

Internists: Pivotal, evolving role in oncology.

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Introduction

Internists are increasingly encountering immune-related adverse events (irAEs) due to the widespread use of immune checkpoint inhibitors in cancer therapy. This guide is crucial for understanding the diverse presentations of irAEs across various organ systems, from dermatologic issues to endocrine dysfunctions and severe toxicities affecting the gut or lungs. Recognizing these events early and managing them effectively, often involving corticosteroids or other immunosuppressants, is key to patient safety and successful cancer treatment continuation[1].

Internists, as primary care providers, play a vital role in early cancer detection and prevention. This involves promoting healthy lifestyles, adhering to recommended screening guidelines for common cancers like breast, colorectal, and cervical, and recognizing subtle symptoms that might signal malignancy. Emphasizing shared decision-making and patient education can significantly improve early diagnosis rates, ultimately leading to better treatment outcomes and reduced cancer mortality[2].

Treating cancer in older adults presents unique challenges, requiring a nuanced approach from internal medicine specialists. This field, known as geriatric oncology, moves beyond chronological age to consider functional status, comorbidities, and social support. Comprehensive geriatric assessments are essential for tailoring treatment plans, minimizing toxicity, and optimizing quality of life, ensuring that therapy aligns with the patient's individual goals and overall health[3].

Internists frequently encounter patients with cytopenias, and understanding the evolving landscape of hematologic malignancies like Myelodysplastic Syndromes (MDS) and Acute Myeloid Leukemia (AML) is critical. This involves recognizing the clinical features, initial diagnostic workup, and appropriate referral pathways. Awareness of new therapeutic agents and supportive care strategies is vital for managing these complex conditions and improving patient outcomes before specialist intervention[4].

Integrating palliative care early in the cancer trajectory significantly improves patient quality of life, symptom management, and even survival. For internists, this means recognizing the importance of

addressing physical, psychological, social, and spiritual suffering alongside active cancer treatment. Collaboration with specialist palliative care teams is key, but internists can also initiate essential conversations about goals of care, advance directives, and basic symptom control, enhancing comprehensive patient support[5].

As cancer treatments become more effective, cardiotoxicity has emerged as a significant concern. Internists are at the forefront of managing cardiovascular complications in cancer patients, both during and after therapy. This requires a solid understanding of specific agents that can damage the heart, vigilant monitoring for symptoms, and proactive strategies to mitigate risks. Early identification and management of cardiotoxic effects are critical for preserving long-term cardiovascular health in cancer survivors[6].

The growing population of cancer survivors means internists increasingly manage their long-term health needs. This guide emphasizes the importance of survivorship care plans, addressing potential late and long-term effects of cancer treatment such as fatigue, pain, psychological distress, and secondary malignancies. Regular screening, symptom management, and lifestyle counseling are central to supporting these patients in maintaining their well-being after active treatment[7].

Precision oncology, leveraging molecular profiling to tailor cancer treatments, is transforming patient care. Internists need a foundational understanding of this approach, including common actionable mutations and the implications for targeted therapies and immunotherapies. While specialists guide specific treatments, internists play a crucial role in explaining this complex landscape to patients, managing related toxicities, and ensuring continuity of care within this evolving therapeutic paradigm[8].

Staying current with the rapid advancements in systemic cancer therapies, including chemotherapy, targeted agents, and immunotherapies, is a challenge for any internist. This overview helps in grasping the fundamental principles, common side effects, and monitoring requirements associated with these treatments. Understanding these aspects allows internists to better support their patients through treatment, manage complications, and provide informed primary care[9].

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Oncologic emergencies represent acute, life-threatening complications of cancer or its treatment, demanding prompt recognition and intervention by internists. Conditions like spinal cord compression, superior vena cava syndrome, hypercalcemia of malignancy, and tumor lysis syndrome require a rapid diagnostic approach and initiation of specific management strategies. Understanding these critical scenarios and knowing when to escalate care or initiate immediate treatment can be lifesaving[10].

Conclusion

Internists play a central and evolving role in oncology, encompassing a broad spectrum of care. They are vital for early cancer detection and prevention, promoting healthy lifestyles, adhering to screening guidelines, and recognizing initial malignancy symptoms. Their responsibilities extend to managing complex treatment-related complications, such as immune-related adverse events from checkpoint inhibitors, which require early recognition and management to ensure patient safety. Internists also address cardiotoxicity, a growing concern with effective cancer therapies, by understanding specific agents and implementing proactive strategies to preserve cardiovascular health in survivors.

Furthermore, they navigate specialized areas like geriatric oncology, tailoring treatments for older adults through comprehensive assessments. Managing hematologic malignancies, including Myelodysplastic Syndromes (MDS) and Acute Myeloid Leukemia (AML), involves diagnostic workup and appropriate referrals. Precision oncology, driven by molecular profiling, also requires their foundational understanding to explain targeted therapies and manage toxicities. Crucially, internists integrate palliative care early, addressing holistic patient suffering, and manage the long-term health needs of cancer survivors through comprehensive care plans.

They are also frontline responders for oncologic emergencies, requiring rapid recognition and intervention for life-threatening conditions. Staying current with systemic cancer therapies is essential for providing informed primary care throughout the cancer trajectory.

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