

**Using Information Technology to Support Systematic Screening and Treatment of  
Depression in Cancer**  
**Frequently Asked Questions**  
**February 2018**

**Do you see a place for smartphone based screening and follow-up?**

Yes, smartphone based screening and follow-up is within scope and is encouraged by this FOA. Please remember the use of IT should ensure protection of patient privacy and compatibility with the cyber-security requirements of the oncology practice.

**Is there interest in looking at the development of novel mobile treatment technology (apps), standard (internet-based/telephone), or a comparison among Face-to-Face, video/telephonic, internet/app based treatments?**

Yes. Both new technology development and using existing technology to better integrate established treatments in oncology care are within scope. Comparison of effectiveness of different technology-based approaches to treat depression is also within the scope of the FOA.

**Do interventions delivered via social media fall under the scope of this FOA?**

Yes, these are within scope. Please remember the use of IT should ensure protection of patient privacy and compatibility with the cyber-security requirements of the oncology practice.

**Would an intervention app or on-line treatment tool that has already been tested and found effective in depressed sample, but not in a sample with cancer, be an acceptable idea for the R01 funding mechanism?**

Yes, this is within the scope of the FOA.

**I am working on new approaches to detect depression. Will that research be supported by this FOA?**

No. The intent of the FOA is to identify new IT-enabled delivery models that integrate established instruments to screen and diagnose depression in routine oncology care. New approaches to integrate these established instruments in care delivery are within scope of the FOA, however, new approaches to screen or diagnose depression are not within its scope.

**I plan to work with rural-serving oncologists who would refer patients with depression to a telehealth-based CBT intervention. Does this qualify as an IT-enabled delivery model under this PA?**

This question does not provide enough detail to give a definitive answer. It is not clear whether the proposed intervention closes the loop after referral so that the referring oncologist knows the outcome of the referral and whether there is a need to make any changes to the patient's treatment plan. If the new delivery model is well integrated within the oncology practice, then it is within the scope of the FOA.

**I want to use claims databases to identify cancer patients with depression and evaluate a new delivery model to treat these patients. Is that within the scope?**

This question does not provide enough detail to give a definitive answer. It is not clear how well this new delivery model will be integrated within the oncology practice. If it is well integrated, then it is within the scope of the FOA.

**Does this FOA support research on web-based CBT for treating cancer patients with depression and for other psychological problems such as anxiety?**

This question does not provide enough detail to give a definitive answer. The FOA's intent is to support IT-based interventions to treat depression. If the case can be made that extending the treatment to other psychological disorders will help in the sustainability or scalability of the delivery model to treat depression, and doing so does not detract from the main goal of treating depression, then this would be within the scope of the FOA.

**How remote should the interventions be in terms of the scale of the study? For example, should proposals include a large-scale study of many cancer centers to see if mobile tech is viable at scale, or local, with a more in-depth assessment of patient outcomes?**

It is important to first establish the effectiveness of the IT-enabled delivery model in oncology practice before scaling it up. If an effective IT-based delivery model is already being used in one or more cancer centers, then a large-scale study of several cancer centers, within the constraints of an RO1 mechanism, is within the scope.

**Are you looking for us to leverage existing platforms/technologies or to develop new technologies for this funding announcement?**

Both approaches are acceptable and within the scope of the FOA.

**Is there an interest in including assessments beyond the self-report measures mentioned in the FOA? Would there be interest in other assessments such as cognitive assessments, EMA (ecological momentary assessment), etc.?**

The intent of the FOA is to show effectiveness of the care delivery model in treating depression and improving the care delivery-related outcomes. If the case can be made that extending assessment and treatment beyond depression and use of self-report measures will help in the sustainability or scalability of the delivery model, and doing so does not detract from the main goal of treating depression, then this would be within the scope of the FOA.

**How can IT interventions be delivered real-time and by mHealth approaches? How to approach or get the buy-in of potential practice settings for proposing such work?**

It is important to understand the clinical needs, capacity constraints, and the workflows related to depression management in an oncology practice before designing an IT intervention to support depression care within the practice, which will help to get the buy-in of the practice.

**Is this FOA interested in cancer patients or cancer survivors or both?**

Both newly-diagnosed cancer patients and cancer survivors are within the scope of the FOA.

**What do you think of multiple PIs for an R21?**

If the applicant deems it scientifically necessary to have multiple PIs, it is allowable to propose multiple PIs for the R21 grant mechanism.