Transcript Details
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Why Words Matter: Rethinking Terminology in Advanced Prostate Cancer

Announcer:
You're listening to *On the Frontlines of Prostate Cancer* on ReachMD. On this episode, we'll hear from Dr. William Oh, who's the Director of Precision Medicine at the Yale Cancer Center and Smilow Cancer Hospital, as well as the Service Line Medical Director at the Smilow Cancer Hospital at Greenwich Hospital. He'll be discussing his research on the importance of clear, consistent terminology in prostate cancer care. Here's Dr. Oh now.

Dr. Oh:
There are several reasons why language is so important when doctors communicate to each other and also to patients. The first is accuracy. We want to be describing the same disease state. We want to be describing the right situation to use the right treatment for each patient. The other reason that language is important is because of sensitivity. And what I mean by that is nobody wants to be told that they have some problem that makes them feel even worse than they already do when they have that problem or disease. A good example is we used to call certain diseases based on where they were formed. Well, if you live in the Ebola Valley, then you don't want to have Ebola virus. If you live in Spain, you don't want to be told you have the Spanish flu. These are in many ways not accurate, and they actually add to the stigma associated with having an illness. And I think it's important that we as physicians, in particular, are sensitive to that.

One of the reasons that we wrote this editorial titled, "What's in a Name? Why Words Matter in Advanced Prostate Cancer," is because in sitting down and looking at patients who were receiving combination therapy for advanced prostate cancer, we found that in the United States, only about a third to half were actually receiving a second drug. So the standard of care for decades was androgen deprivation therapy, but over the past 10 years, there have been at least 10 randomized clinical trials that show that adding a second drug or a third drug—either an ARPI or a chemotherapy drug or both—would improve survival. And in that setting, the question was why are patients not receiving these treatments? And we basically went and looked at the ways in which all of these different drugs and classes of drugs are really called and also how we talk to each other in terms of terminology. So we decided to write this editorial to put our foot down and say, "We should all use some of the same language because this is very confusing."

I think patient advocacy groups who participated in our editorial are really the closest link to patients and their families themselves, so we really listened to them as we were putting this together. So, for example, for many years we used to use the term "castration-resistant prostate cancer," and castration is just a very negative term, and there were advocacy groups who said, "Let's not use that term." So we did develop an alternative term called "androgen deprivation resistant prostate cancer," or ARPC. Now, CRPC has been in the lexicon for so long; it's maybe hard to really remove it; but that just takes away the word "castration." With more traction, we've been able to say that mHSPC, or metastatic hormone-sensitive prostate cancer, should become the standard of care for hormone-sensitive disease, which means when you present with metastatic disease.

I think sometimes these terms have a life of their own, and in our editorial, we really pointed out all the different terms that all these different groups are using and tried to basically say, "Let's not use all these different terms. Let's try to use one term to most accurately capture this." So, for example, the concept of doublet or triplet therapy for mHSPC: what are you talking about when you talk about the doublets, and what are you talking about when you talk about the triplets? Different people use different drugs or treatments for those doublets or triplets, so instead of using that term, we promote the idea of saying combination therapy for mHSPC. That helps us to say, "Okay, what combinations are you going to use?" You should use a combination. A lot of doctors were using the term "treatment intensification," and that is a scary term, and we think that there are some people who weren't giving a second drug to mHSPC patients

because they thought treatment intensification implied something much more severe, and so if we're always aware of the power of language, then I think it helps us to have these editorials or have these consensus documents sooner. Let's not wait until it's gone on for 5, 10, 20 years. Let's try to be as consistent as possible up front.

Announcer:
That was Dr. William Oh talking about the need for clear and consistent language in prostate cancer care. To access this and other episodes in our series, visit *On the Frontlines of Prostate Cancer* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!