Cancer, or not

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There is a recent proposal to change the nomenclature of neoplasias, so that relatively benign or precursor lesions are not referred to as cancer to prevent overtreatment. The reason is that a diagnosis of cancer comes as a shock for the patient and attempts to do everything possible to cure it. Since the introduction of more and more screenings, more and more tumors have been detected, from which in many cases the patient would likely never have any complaint and certainly would not have died from. On the other hand, it has been shown that for some types of cancer, screening is indeed beneficial, with a decreased mortality rate as a result, like cancer of the uterine cervix and breast cancer (although on the latter there is still debate).

Is this proposal sensible? Maybe hemato-oncology can serve as an example. Neoplasias of the hematopoietic system are a very variable series of cancers, some with high mortality, some with very low mortality. Many aggressive hematological cancers can be cured, with intensive treatment, and some indolent diseases are better left untreated, a wait and see policy. But it is not only the malignancy that counts. An indolent disease with a 10-year survival does not need treatment in an 80-year-old individual, but the situation is very different in a 30-year-old person. Within the diseases, there is also variation. CLL is an indolent disease, unless there are poor prognostic factors, which are now routinely tested for.

So, not all hematological cancers are equal. Does this lead to overtreatment? Generally not. Hemato-oncologists are well capable of explaining the situation to patients, and together, a sensible decision on treatment is made. Is the problem exaggerated?

Recently, we performed a survey among cancer patients in our university hospital. We received replies from some patients that they were surprised to be in this survey, because they did not have cancer. These patients had, for instance, myeloproliferative disorders, which the cancer registry considered to be cancer, but apparently not by the patients and their doctor; at least the term cancer was not used. It is clear that the term cancer is still one that raises deep concern, even though some forms are not really life threatening. I do not think that changing nomenclature is the way to solve the problem. We, as pathologists, need to be very careful in changing names of diseases, but at the same time, it is important to provide the knowledge what a diagnosis means. We have to realize that for a patient, the prognosis is more important than the diagnosis.

The present issue of the *Journal of Hematopathology* gives again helpful information to come to a correct diagnosis, and there is also information on what the diagnosis means. Ultimately, that is what counts, knowledge and communication about that knowledge, to the benefit of our patients.

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