Rethinking the definition of cancer and its treatments

By ACSH Staff — July 30, 2013

The article, Overdiagnosis and Over Treatment in Cancer, An Opportunity for Improvement, [2] summarizes the viewpoints of an expert working group formed to advise the National Cancer Institute on a strategy that will improve current approaches to cancer screening and prevention.

We all know that six-letter word cancer that when rendered as a diagnosis evokes a wave of panic, and the fear of pain, suffering and lethal consequences in even the most fearless. This sense of doom often leads insistent patients and their doctors down a pathway of sometimes harmful, invasive and disfiguring procedures and treatments for slow growing or nonmalignant lesions that were unlikely to ever cause any harm.

Thus a central component of the panel s recommendations is that we change the national terminology and language used to describe lesions found by some screenings, by eliminating the word cancer from the medical lexicon of many premalignant conditions, such as ductal carcinoma in situ, which many doctors agree is not cancer. The hope is that by reserving the term cancer to describe lesions with a reasonable likelihood of lethal progression if left untreated and reclassifying other lesions as IDLE, or indolent lesions of epithelial origin it will lead to a less fear-based and more rational approach to their treatments. Indolent lesions are common in the breast, thyroid and prostate.

Other recommendations range from developing observational registries for low malignant lesions to improving our understanding of disease prognosis and decreasing frequency of screening.

ACSH medical/executive director Dr. Gilbert Ross agrees with these new recommendations, adding We at ACSH have long commented on the dangers of over screening, over diagnosis and over treatment [3]of slow growing lesions such as those often found in the prostate [4], which frequently result in procedures that are more harmful to the patient than the lesions themselves. With ever advancing screening technologies available to the public and the medical community, we need to rein in our precautionary reflexes to take actions that do more harm than good.

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