



INTERNATIONAL
ASSOCIATION
FOR THE STUDY
OF LUNG CANCER

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.

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, the authors wish that such language be incorporated into all avenues of scientific presentations. The IASLC is committed to cultivating partnerships and fostering relationships among scientists, clinicians, patients, caregivers, and advocates to mitigate the effects of the stigma of lung cancer, while promoting language that is accurate, positive, and productive.

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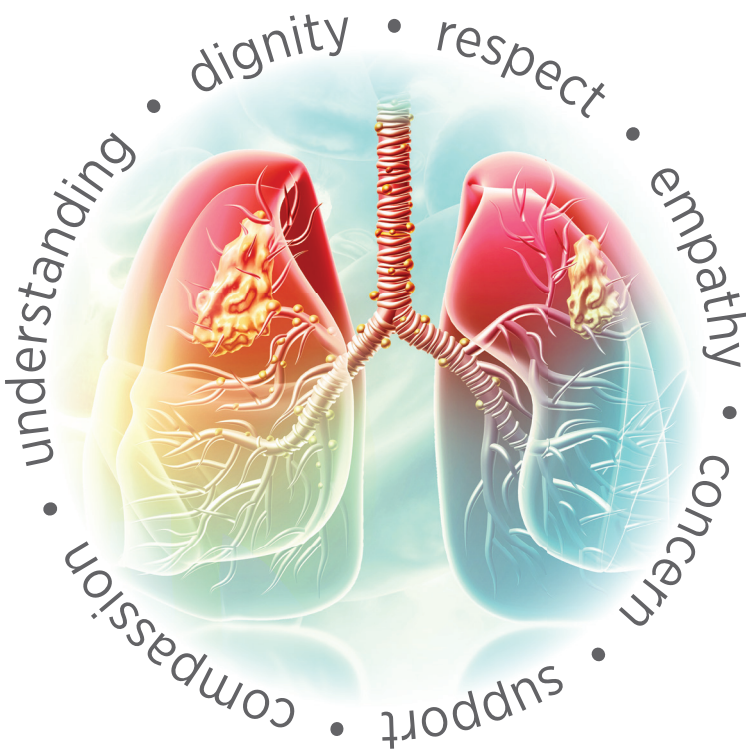
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Section 1 – Accessible and Respectful Language

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 However, the use of such language often doesn't carry through to the content or the way research is communicated.

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 which requires authors to use patient-centered language in manuscripts.



**“All big changes
of the world come
from words”**

– Marjane Satrapi

1.1 – Use Person-First Language

Person-First Language centers the individual, reminding us that a diagnosis is something a person has, not who they are. People are more than their diagnosis and should never be 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	Tobacco user
Patient/Person who smokes	Smoker

IASLC recognizes that word count limitations can be a barrier. Please refer to Page 7 for a list of abbreviations that are acceptable to use in such cases.

1.2 – 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.*

1.3 – End Stigma

There is growing recognition that, while aggressive and effective tobacco control population health policies and messaging have denormalized smoking, they have also unintentionally contributed to increased stigma toward people who smoke or have a smoking history — prompting calls 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 a negative connotation, perpetuates the stigma.*

1.4 – 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.



Section 2 – Acronyms and Abbreviations for Scientific Abstracts or Writing

2.1 – Purpose

The IASLC promotes person-first language that respects dignity, is accessible to a diverse audience, and centers the individual, not their disease. When used thoughtfully, acronyms and abbreviations can help to reduce redundancy, particularly in abstracts, presentations, and scientific communication.

2.2 – Why Acronyms and Abbreviations, and Why Now?

In scientific communication, brevity often competes with empathy. Acronyms and abbreviations, when clearly defined and appropriately used, are a way to preserve person-first language within strict word limits. This is especially important in fields such as medicine and research, where technical terms can be complex and lengthy.

Acronyms or abbreviations can improve clarity and accessibility for both professional and lay audiences. However, overuse or careless application can create “abbreviation overload”, making content harder to understand, promoting stigma, or inadvertently feeling dehumanizing.

Acronyms are a type of abbreviation that form a word in their own right (for example, NASA, pronounced as a word, not “N-A-S-A”), while other abbreviations, such as EGFR, are read letter by letter. For the Language Guide, we recommend using abbreviations.

2.3 – Key Considerations

Defining Abbreviations:

- **Define on First Use:** Always spell out the full term followed by the acronym or, in this case, abbreviation, in parentheses. Example: The clinical trial included a person with no smoking history (PNSH). The PNSH was found to have a genetic alteration.
- **Tailor to the Audience:** For non-specialist or patient-facing materials, provide simple explanations to promote understanding.
- **Include a Glossary:** When appropriate, include a glossary, especially in longer documents or presentations.

Placement and Context (When, Where, and How to Use Abbreviations):

Incorporate abbreviations in both written and verbal communication, including:

- Abstracts and manuscripts
- Conference posters and presentations
- Patient-facing materials (with care and explanations when needed)
- Clinical documentation

2.4 – Recommended Person-First Abbreviations in Lung Cancer Care

Emphasizing the person, not the addiction

Abbreviation	Full Form	Definition and Use
PNSH	Person with No Smoking History	Person-first language that emphasizes the person, not the behavior or health condition
PNSC	Person who Never Smoked Cigarettes	Individuals with no cigarette use history
PCSC	Person who Currently Smokes Cigarettes	Identification of person who currently smokes cigarettes
PFSC	Person who Formerly Smoked Cigarettes	Identification of person who previously smoked cigarettes but has since quit
PCSCD	Person who Currently Smokes Cigarettes Daily	Indicates regular, daily use of cigarettes
PUEC	Person who Uses E-Cigarettes	Identification of a person who uses electronic nicotine cigarettes, including vape pens or battery-powered devices.
PUHT	Person who Uses Heated Tobacco products	Identification of a person who uses heated tobacco products branded as IQOS, glo, and Ploom TECH.
PUST	Person who Uses Smokeless Tobacco	Identification of a person who uses smokeless tobacco such as chewing tobacco, snuff, snus, or dissolvable tobacco.
PESH	Person with Ever Smoking History	Possible options to describe a person's smoking history
PNSH	Person with Never Smoking History	Possible options to describe a person's smoking history
PFSH	Person with Former Smoking History	Possible options to describe a person's smoking history

Note: These abbreviations were created to help members apply person-first language in contexts with strict word limits, such as abstracts, presentations and other concise formats, without compromising the core values of respect, dignity, and inclusion. They are intended as a supportive tool, not replacements, for empathic communication.

References

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“The difference between the right word and the almost right word is the difference between lightning and the lightning bug.”

~ Mark Twain