

The Oncologist Outside the Exam Room

For our next discussion with a leader in oncology, I chatted with Chadi Nabhan, MD, MBA. Dr. Nabhan is the Chief Medical Officer and Head of Strategy at Ryght, Inc., a generative artificial intelligence (AI) company focused on improving clinical research and trial operations to accelerate drug development. Prior to that he was a Chief Medical Officer in several other health care companies, worked closely in the field of precision oncology, and was an Associate Professor of Medicine at the University of Chicago. Dr. Nabhan is also the host and creator of the weekly “Healthcare Unfiltered” podcast, and the author of 2 books: *Toxic Exposure*, released in 2023, and his latest book, *The Cancer Journey*, released in September 2024.

Q: Dr. Nabhan, you have held several positions throughout your career—a physician, a moderator, a writer, an investigator, and a health care executive—what have you found most gratifying and interesting and what advice would you have for someone thinking about leaving active clinical practice?

A: In every career move, the most important question to ask is “why.” The “why” is what has driven me throughout my career path and transitions. My “why” has always been “the patients” and what is best for the people we serve and hold dear to our hearts. Although nothing can replace the immediate gratification we receive as physicians when helping a patient in the exam room, there is so much that must be done to help patients outside of these rooms.

So, my advice is to ask yourself why you’d want to leave clinical practice. If you’re running “away” from something, then you may make mistakes, and such transition may not be fruitful. If you’re running “toward” something, then you’re likely on the right path.

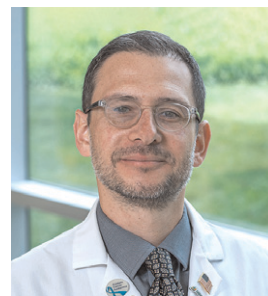
And ultimately, ask yourself what you plan to achieve once you make the transition out of daily clinical practice. If this leads to helping patients, you’re on the right path. We need physicians in every sector within the cancer care ecosystem, and it’s the only way we can continue to make progress.

Q: As someone who has been a practicing oncologist for many years and then became intimately familiar with molecular diagnostics and is now working in AI, where do you see AI fitting into oncology practice in the next 5 to 10 years? What will the future really look like? Will we still need oncologists in 20 or 30 years?

A: AI is here to stay. But AI will not replace doctors and other health care providers; rather, AI will aid in their daily work functions, make processes easier and smoother, and lead to more precise decisions and operations.

There are so many potential applications for AI in oncology. I’d like to mention a few, but the list is not inclusive. AI can help build predictive models that allow physicians to select the best treatment for a given patient if more than one choice of equal efficacy and similar toxicity is available. We have this scenario in oncology often. Several regimens can be prescribed to patients, and often the choice is based on prescriber’s familiarity and perception as opposed to real science. AI can also help building prognostic models that allow us to have more intelligent conversations with our patients when assessing their prognosis. What is exciting me the most, though, is generative AI, which led me to take on my current role. Generative AI allows the creation of new content that is unprecedented and can be utilized in a variety of settings. Applying generative AI in various aspects of clinical research operations, as an example, can lead to saving time, reducing cost, and increasing patients’ enrollment on studies, and ultimately to shortening the time for drugs to be available for patients. Generative AI can create chatbots that can be readily available for patients, providing education and instructions when needed.

The next few years will be very exciting. I have no doubt that we will make significant acceleration in new drugs and devices to treat cancer, and I am certain that AI will accelerate this process.



DANIEL M. GEYNISMAN, MD

Daniel M. Geynisman, MD, is an Associate Professor in the Department of Hematology/Oncology at Fox Chase Cancer Center and the Division Chief of Genitourinary Medical Oncology, as well as the Vice Chair for Quality Improvement. He is also the Editor-in-Chief of *JNCCN* as of May 2024.

Dr. Geynisman clinically sees patients with all urologic malignancies—bladder, kidney, prostate, penile, testicular, and adrenal cancers. His research interests focus on health outcomes evaluations in urologic malignancies, quality improvement in oncology, and new drug development for genitourinary malignancies. He is an active investigator on a number of past and ongoing clinical trials, with a particular focus in bladder and kidney cancer, and he has co-authored more than 130 manuscripts in peer-reviewed journals.

He serves on the NCCN Guidelines Panel for Testicular Cancer, is on ASCO’s Ethics Committee, and is the prior medical oncology editor for *Urologic Oncology*.

Dr. Geynisman earned his medical degree from the University of Pittsburgh School of Medicine and completed a residency in internal medicine at the University of Pittsburgh Medical Center, serving an additional year as chief resident. He then went on to a fellowship in hematology/oncology at the University of Chicago, serving as a chief fellow in his final year of training.

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Whether selecting the proper target or proper drug, designing the better study, or improving operations, AI will ultimately help patients and their physicians.

Rest assured, however, that oncologists will always be needed and are going nowhere. AI will simply make their lives better and hopefully reduce burnout.

Q: You just wrote and published a book, *The Cancer Journey*, intended for patients, families, and others dealing with cancer. What did you learn through that process and what advice would you have for clinicians that we tend to ignore or not think about?

A: This book was a dream coming true. I have always wanted to write a book that can be a guide to patients, their caregivers, their primary care physicians, students, and fellows as they all navigate the unfortunate diagnosis of cancer. Whether providing care or suffering from the disease, getting information in a simplified manner is key to understanding the issues at hand. I leveraged my ability to tell stories, sharing many of the encounters I have had during my clinical practice, to illustrate and explain all things related to cancer from A to Z.

I put myself in the patients' shoes and manifested the questions that can come across their minds and what their family members go through. From "what is cancer" to "survivorship" and everything in between.

One of the matters that I believe some physicians tend to overlook is patients' interest in complementary therapy, such as acupuncture, diet-related approaches, vitamins, and the like. We tend to focus only on antineoplastic therapy, which is of course appropriate, but we also need to be attuned to the alternative therapies patients turn to or ask about. I dedicate an entire chapter to that. I also believe we tend to overlook the burnout that caregivers could experience, because it is challenging to be the caregiver for a patient with cancer. Compassion fatigue is real, and I advise my colleagues to check on the caregivers. I have a chapter in my book, titled "Caring for the Caregiver," that addresses the problem and proposing solutions.

My experience writing the book, while tiring and which took 3 years, was fulfilling, and I hope the book reaches many of the people who need it the most.

Thank you, Dr. Nabhan!

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