OBJECTIVES/SPECIFIC AIMS: Obesity is a rapidly growing epidemic and long-term interventions aimed to reduce body weight are largely unsuccessful due to an increased drive to eat and a reduced metabolic rate during weight loss. Previously, our lab demonstrated that exercise has beneficial effects on weight loss maintenance by increasing total energy expenditure above and beyond the cost of an exercise bout and reducing the drive to eat when allowed to eat ad libitum (relapse). We hypothesized that exercise’s ability to counter these obesogenic-impetus mediated via improvements in skeletal muscle oxidative capacity, and tested this using a mouse model with augmented oxidative capacity in skeletal muscle.

METHODS/STUDY POPULATION: We recapitulated the exercise-induced improvements in oxidative capacity using FVB mice that overexpress lipoprotein lipase in skeletal muscle (mLPL). mLPL and wild type (WT) mice were put through a weight-loss-weight-regain paradigm consisting of a high fat diet diet for 13 weeks, with a subsequent 1-week calorie-restricted medium fat diet to induce a ~15% weight loss. This newly established weight was maintained for 2 weeks and followed with a 24-hour relapse. Metabolic phenotype was characterized by indirect calorimetry during each phase. At the conclusion of the relapse day, mice were sacrificed and tissues were harvested for molecular analysis. RESULTS/ANTICIPATED RESULTS: During weight loss maintenance, mLPL mice had a higher metabolic rate (p = 0.0256) that was predominantly evident in the dark cycle (p = 0.0001). Furthermore, this increased metabolic rate was not due to differences in activity (p = 0.2877) or resting metabolic rate (p = 0.4881). During relapse, mLPL mice ingested less calories and were protected from rapid weight regain (p = 0.0033), despite WT mice exhibiting higher metabolic rates during the light cycle (p = 0.0421). DISCUSSION/SIGNIFICANCE OF IMPACT: These results highlight the importance of muscular oxidative capacity in preventing a depression in total energy expenditure during weight loss maintenance, and in curbing overfeeding and weight regain during a relapse. Moreover, our data suggest that the thermic effect of food is responsible for the differences in metabolic rate, because no differences were found in activity or resting metabolic rate. Additional studies are warranted to determine the molecular mechanisms driving the ability of oxidative capacity to assist with weight loss maintenance.

BIOMEDICAL INFORMATICS/HEALTH INFORMATICS

Two EMR query strategies to assess prevalence of adrenal incidentaloma

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OBJECTIVES/SPECIFIC AIMS: To compare methods of ascertaining prevalence for adrenal incidentalomas METHODS/STUDY POPULATION: Retrospective electronic medical record study using Looking Glass Clinical Analytics (Streamline Health, Atlanta, GA, USA) at an urban university medical center. All patients with CT or MR imaging of the abdomen between 1997 and 2014 were identified. Patients with a documented diagnosis (ICD-9 code or problem list) for any history of adrenal disease were excluded. The prevalence of adrenal incidentalomas was ascertained by 2 different detection strategies: (1) documented diagnosis of adrenal incidentaloma or (2) imaging reports containing in the same sentence “adrenal” and “nodule,” “adenoma,” or “mass,” and not containing “no” and “adrenal” in the same sentence. Adrenal pathology surprise was further established in the second approach by excluding patients having previously undergone adrenal lab testing (cortisol, aldosterone, catecholamines, adrenocorticotrophic hormone, renin) or having been registered in the cancer registry for any cancer excluding superficial skin cancers.

RESULTS/ANTICIPATED RESULTS: In total, 194,624 individuals were identified in our initial search, from which 1056 were excluded for past adrenal disease (Table 1). Detection by the documented diagnosis method yielded 1578 cases (0.8%), compared with 13,697 cases (7.1%) by the imaging report method (Figure 1). Further restricting detection to true “Adrenal Surprise” by excluding those with any past adrenal lab testing and cancer history yielded 10,568 cases (6.1%). Validation studies for the 7.1% prevalence with 100 records revealed an adrenal incidentaloma positive predictive value (PPV) of 98%. When restricted to size ≥1 cm the PPV was 84%.

DISCUSSION/SIGNIFICANCE OF IMPACT: Comparing our first strategy using documented diagnoses as criterion for incidentaloma as used in a recent paper by Lopez D (Annals of Internal Medicine 2016; 165: 533–542) we found a prevalence of 0.8% in our population similar to her 0.6%. However, when searching at the level of radiology report text, we found a prevalence ten-fold greater at 7.1%. Therefore, adrenal incidentalomas are more robustly identified by searching radiologic reports.