empathize, Define, Ideate, Prototype and Test. Sixteen interviews were conducted with MICHR faculty and staff. Interviews were coded and summarized. Seventeen themes were mapped and distilled into 5 key insights. From the key insights, design principles were identified to guide a design session with Translational Innovation staff and Evaluation staff. New work processes were proposed, designed, and tested by both teams. The Evaluation team "test-drove" the prototype and iterative design sessions were conducted to determine which new elements were successful. The Evaluation team was positioned to begin utilizing the newly designed process at the beginning of MICHR's new grant year. **RESULTS/ANTICIPATED RESULTS:** The MICHR Evaluation team is instrumental to the development, conduct, and dissemination of Clinical & Translational Science (CTS), a primary objective of MICHR's work. Three types of evaluation projects were identified through the design process: required reporting, CQI/program improvement, and CTS/impact evaluation. The service design process enabled the Evaluation team, and MICHR program leads to better identify and prioritize collaborations between the Evaluation and program teams that improved the quantity and quality of MICHR CTS outputs. **DISCUSSION/SIGNIFICANCE OF IMPACT:** Generating CTS is critical to the missions of NCATS and MICHR. Thoughtfully designing processes that facilitate and increase CTS output that can be shared and duplicated across the consortium is invaluable.

227

Developing a framework for prioritizing evaluation and CQI methods at the University of Cincinnati CTSA Hub (CCTST)

Brittany Rosen¹ and J Tharrington²

¹Cincinnati Children's Hospital Medical Center and ²University of Cincinnati

OBJECTIVES/GOALS: In alignment with the Clinical and Translational Science Awards (CTSA) UM1, continuous quality improvement (CQI) needs to be integrated into the elements and hub evaluation. As a first step to operationalizing this process, the University of Cincinnati hub (CCTST) evaluation team developed a systematic approach to prioritizing and sequencing tasks for aligning evaluation methods with CQI. **METHODS/STUDY POPULATION:** A scoring sheet was developed to provide a