IASLC

INTERNATIONAL
ASSOCIATION
FOR THE STUDY
OF LUNG CANCER
Conquering Thoracic Cancers Worldwide

Language Guide

The following Language Guide has been developed by members of the IASLC to provide guidelines on best practices with common phrases used during presentations at IASLC conferences and within submitted abstracts.

The Guide is a recommendation and is not an exhaustive list of 'do's and don'ts'. To follow in step with the ASCO Language of Respect, we promote the use of language that respects the dignity of people diagnosed with lung cancer and their families. As an international organization, the IASLC recognizes that language and meaning may vary depending on the context. What is important is that, together, we take conscious steps to be thoughtful in the language we use. While the use of the resource is recommended for IASLC meetings, it is the wish of the authors that such language becomes incorporated in all avenues of scientific presentations.

Language is a powerful tool—words matter! As a professional and international membership association that is inclusive of all medical specialties, advocates, patients/survivors, and caregivers, it is the responsibility of the IASLC to encourage all members to use language that is respectful, free of stigma, inclusive, and equitable. The last 40 years have seen an increase in the use of patient-centric titles in scientific literature.[1] While promising, the use of such language is often not seen or heard in scientific communications.

The IASLC is raising awareness and recommending the use of person-first language in all communications, including submitted abstracts, presentations at all IASLC conferences, and peer-reviewed journals. Now more than ever, with greater attention to diversity, equity, inclusion and patient-centered care, "the language used in our written and verbal communication should convey the utmost respect and dignity for the persons who participated in research and are in clinical care…."[2] The power language has on patient care and outcomes are profound and should be understood by educators, scientists, and clinicians alike.[3]

To foster high-quality oral presentations at IASLC conferences and to improve the quality of care provided by all specialties, the following guidance on preferred language and phrasing is recommended for adoption. The guidance is aligned with the American Medical Association Manual of Style that requires authors to use patient-centered language in manuscripts.

1. **Use Person-First Language**: Person-First Language puts the person before the disease and describes what the person has, not who the person is. People are more than their cancer diagnosis or defined by behavior.

Try this...	Instead of this...
Patient/Person with lung cancer	Lung cancer patient
Patient/Person/Participant	Subject
Patient/Person with active tobacco use	Smoker

2. **Eliminate Blame Language**: Medical language is rooted in a historical tradition but like treatment, it needs to evolve and be more empathic and non-judgmental.

Try this...	Instead of this...
Unable to/Not able to	Non-compliant
Cancer progressed	Patient progressed
Treatment failed patient	Patient failed treatment
Chief concerns	Chief complaint
Risk reduction	*Prevention

*"*Prevention" is population-centered, whereas "Risk reduction" is individual patient-centered. This suggested vocabulary is aligned with the current direction of science and communication in the era of personalized medicine.*

3. **End Stigma**: There is growing recognition that an unintended consequence of aggressive, effective tobacco control population health policies and messaging that denormalize smoking has been an increase in smoking-related stigma, resulting in a call for multilevel interventions. Promoting judgment-free, bias-free, person-first language is a step in the right direction.[4]

Try this...	Instead of this...
Person who smokes	*Smoker
Person who doesn't smoke	*Nonsmoker
Person with smoking history/Person with history of active tobacco exposure	*Former smoker
Person with nicotine dependence	*Nicotine addict

*Categorizing a person by a behavior, which has negative a connotation, perpetuates the stigma.

4. **Equity**: The IASLC strongly believes that respectful language includes practicing cultural humility and sensitivity by following best practices regarding race, ethnicity, gender, socioeconomic, and geographic descriptions.

With more patients and advocates attending conferences and engaging with researchers, the IASLC is promoting mutually respectful communication. Admittedly, some of the suggested changes in terminology and phrasing require additional words, but establishing these recommendations is an important step in the ongoing process of increasing respect and unity throughout the lung cancer community. The IASLC is committed to cultivating partnerships and fostering relationships between scientists, clinicians, patients, and advocates to mitigate the effects of the stigma of lung cancer, while facilitiating language that is accurate, positive, and productive.

The difference between the right word and the almost right word
is the difference between lightning and the lightning bug.
~ Mark Twain

References

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