



Oncology for Primary Care

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I have no financial disclosures

Objectives

1. Identify and recognize the clinical presentation of common oncologic emergencies associated with malignancy
2. Differentiate complications related to cytotoxic cancer therapies
3. Recognize and differentiate adverse events and other complications associated with cancer immunotherapy
4. Apply principles of end-of-life care to clinical decision-making

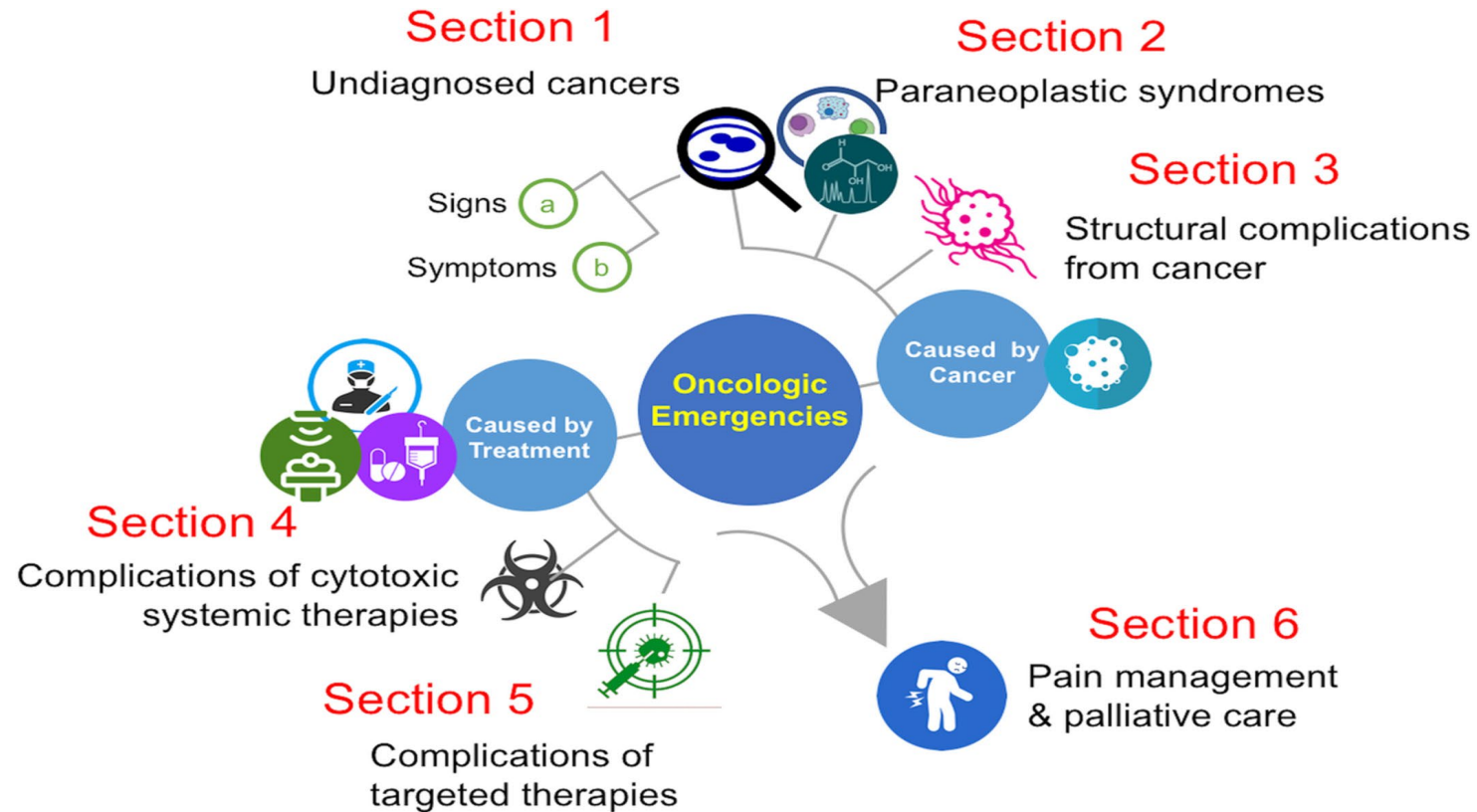
Malignancy Related Complications

- 1. General
- 2. Electrolyte/endocrine
- 3. Structural

General

- Unintentional Weight Loss
- Fever/Chills
- Fatigue

Oncologic emergencies and urgencies: A comprehensive review



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Electrolyte and endocrine abnormalities

- Hyponatremia- SIADH
- Hypercalcemia- multiple myeloma, bone metastasis
- AKI- obstructive uropathy, poor oral intake
- Hyperuricemia- tumor necrosis
- Hypomagnesemia
- Hypoglycemia- insulinoma
- Hyper and hypothyroidism- thyroid masses
- Low cortisol

Structural

- Obstructive Uropathy
- Bowel Obstruction
- Biliary Tract Obstruction
- Esophageal Obstruction
- Pathologic Fracture

Structural emergencies

- Thromboembolic Disease
- SVC Syndrome
- Spinal Cord Compression
- Increased Intracranial Pressure
- Airway Obstruction
- Pleural Effusion
- Pericardial Effusion
- Hemorrhage

Cytotoxic therapy complications

- Chemotherapy Induced Nausea and Vomiting
- Diarrhea- chemo vs GVHD vs C diff
- Mucositis
- Esophagitis
- Cardiomyopathy
- Hemorrhagic Cystitis
- Peripheral Neuropathy
- Anemia
- Thrombocytopenia

Cytotoxic Therapy Emergencies

- Febrile Neutropenia
- Septic Shock
- Tumor Lysis Syndrome

Targeted Therapy Complications

- Opportunistic infections- TB, PJP, fungal
- Pneumonitis
- Dermatitis
- Colitis
- Encephalitis
- Pancreatitis
- Hepatitis
- Myocarditis
- Hypophysitis
- Uveitis

T cell therapies- CAR-T and BiTE

- Cytokine Release Syndrome

- ✓ fever
- ✓ hypotension
- ✓ hypoxia
- ✓ tachycardia

- ICANS

- ✓ change in baseline neurologic status
- ✓ disorientation, confusion
- ✓ tremors
- ✓ expressive aphasia
- ✓ change in level of consciousness
- ✓ seizures
- ✓ coma

Pain management and Palliative Care

PAIN

- ❖ Who is managing your pain?
- ❖ Is it adequate?

PALLIATIVE

- ❖ Do you have an advanced directive?
- ❖ Have you discussed your wishes with family?

Key Takeaways

- **Maintain high suspicion for oncologic emergencies**
 - RED FLAG symptoms: weight loss, fever, fatigue, neurologic changes, obstruction
- **Differentiate complication types**
 - Malignancy-related (electrolyte, structural) vs **treatment-related**
- **Recognize time-sensitive emergencies early**
 - Spinal cord compression, SVC syndrome, tumor lysis, febrile neutropenia

Key Takeaways

- **Understand therapy-specific toxicities**

- **Cytotoxic:** myelosuppression, GI toxicity, cardiotoxicity
- **Immunotherapy/targeted:** autoimmune effects (colitis, pneumonitis, hepatitis)

- **Identify unique syndromes in modern therapies**

- CAR-T: Cytokine Release Syndrome (CRS) & ICANS

Key Takeaways

- **Primary care plays a critical role**

- Early recognition, stabilization, and rapid referral improve outcomes

- **Always incorporate goals of care**

- Pain control, advanced directives, and patient-centered decision making

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