OBJECTIVES/SPECIFIC AIMS: We aimed to assess trends in incidence of genital warts across human papillomavirus (HPV) vaccine-eligible and nonvaccine-eligible age groups to determine the impact of the HPV vaccine among Medicaid enrollees in the state of Tennessee. METHODS/STUDY POPULATION: We analyzed 2006–2014 medical and pharmaceutical charge data from TennCare (Tennessee’s Medicaid program) enrollees aged 15–64 years. Incident cases of genital warts were defined as persons 12 months disease free and: (1) a diagnosis of condyloma acuminatum, or (2) a diagnosis of viral warts and genital-specific procedure, or (3) a prescription for genital warts medication and genital-specific procedure. Mann-Kendall trend tests were performed to assess for significant trends in incidence of genital warts by sex and age group; average annual percent changes were calculated to quantify these trends. RESULTS/ANTICIPATED RESULTS: Our analysis is in progress. We hypothesize that we will observe declines in genital warts among younger, vaccine-eligible age groups and no changes in older, nonvaccine-eligible age groups, with largest declines among females aged 15–19 years from 2006 to 2014. We also expect to see declines among younger males due to herd protection, with greater declines after 2011, when the vaccine was approved for males. DISCUSSION/SIGNIFICANCE OF IMPACT: Significant declines among younger compared with older age groups would suggest HPV vaccine effectiveness for preventing genital warts.

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Understanding care delivered to patients with a possible concussion at an urban level 1 trauma center Cect C. Zalesky1, David W. Wright2, Sanam Patel3 and Rachel K. Patzer4
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OBJECTIVES/SPECIFIC AIMS: Background: Annually, 2.5 million traumatic brain injuries (TBI) occur with nearly 75% classified as mild TBI (mTBI), also known as a concussion. Mild TBI can be subtle and detection requires a high index of suspicion and a regimented evaluation process. This study was done to define the proportion of patients with a possible mTBI evaluated for concussion at a high volume urban trauma center. METHODS/STUDY POPULATION: Methods: A prospective cohort of patients was identified using a 3-question screen at the time of triage: did an injury occur; was the person conscious at all times during the index event; was there a period of altered mental status. Patients who screened positive were thought to meet a minimum threshold for the evaluation of mTBI. Information about mTBI specific evaluation, management, and education was obtained from the patient’s charts. RESULTS/ANTICIPATED RESULTS: Results: 38,484 patients were screened over 16 weeks, of whom 453 (1.18%) screened positive for a possible mTBI and did not meet exclusion criteria. In total, 198 patients had documented loss of consciousness, 101 were diagnosed with mTBI, and 49 received mTBI discharge instructions. Overall, 32.5% of included patients had mTBI listed in the differential or as a diagnosis and 32.3% with loss of consciousness received a mTBI diagnosis. DISCUSSION/SIGNIFICANCE OF IMPACT: Conclusions: Many patients with a possible mTBI were not evaluated, managed, or educated for their potential injury. Changes in physicians’ approach to mTBI must occur to increase the proportion of patients receiving appropriate evaluation, management, and education. These results define the current reality of mTBI treatment in the Emergency Department and show the need for further experimental studies targeted at physician decision support interventions to improve mTBI care.

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Utilization of ClinicalTrials.gov registry to demonstrate the extent of dissemination bias in anesthesiology Singh Nair, Davis Johns, Elise Delphin and Jonathan Leff
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OBJECTIVES/SPECIFIC AIMS: The purpose of this study is to evaluate the extent of publication bias in anesthesiology and to evaluate the characteristics of studies that are registered and unpublished. METHODS/STUDY POPULATION: METHODS: We used the advanced search option and the key word “anesthesia” to identify anesthesia related studies in the ClinicalTrials.gov registry. For
the purpose of this analysis we have randomly selected 50% of the anesthesia related studies from the year 2008-2013. We have collected information pertaining to drug/device study, origin, type, design, subspecialty, enrollment target, anesthesia type, and adult/pediatric, sponsored investigator initiated, population studied and start and end date. Studies with an ongoing, terminated, or unknown status were excluded from the analysis. For results, we initially searched the results section associated with each study; also we searched for any publication link at the study result area of the registry. For studies with no results and publication links we searched on PubMed, Google Scholar, and Embase by trial registration number, study title, and investigators name for matching manuscripts. In addition, we also analyzed the proportion of studies with positive and negative conclusions. We used descriptive and univariate statistics to report the results. RESULTS/ANTICIPATED RESULTS: Overall, 5448 studies were identified within the queried timeframe. We have included 2649 studies in our final analysis and detailed analysis were performed for 1778 studies with the status “completed.” The mean, standard deviation of subjects enrolled in completed trials was 392.47 ± 6378. Only 162 (9.9%) studies registered were in the pediatric population, and 1616 (90.9%) were in the adult population. Finally, of the reviewed studies, 1486 (83.6%) were investigator-initiated, 207 (11.6%) were sponsored, and 85 (4.8%) were registered as collaborated studies. Among the completed studies only 296 (16.6%) studies posted results to the result section of the registry. Additionally, a link associated with a publication was posted in only 393 (22.1%) of the studies. The proportion of studies with posted results were 208 (14%), 61 (29%) and 27 (31.8%) in investigator-initiated, sponsored, and collaborated studies respectively. In the 1778 studies we reviewed, 954 (53.7%) studies were associated with one publication. In the published studies, 721 (75.6%) studies reported a positive conclusion for their publication. DISCUSSION/SIGNIFICANCE OF IMPACT: Only, 53.7% of anesthesia related studies with a conclusion for their publication. In the published studies, 721 (75.6%) studies reported a positive conclusion, whereas 61 (29%) of the studies reported a negative conclusion. The proportion of studies with posted results were 208 (14%), 61 (29%) and 27 (31.8%) in investigator-initiated, sponsored, and collaborated studies respectively. In the 1778 studies we reviewed, 954 (53.7%) studies were associated with one publication.

OBJECTIVES/SPECIFIC AIMS: Reducing radiologic exams has been a focus of cost reduction in healthcare systems. The utility and justification of obtaining cross-sectional imaging (PPCSI) before surgical intervention continues to be evaluated. For peripheral artery disease (PAD) consensus guidelines regarding PPCSIs do not exist and may be influenced by patient complexity, variation of disease presentation, and physician preference. The objective of this study was to determine the utility of PPCSIs before percutaneous PAD intervention. METHODS/STUDY POPULATION: Patients receiving first-time endovascular revascularization procedure for PAD from 2013 to 2015 were evaluated for PPCSIs done within 180 days prior to revascularization. Patient and physician demographics, perioperative characteristics, and disease distribution/severity were evaluated. The primary outcome was technical success defined as improving inflow and/or revascularization of the target outflow vessels to <50% stenosis.

RESULTS/ANTICIPATED RESULTS: Of the 348 patients who underwent an attempted revascularization procedure 159 (45.7%) patients underwent PPCSIs, including 151 CTA and 8 MRA. Of these, 48% were ordered by the referring provider (84% at an outside institution), and 52% were ordered by the treating physician. PPCSIs was performed a median of 26 days (IQR 9–53) prior to procedure. Individual vascular surgeon practice identified PPCSIs rates ranging from 31% to 70%. On multivariate analysis chronic kidney disease (OR = 0.35; CI 0.17–0.73) had the strongest effect against of PPCSIs, and Inpatient/ED evaluation (OR = 3.20; CI 1.58–6.50), aorto-iliac (OR = 2.78; CI 1.46–5.29) and femoral-popliteal occlusions (OR = 2.51; CI 1.38–4.55) most strongly predicted PPCSIs. After excluding 31 diagnostic procedures, technical success did not differ between endovascular procedures with PPCSIs (91.3%) or without PPCSIs (85.6%), but was higher with PPCSIs (88%) compared to procedures without PPCSIs (69%), p = 0.026. DISCUSSION/SIGNIFICANCE OF IMPACT: PPCSIs use is influenced by inpatient status, chronic kidney disease, and anatomic consideration. PPCSIs was not associated with overall technical success although it appeared beneficial for femoral-popliteal occlusions. Routine practices of ordering of PPCSIs may not be warranted when considering technical success but may be important in treatment planning. Further studies are warranted to determine if radiation, cost, and contrast load justify PPCSIs.