

## Background

- Individuals with serious mental illness –Schizophrenia, Bipolar, Major Depressive Disorder- experience increased cancer mortality due to inequities in cancer care.<sup>1,2</sup>
- Individuals with serious mental illness (SMI) are underrepresented in research and are excluded from half of clinical trials.<sup>2</sup>
- Technology access is variable among this population, particularly with computer and smartphone usage necessary for remote research and care.
- The COVID-19 pandemic threatens to widen health disparities and increase barriers to research for individuals with SMI.

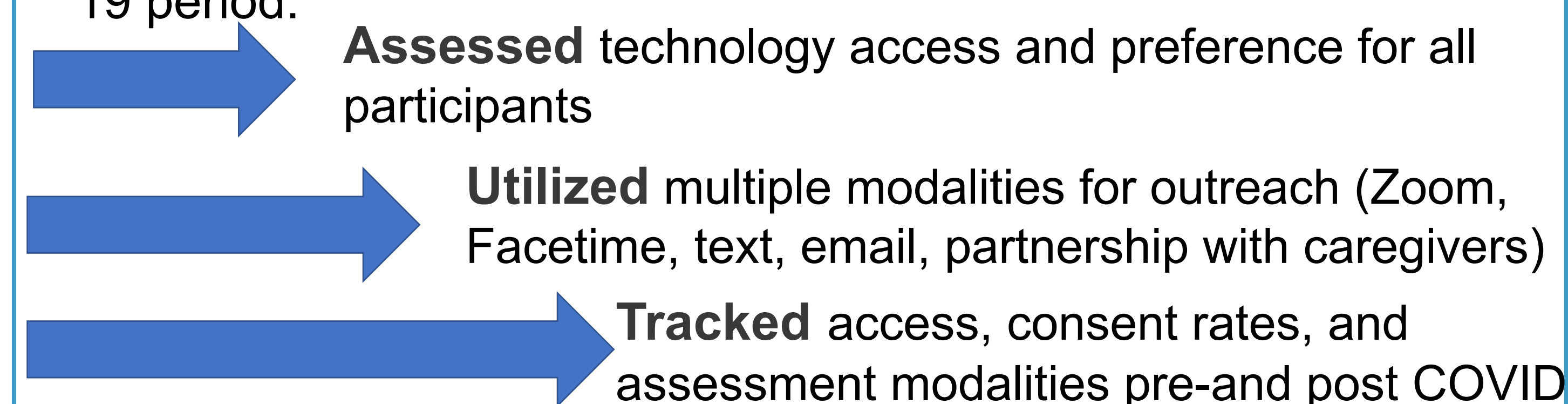
## Objectives

- To characterize trial procedures during COVID-19 for an ongoing Randomized Controlled Trial (Bridge).
- To identify strategies to promote research participation and engagement and implications for future research design.

## Methods

- We developed procedures to promote virtual engagement for Bridge, a 24-week trial for patients with SMI and cancer, and their caregivers.<sup>3</sup>
- Bridge is a person-centered, team-based care model including proactive psychiatry consultation, case management, and collaboration with oncology.
  - Patients are proactively identified using a registry embedded in the electronic health record and consented verbally.
  - All patients complete patient-reported measures and clinician assessments of psychiatric illness severity.
  - Intervention patients (Bridge) have an initial clinical evaluation of treatment goals and barriers to cancer care.

- We employed virtual engagement strategies to in the post COVID-19 period:



## Results

- We tracked access to technology and consent, and assessment modalities pre-and-post COVID-19.

### Pre-COVID (May 2019- March 2020)

Identified/ month	Total Eligible	Consented
64 (average)	58 (total)	53/58 (91%)

Consent Modality	N (%)
In- Person	40 (75.5%)
Telephone	13 (24.5%)
Patient Assessment Modality	N (%)
In-person	41 (77.4%)
Telephone	12 (22.6%)
Initial Assessment Modality (Bridge Patients)	N (%)
In-person	22/25 (88%)
Telephone	3/25 (12%)

### Post-COVID onset (April-Oct 2020)

Identified/ month	Total Eligible	Consented
45 (average)	20 (total)	15/20 (75%)

Consent Modality	N (%)
Telephone	15 (100%)
Patient Assessment Modality	N (%)
In-Person	2 (13.3%)
Email	4 (26.7%)
Telephone	9 (60%)
Initial Assessment Modality (Bridge Patients)	N=6
In-person	2
Virtual (Telehealth/phone)	4

- Prior to COVID, the registry identified 64 individuals with SMI and a new cancer appointment/month. Post COVID onset, 45 individuals were identified/ month.
- Following shift to remote procedures, all consents and most assessments were completed over the telephone or by videoconferencing.
- 8% of study participants lacked access to a personal phone (mobile or landline).

### Technology Access

Personal Phone	92% had access to a phone
Email	47% had access to email

## Conclusions and Next Steps

- Fewer new oncology consultations during the pandemic corresponded to slower study accrual and lower consent rate.
- It was feasible to enroll a marginalized population with flexible, multi-modal, patient-centered outreach during COVID-19.
- Targeted models of virtual engagement merit further investigation to promote virtual research access for marginalized populations.

## References

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- Irwin K, Park E, Shin J, Fields L, Jacobs J, Greer J, Taylor J, Taghian A, Freudenreich O, Ryan D and others. Predictors of disruptions in breast cancer care for individuals with schizophrenia. *The Oncologist* 2017;2016-0489.
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