

Meet a Medical Oncologist

Ibrahim Azar, MD, is a medical oncologist and hematologist oncologist at [Trinity Health IHA Medical Group](#) in Pontiac, Michigan.

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How do medical oncologists contribute to a patient's cancer journey?

In general, there are three types of oncologists. There are surgical oncologists, who take out cancer by doing surgery. There are radiation oncologists, who usually use beams to get rid of cancer. And then there are medical oncologists. We usually use pills and intravenous treatments to help fight cancer. Traditionally, we've used chemotherapy, but we also use hormonal therapy, immunotherapy and targeted therapy. As we've made a lot of recent progress in cancer, we now have a lot more tools and a lot more options for our patients.

Traditionally, we've also been sort of the quarterback of the team, so we coordinate the care. We're usually the ones ordering the scans and blood draws, and we also monitor for all the potential side effects of the drugs that we give our patients. We also are usually the ones who have goals of care discussions with our patients, letting them know about prognosis and so on.

At what point in a patient's cancer journey will they start to interact with the medical oncologist?

Sometimes, I will be sent patients before they know that they have cancer. They may have a spot on a CT scan that hasn't been biopsied yet, and we guide them to what the next step is. And sometimes, patients see me after the biopsy or after the surgery has already been done and the surgeon told them that they have cancer. Other times—for example, in cases like prostate cancer—they may have a urologist who has been treating their prostate cancer. And when it comes time to give chemotherapy or medications that the urologist is not familiar with administering, then they will see me. Typically, we see our patients most frequently when they're receiving treatment [so we can] make sure that whatever we're giving them is being given safely and is effective.

A lot of people dread the word chemotherapy. Have the medications evolved?

We're making constant progress. The number of new drugs approved in the last five to 10 years is really tremendous. Every month that I look, there is a new drug approved that has improved people's lives or has helped them live longer. The other good news is that we now have a lot more experience with using the same chemotherapy drugs from 30 or 40 years ago so that our patients don't experience bad side effects. We know much better how to control nausea and diarrhea, and we're always looking for ways to make our drugs safer. We've had very good improvements in almost all of the cancer types.

What inspires you in your work?

I am inspired every day by the strength and courage of my patients as they go through their cancer journey. I got into this because when I started med school, my mother was diagnosed with breast cancer. I was on the other side of this, and I know what she went through to be in remission. That's what led me to choose oncology.

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