

Two Heads Are Better Than One: Second Opinions and Collaborations in Oncology

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Advanced practitioners (APs) are charged with making critical decisions and diagnosing complex cases daily. No matter where you practice, or the number of years of experience you have, second opinions and collaborations are critical to patient outcomes.

A rheumatology colleague referred a relatively young and “healthy” patient to me, without any comorbid conditions, for a tiny monoclonal lambda band identified in the serum. The patient had common, non-specific symptoms of fatigue, malaise, and body aches that had worsened over the past few months. An avid runner, they were unable to exercise as usual. They had seen several other providers, including a local hematologist who attributed their symptoms to iron deficiency anemia and vitamin B deficiency, which the hematologist corrected with supplementation. However, due to persistent unexplained symptoms, the patient and their significant other decided to travel quite a distance to our center to obtain a second opinion.

During our visit, I obtained a clinical history, and reviewed their chart and previous laboratory data. I noticed there was no urine evaluation despite mild renal insufficiency that was new within the past year. A urine specimen showed significant proteinuria and a small monoclonal lambda protein band. A serum chemistry panel showed decreased kidney function, with a glomerular filtration rate (GFR) of 30 mL/min, which is low for a young patient without hypertension, diabetes, or other explainable causes.

I phoned a nephrologist I have previously collaborated with on cases and shared my concern about ruling out treatable conditions, such as monoclonal gammopathy of renal significance (MGRS) or AL amyloidosis (Cancilla et al., 2025; Williams et al., 2025). The nephrologist agreed and proceeded with a kidney biopsy that week. Sure enough, the biopsy was consistent with AL amyloidosis, lambda light chain type. I discussed the findings of this case at our weekly tumor board. The patient immediately started plasma cell-directed therapy with improvement in kidney

function within 1 week. Their proteinuria will improve over time, and we are hopeful their energy levels and symptoms will improve as well.

This case highlights two key points: (1) the critical role of patient empowerment in seeking second opinions, and (2) the importance of collaborating with other specialists. Our AP practice combines objective data, clinical experience, and judgment for decision-making. As such, a team approach to care is critical and, in this case, led to improved outcomes in preserving kidney function through a prompt diagnosis.

Several reviews have highlighted demographic factors associated with patients seeking second opinions, including age, gender, health status, and socioeconomic status (SES). In contrast, other reviews have mentioned that SES is less important, and patient symptoms can drive the desire for second opinions (Greenfield et al., 2021). However, referrals to expert institutions can lead to meaningful changes in diagnosis and treatment recommendations for patients, especially in difficult cases (Lipitz-Snyderman et al., 2023).

Second opinions for patients and providers are a crucial aspect of patient empowerment and health-care management, especially when diagnoses are complex. I encourage each of you to build a network of collaborative practitioners you can “curb-side” or discuss complex cases with. Find out if you have access to a tumor board in your hospital system to present these patient cases. And finally, please empower your patients to seek second opinions to enhance patient engagement and empowerment when uncommon diagnoses arise and unexplained symptoms persist.

IN THIS ISSUE

Two papers in this issue highlight the importance of interdisciplinary collaboration for complex conditions. In Grand Rounds, an unknown G6PD deficiency led to hemolytic anemia after an infusion of rasburicase. In Diagnostic Snapshot, a patient's primary care physician previously noted low white blood cell count, and it was found that he had a benign hematologic phenomenon known as benign ethnic neutropenia (BEN) or Duffy-null associated neutrophil count (DANC).

Also in this issue, learn about how 29 NCCN Member Institutions provide integrative oncology services, including types of services, referral process, and employment structure. The Practice Matters article dives into narrative medicine, a tool that advanced practitioners can use to connect with patients' stories in order to foster better engagement and understanding. In addition, learn about the first FDA-approved product for the management of congenital thrombotic thrombocytopenic purpura, a rare autosomal recessive condition.

Read about a study assessing patients' comfort with remote patient monitoring after bone marrow transplant. Learn about evidence on the use of melatonin for cancer-related fatigue. Another article reports on an intensive educational course preparing APs to serve as principal investigators and sub-investigators in clinical trials.

Finally, view the advanced practice initiatives and projects your colleagues presented at JADPRO Live 2025 this past October with a list of the abstracts and link to the full posters. ●

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