Adapting the Tumor Board Model for Serious Mental Illness and Cancer: Identification and Enrollment of Patients at the North Shore

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Background

- Individuals with serious mental illness (SMI) experience disparities in cancer care and survival.[1,2]
- Involvement of psychosocial services for patients with SMI at cancer diagnosis may help prevent cancer care disruptions.[1,2]
- Technology-based interventions including virtual tumor boards can strengthen capacity to deliver quality care in community oncology settings.[1,3]

Purpose

- Assess the feasibility of implementing a virtual cancer and mental health tumor board to increase the reach of person-centered cancer care for adults with SMI and recently diagnosed cancers at a community cancer center affiliate site.

Methods

- Identified patients with SMI and new cancers using a population-based registry and referrals from oncology and mental health clinicians.
- Eligible patients included those with a new cancer, an appointment at or a referral to MGH Danvers/North Shore Cancer Center, and history of SMI (schizophrenia spectrum disorder, bipolar disorder, or complex major depressive disorder (MDD) or depression).
- With the goal of identifying patients with MDD or depression in need of proactive evaluation, patients with complex MDD or depression were defined to be those also having prior psychiatric hospitalization, history of suicidal ideation/attempt, comorbid alcohol or opioid use disorder, or Medicaid insurance.
- Study clinicians approached patients virtually after obtaining permission from patients' clinicians.
- Feasibility criteria was defined to be 30 patients enrolled over 12 months with 60% of eligible patients consenting.

Results

Table 1. Feasibility Pilot Patient Enrollment

Eligible	40
Approached	35
Consented	30 (85.7%)
Enrolled	30

Figure 1. Cancer Types

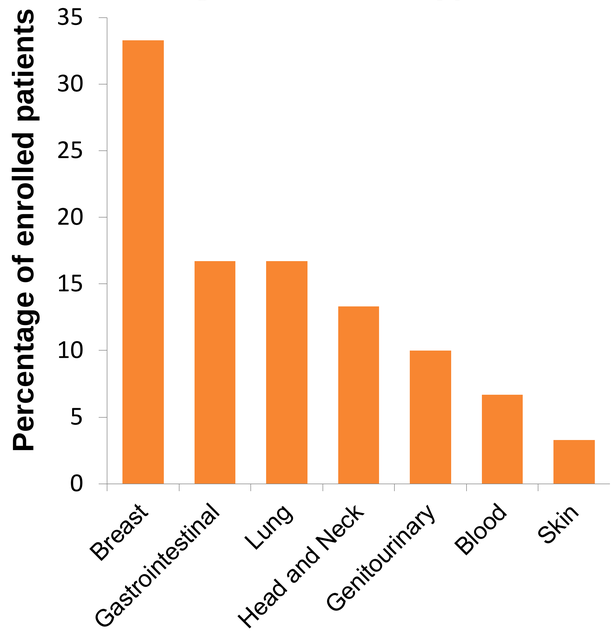
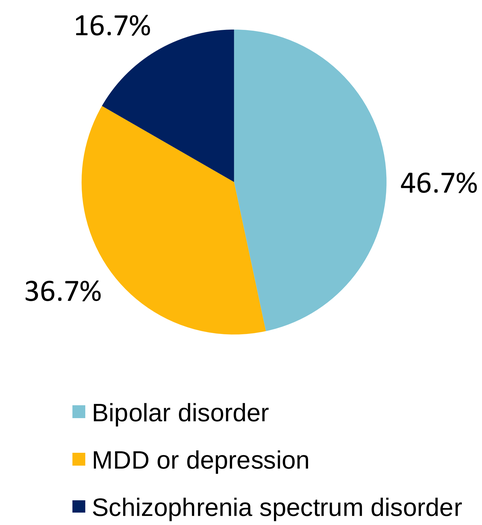


Figure 2. SMI Diagnoses



- From May 2023 to September 2024, we screened 2980 patients from the registry. 1195 patients had suspected or confirmed cancer and a history of schizophrenia spectrum disorder, bipolar disorder, MDD, or depression. 222 of these patients received care at the North Shore (Danvers/Salem).
- Reasons for ineligibility included not meeting criteria for complex MDD or depression, recurrent/relapsed cancer, no new oncology appointment/referral within the past 8 weeks, or no English/Spanish fluency.
- Among enrolled patients, 83.3% were identified from the registry, 13.3% by referral, and 3.3% by an Epic report.
- We consented and enrolled 30 patients from December 2023 to September 2024. 85.7% of approached patients provided consent. Reasons for declining participation included being busy, overwhelmed, or concerned about altering the approach to care.

Conclusion

- Utilizing a population-based registry and clinician referrals is a feasible approach to identify patients with SMI and new cancers at high risk for cancer care disruptions who may benefit from a psychosocial oncological intervention.

Citations

1. Irwin KE, Ko N, Walsh EP, Decker V, Arrillaga-Romany I, Plotkin SR, Franas J, Gorton E, Moy B. Developing a Virtual Equity Hub: Adapting the Tumor Board Model for Equity in Cancer Care. Oncologist. 2022 Jul 5;27(7):518-524. doi: 10.1093/oncolo/oyac069.
2. Irwin KE, Park ER, Fields LE, Corveleyn AE, Greer JA, Perez GK, Callaway CA, Jacobs JM, Nierenberg AA, Temel JS, Ryan DP, Pirl WF. Bridge: Person-Centered Collaborative Care for Patients with Serious Mental Illness and Cancer. Oncologist. 2019 Jul;24(7):901-910. doi: 10.1634/theoncologist.2018-0488.
3. Specchia ML, Frisicale EM, Carini E, Di Pilla A, Cappa D, Barbara A, Ricciardi W, Damiani G. The impact of tumor board on cancer care: evidence from an umbrella review. BMC Health Serv Res. 2020 Jan 31;20(1):73. doi: 10.1186/s12913-020-4930-3.

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Research funded by the Trefler Foundation