

## Background

- Patients with serious mental illness (SMI) experience **barriers to cancer care**,<sup>1,2</sup> including being:
  - Less likely to receive preventative cancer screening.
  - More likely to present with later-stage disease.
  - Less likely to receive guideline-concordant care.
- Early psychiatry** involvement can protect against cancer care disruptions.<sup>1</sup>
- Patients with SMI are **systematically excluded** from clinical trials.
- Patients with SMI experience **barriers to technology use**.<sup>3</sup>

## Specific Aims

- Assess the **feasibility** of a randomized collaborative-care trial for adults with SMI and cancer during the pandemic, by examining:
  - Consent rates
  - Trial completion
  - Predominant modality of study assessments

## Methods

- Conducted single-site, 24-week randomized trial that examined the impact of BRIDGE (person-centered collaborative care including proactive psychiatry consultation and case management) on cancer care and psychiatric illness severity for adults with SMI and a recent cancer.
- Identified patients using a population-based registry and community-based referrals.
- Clinicians consented patients verbally.
- Researchers offered multiple modalities (in-person, phone, email) to complete study assessments.
- Patients reported depression (Patient Health Questionnaire, (PHQ-9)) and anxiety (Generalized Anxiety Disorder (GAD-7)) symptoms at 6, 12 and 24 weeks.
- Clinicians assessed psychiatric illness severity (Brief Psychiatric Rating Scale (BPRS)) at 12 and 24 weeks.
- Researchers defined feasibility as enrolling 120 patients in 36 months and consenting 60% of approached patients to the study.
- Tracked enrollment, consent and trial completion rates pre- and post-COVID-19.

## Results

Table 1: Enrollment and Consent Rates in the BRIDGE trial

Goal	Result	Overall Trial Enrollment (May 2019 - Dec 2021)		Pre-COVID-19 (May 2019 - March 2020)		Post-COVID-19 (April 2020 - Dec 2021)	
Enroll 120 patients in 36 months	120 patients enrolled in <b>31 months</b>	<b>Eligible</b>	151	<b>Eligible</b>	58	<b>Eligible</b>	93
60% of approached patients consent to enroll in study	<b>85%</b> of approached patients consented	<b>Approached</b>	146	<b>Approached</b>	58	<b>Approached</b>	88
		<b>Consented</b>	124 (84.9%)	<b>Consented</b>	54 (93.1%)	<b>Consented</b>	70 (79.6%)
		<b>Enrolled</b>	120	<b>Enrolled</b>	53	<b>Enrolled</b>	67
		<b>Withdrew</b>	5				
		<b>Deceased</b>	10				

Table 2: Trial Completion Rates in the BRIDGE trial

Pre-COVID-19 (May 2019 - March 2020)		Post-COVID-19 (April 2020 - Dec 2021)	
PHQ-9 and GAD-7		PHQ-9 and GAD-7	
6-week	97.92% (n=47)	6-week	95.83% (n=69)
12-week	95.12% (n=39)	12-week	87.34% (n=69)
24-week	93.10% (n=27)	24-week	78.02% (n=71)
Clinician administered assessment (BPRS)		Clinician administered assessment (BPRS)	
12-week	97.56% (n=40)	12-week	84.81% (n=67)
24-week	89.66% (n=26)	24-week	75.82% (n=69)

Table 3: Predominant Modality of the BPRS throughout the BRIDGE trial

Pre-COVID-19 (May 2019 - March 2020)		Post-COVID-19 (April 2020 - Dec 2021)	
12-week	in-person, 67.50% (n=27)	12-week	by phone, 68.66% (n=46)
24-week	in-person, 53.85% (n=14)	24-week	by phone, 81.16% (n=56)

## Conclusions

- Patients with SMI and cancer **can enroll in and complete** a randomized trial of person-centered collaborative care.
- Exclusion criteria related to preexisting mental illness need to be reconsidered.
- Flexible, hybrid, and targeted approaches** can promote trial inclusion for marginalized populations.

## Citations

- Irwin KE, Park ER, Fields LE, et al. Bridge: Person-Centered Collaborative Care for Patients with Serious Mental Illness and Cancer. *Oncologist*. 2019;24(7):901-910. doi:10.1634/theoncologist.2018-0488
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- Young, A. S., Cohen, A. N., Niv, N., Nowlin-Finch, N., Oberman, R. S., Olmos-Ochoa, T. T., Goldberg, R. W., & Whelan, F. (2020). Mobile Phone and Smartphone Use by People With Serious Mental Illness. *Psychiatric services* (Washington, D.C.), 71(3), 280-283. <https://doi.org/10.1176/appi.ps.201900203>

