



Disclosure Statement

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Internal Medicine Integration Reduces the Oncology Mortality Fraction in Hospitalized Patients: Single Lung Cancer Unit Experience

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Conflicts of interest

The authors declare no conflicts of interest.

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Claude (Anthropic) was used only for language refinement, editorial organization and layout support. AI did not generate, alter or manipulate any study data; the authors bear full responsibility for all content.

Internal Medicine Integration Reduces the Oncology Mortality Fraction in Hospitalized Patients: Single Lung Cancer Unit Experience

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01 INTRODUCTION

- Oncology mortality fraction (OMF): proportion of in-hospital deaths attributable to oncology patients.
- OMF reflects the balance between oncologic burden and institutional safety capacity; as cancer units expand within general hospitals, OMF may rise unless comorbidity management keeps pace.
- International models support internist–oncologist co-management as a strategy to mitigate Failure to Rescue (FTR) [1,2]; European private-sector evidence remains limited.

Hypothesis: integrating a dedicated internist within a private oncology unit is associated with a reversal of the OMF trend.

02 METHODS

Design: retrospective, pre–post cohort analysis at Clínica Mi Tres Torres / UOMI Cancer Center (Barcelona).

Pre-intervention (2022–2024): standard oncologist-led care.

Post-intervention (2025): full-time internist co-management.

Data sources: admission records with specialty coding (n=75,380), outpatient visit logs (n=591,730), mortality registry (n=63 deaths, 2022–2025).

Primary endpoint: OMF trend reversal (descriptive).

Secondary endpoints: oncology inpatient mortality, LOS, 30-day readmission rate, ambulatory resolution of oncology emergencies, referral-out rate.

Statistics: Fisher exact test; Mann-Whitney U.

LIMITATIONS

- Single-center, retrospective before–after design; no concurrent control group; single post-intervention year (2025).
- Small event counts (63 deaths, 2022–2025) make OMF and mortality estimates sensitive to few cases; the mortality difference is not statistically significant (p=0.057).
- OMF is a fraction of all in-hospital deaths: changes in non-oncology mortality and institutional growth can move it independently of oncology care quality.
- Vulnerable to secular trends and case-mix change.

INTERNIST ACTIVITY 2025

The internist performed **610 outpatient encounters (241 patients; 83% oncology)**. Of 95 oncology emergency visits, **88.4% resolved without admission** (74.7% ambulatory, 13.7% day-hospital observation), while the unit absorbed +39.8% admission growth (1,027 to 1,436) without LOS prolongation.

03 RESULTS

84.6% → 50.0%

OMF fell in 2025 after three years of increase (descriptive)

17.3% → 8.0%

Oncology inpatient mortality 34/197 vs 6/75; OR 2.40, p=0.057, not significant

88.4%

Oncology emergencies resolved without admission (84/95)

1,027 → 1,436

+39.8% admissions absorbed; LOS stable (p=0.84)

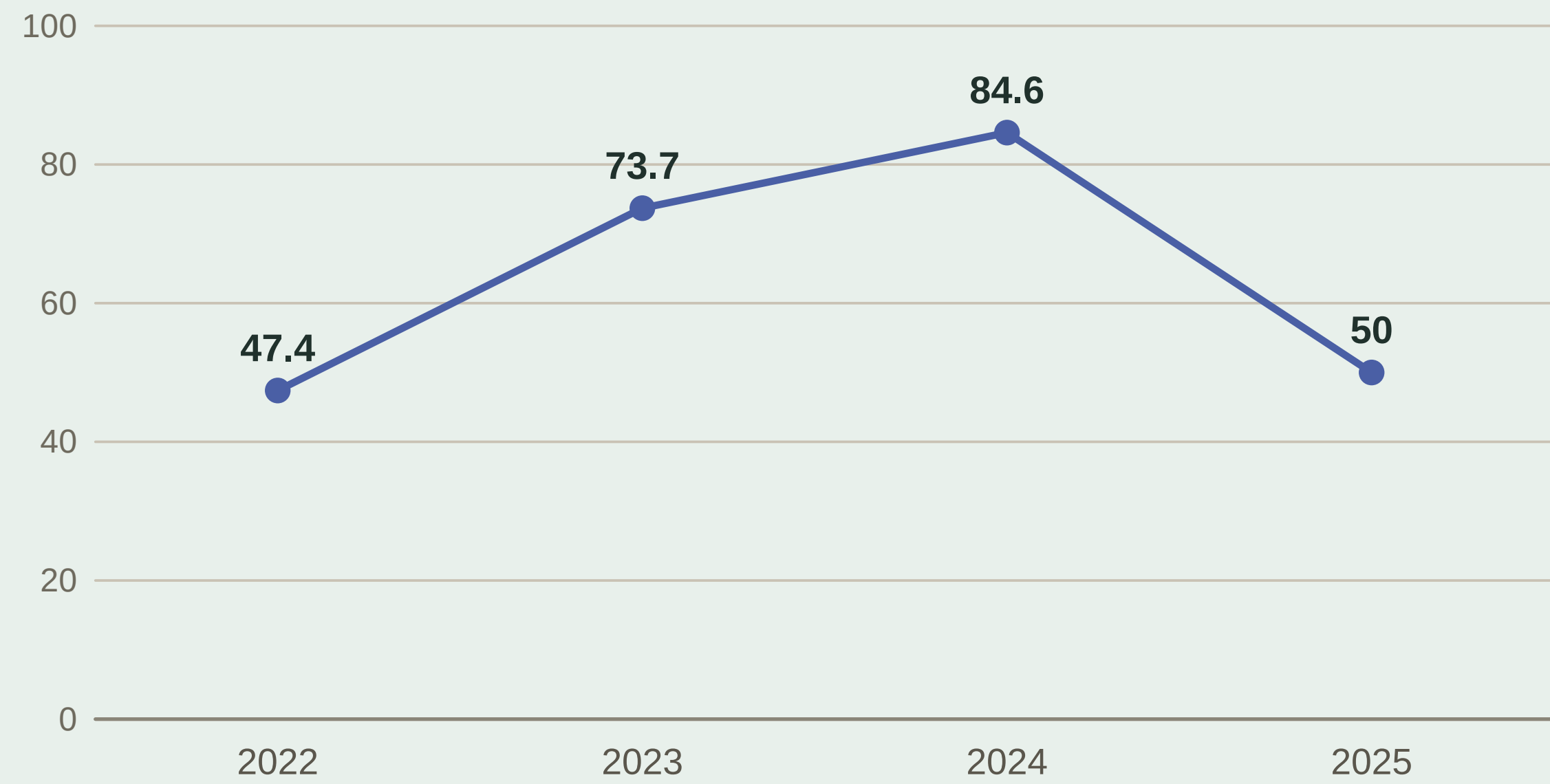


Figure 1. Oncology mortality fraction by year (%).
Internist integrated in 2025. Descriptive series; no trend test applied.

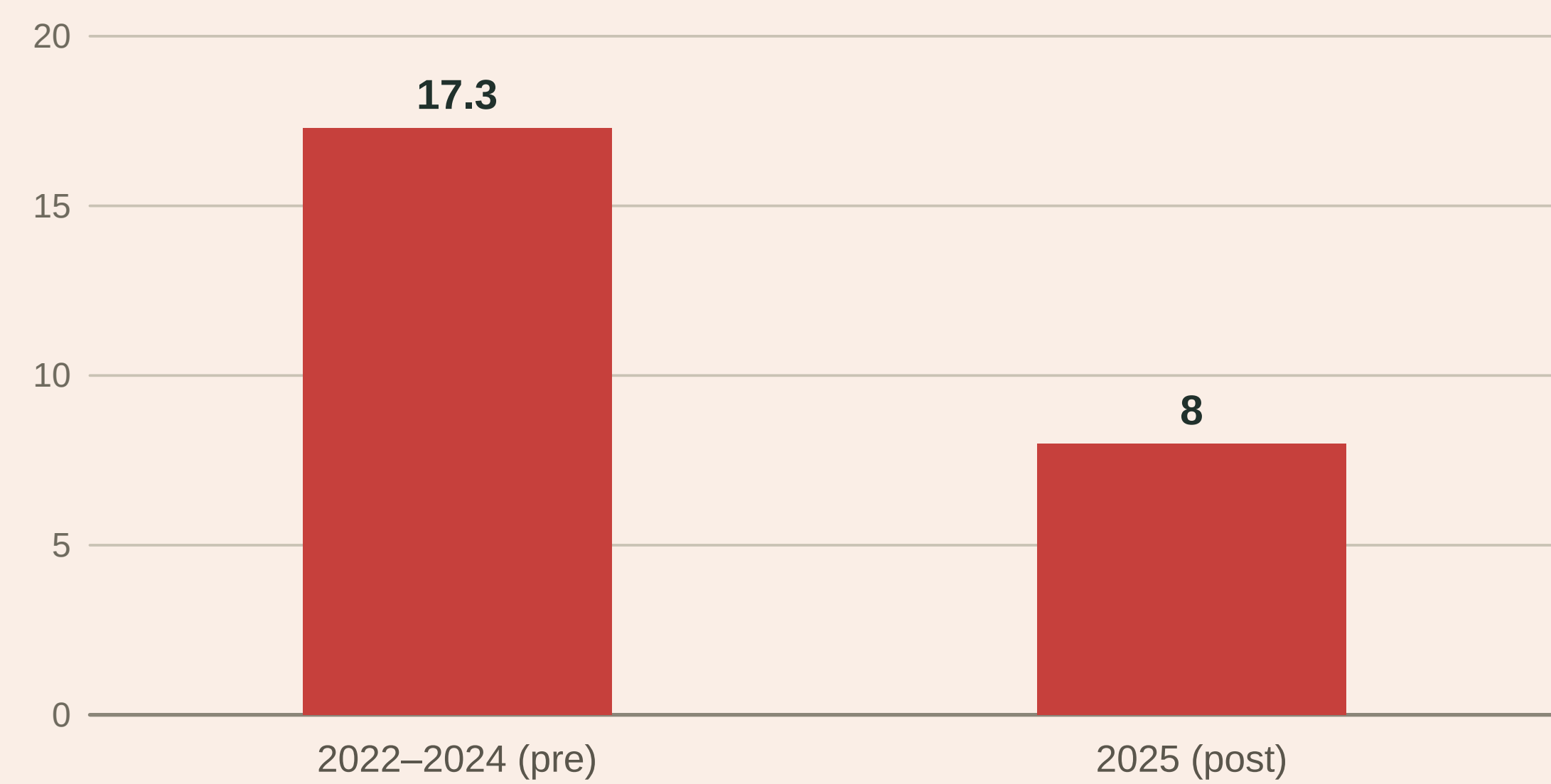


Figure 2. Oncology inpatient mortality (%), pre vs post.
OR 2.40, p=0.057 (Fisher exact); not statistically significant.

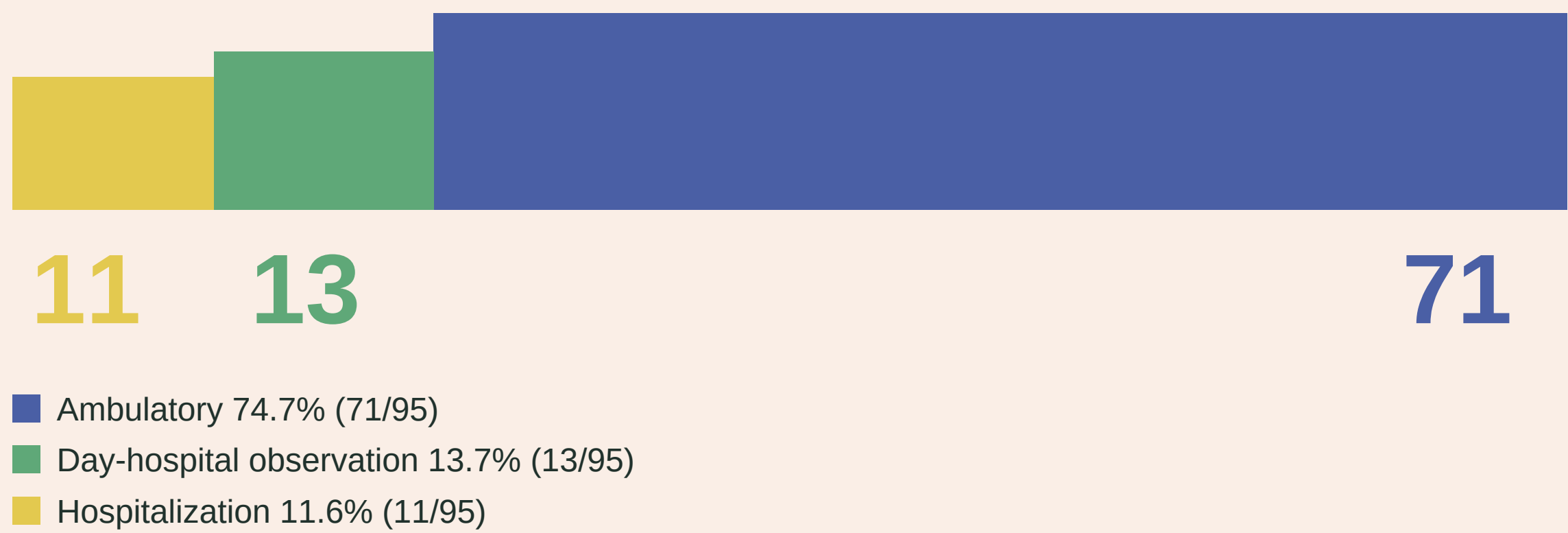


Figure 3. Resolution of 95 oncology emergency visits.

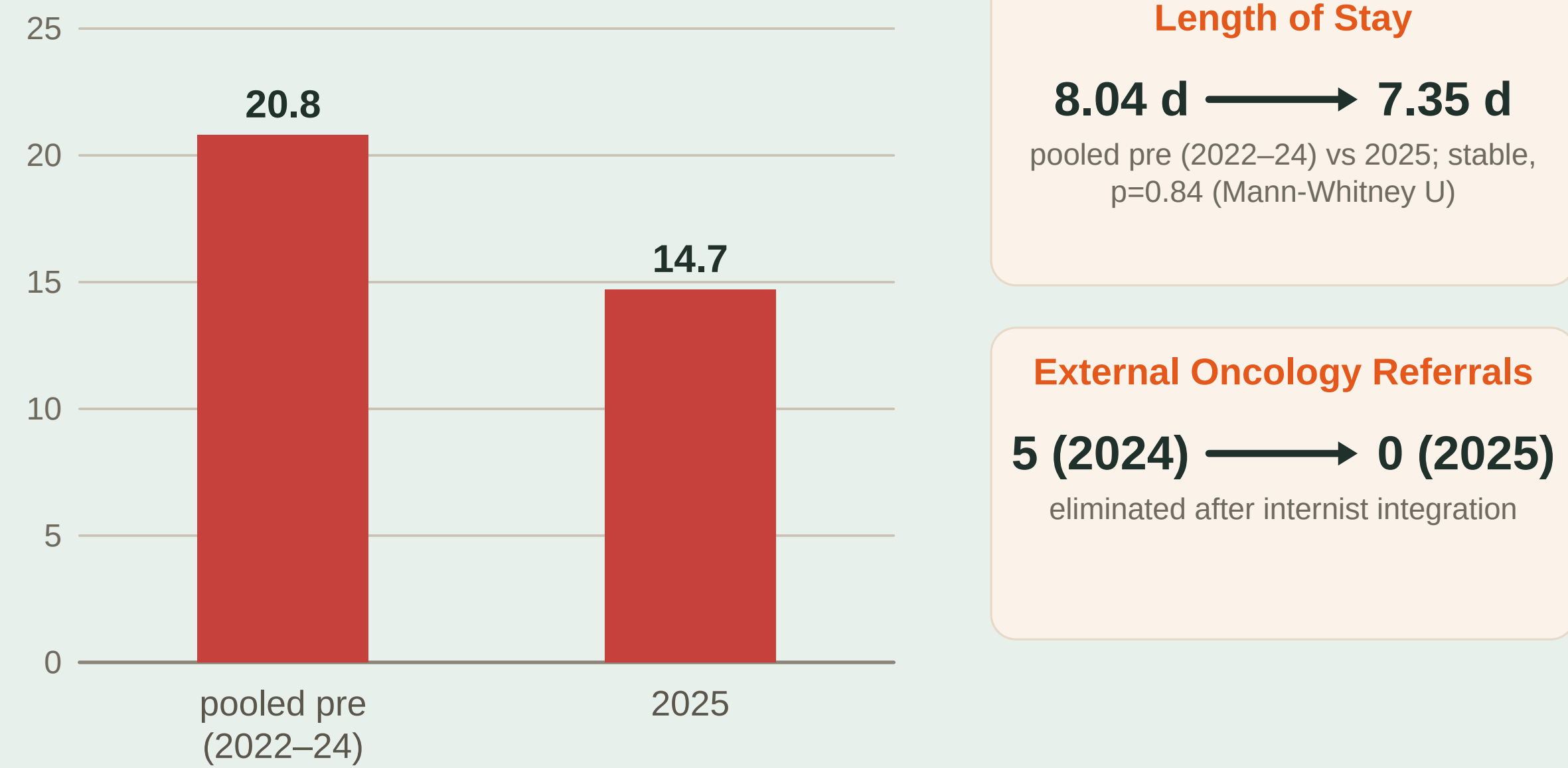


Figure 4. Secondary outcomes (descriptive).
30-day oncology readmission rate, pooled pre vs 2025; no test applied.

04 DISCUSSION

- Internist integration was associated with a decline in the OMF (84.6% to 50.0%, descriptive) after three years of increase.
- Oncology inpatient mortality 17.3% to 8.0% (OR 2.40, p=0.057; not statistically significant).
- +39.8% volume growth absorbed without LOS prolongation (p=0.84); 88.4% of oncology emergencies resolved without hospitalization; external referrals eliminated (5 to 0).
- These single-center before–after findings are associations, not causal effects; they provide early European private-sector evidence for internist–oncologist co-management as a candidate FTR mitigation strategy.

05 CONCLUSION

In this single-center before–after analysis, internist integration was associated with a decline in the oncology mortality fraction and a non-significant reduction in oncology inpatient mortality, alongside high ambulatory resolution of oncology emergencies. Given the small number of deaths, the single post-intervention year and concurrent institutional growth, these findings are hypothesis-generating.

Future research: risk-adjusted and interrupted time-series analyses, and prospective multi-center validation of the OMF as a safety indicator for growing cancer units.

06 ACKNOWLEDGEMENTS

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Companion analysis: economic and operational outcomes of the same cohort are presented in poster P1.385 at this conference.

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