How do we refer to individuals in the scientific literature? Use of "person-first" language vs "condition-first" language in oncology medical journals

EPH125

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Background

Language is a powerful tool – words matter![1]

- "Person first language" (PFL) refers to terminology that focuses on the person over their condition (e.g., patients with cancer, individuals with cancer, survivors of cancer). PFL deprioritizes the naming of a patient's condition when referring to a patient.

- Condition first language (CFL) labels individuals by the disease or disorder they are suffering from (e.g., cancer patients), which devalues the individual and might contribute to condition-based stigmatization.[1,2]

- The International Association for the Study of Lung Cancer (IASLC) developed language guidelines in 2021 describing how research should be presented during IASCL conferences. In this guideline, the IASCL encouraged their members to apply more respectful language when referring to patients. This included the use of PFL along with eliminating blame language, ending stigma, and promoting equity.[3]

- There have been various efforts to promote the use of PFL in scientific and medical publications, including guidance from journal editors.[2] But has it been successful?

Objectives and Methods

- The aim of this study was to review the language by which individuals with cancer were referred to in abstracts of articles published in oncology journals over a 10-year period.

- To determine the use of PFL and/or CFL, searches were conducted in Embase for articles published in the Top 10 oncology journals (based on SCImago [SJR] rankings) between 2013 and 2023. Table 1. below presents the search strategy.

Table 1: Literature review - Search strategy

Category	ID	Search terms	# Hits
Embase search terms	#1	('cancer' NEAR/3 ('people*' OR 'person*' OR 'patient*' OR 'sufferer*' OR 'survivor*' OR 'diagnosed')):ab,ti	699,707
Filters	#2	Humans AND English AND Abstracts	588,820
	#3	2013 to 2023	404,300
	#4	Top 10 journals	32,593

- Identified abstracts were reviewed automatically (using MS Excel functions to identify pre-determined terms) and based on findings, the abstracts were categorized into four groups:

  o PFL: abstracts using PFL terms only

  o CFL: abstracts using CFL terms only

  o Both: abstracts using both types of terminology

  o Neither: abstracts did not use either type of terminology (excluded)

- To note, titles and full text of the articles were not assessed for PFL or CFL.

Results

- 32,593 articles were identified in the top 10 oncology journals in the prespecified timeframe.

- 2,290 publications did not include terminology for either PFL or CFL and were excluded from further analysis.

- Of the remaining 30,303 publications, over the ten years 10,652 (35.2%) used PFL terms, 17,087 (56.4%) used CFL terms and 2,564 (8.5%) used both PFL and CFL in the same abstract.

- Figure 1 shows the changes in proportion of abstracts using PFL and CFL terms over the last 10 years.

  o Across all years, CFL was higher than PFL.

  o There has been a slight trend towards a decrease on CFL and an increase in PFL since 2017.

  o However, in 2023, neither the CFL or PFLs are meaningfully different than they were 10 years earlier.

Figure 1 Trends in use of terminology in top oncology journals
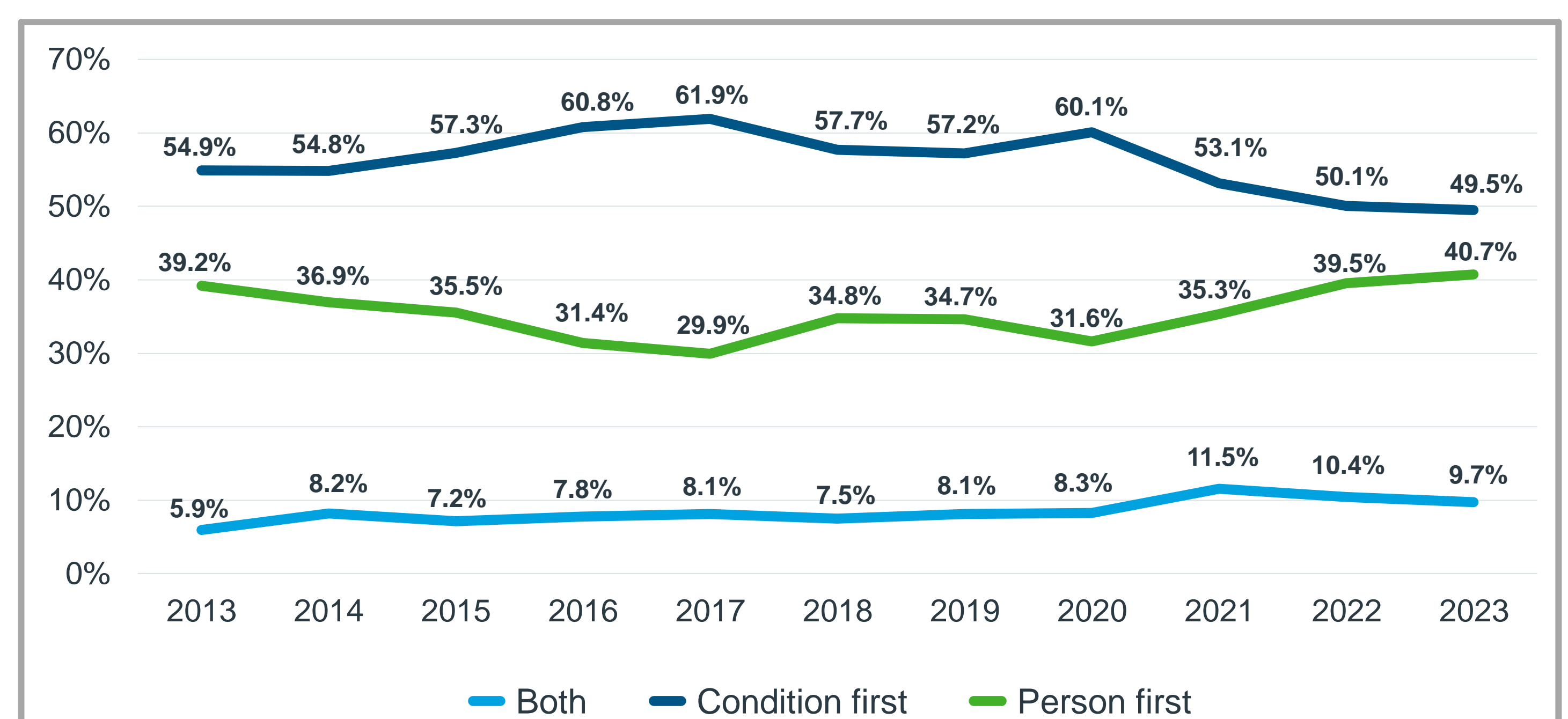
Conclusions

- While the findings point to a positive trend in the recent years, PFL and CFL rates in 2023 were similar to those in 2013.

- Even though PFL is recommended when referring to individuals with medical conditions, scientific and medical publications in oncology seem to be slow in adopting this practice. The IASCL guidance (2021) also does not seem to have a notable impact on the use of PFL

- Although the reason for the continued use of CFL is unknown, a lack of general guidance, a lack of co-ordination between journals, and the word count restrictions may be contributing factors

Limitations

- This research only focuses on top 10 journals for the analysis. We acknowledge that reviewing all the publications might yield more accurate results.

- Due to the vast number of published studies, we used Excel formulas to tag the language used. This method may not have provided 100% accuracy in identifying patient-first or condition-first language due to the various permutations and combinations of words.

Summary

- While person first language is recommended when referring to individuals with medical conditions in the scientific literature, in oncology, CFL is still used more than PFL with the relative use of CFL and PFL not changing meaningfully over the past 10 years

- The patient-centered research team at IQVIA encourages writers to apply PFL to minimize stigma and potentially increase readership of scientific articles among patients and caregivers

REFERENCES
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