



LETTERS

RENAMING LOW RISK CANCERS

Renaming low risk cancers: honest engagement with patients is more important

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Renaming low risk cancers would be a cosmetic exercise and would not solve the underlying problem.¹ The exponential rise in diagnosis of low risk cancers is the result of overdiagnosis due to overinvestigation.²

Judicious use of investigations and not diagnosing low risk cancers is probably the way forward. The proposed update to the National Institute for Health and Care Excellence prostate cancer guidance advocates MRI as the first line investigation for people with suspected localised prostate cancer, and it further recommends against prostate biopsy, after informed consent, for people who are likely to have low risk cancers.³

A mere change in nomenclature would seem like hoodwinking the patient. Honest patient engagement and education is critical in the management of low risk cancers.

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- 1 Esserman LJ, Varma M. Should we rename low risk cancers? *BMJ* 2019;364:k4699. 10.1136/bmj.k4699. 30674473
- 2 Welch HG, Black WC. Overdiagnosis in cancer. *J Natl Cancer Inst* 2010;102:605-13. 10.1093/jnci/djq099. 20413742
- 3 NICE. Prostate cancer: diagnosis and management (update). <https://www.nice.org.uk/guidance/indevelopment/gid-ng10057/documents>.

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