

Over-diagnosis and the cancer label.

Concern about nomenclature in relation to cervical cancer has a long history, since Dr George Papanicolaou, a medical researcher in New York, announced his staining technique to identify pre-cancerous cells of the cervix in the 1940s. This was taken up enthusiastically by the American Cancer Society with its 'search and destroy' strategy. As American pathologist Lewis Robbins later told a researcher into the Cancer Society, 'The Pap smear isn't diagnosing cancer, it's diagnosing a precursor. Why did they call it cancer then? Because nobody would pay any attention if they called it dysplasia. If you call it carcinoma in situ, then they will examine it, do something with it.' In 1950 the International Congress of Obstetrics and Gynaecology altered the international classification of carcinoma of the cervix by adding a further stage, Stage 0, to include carcinoma in situ.

By the early 1950s there were professional misgivings about the labelling, with one gynaecologist at a 1952 meeting of the American Society of Obstetricians and Gynecologists declaring: 'To call atypical lesions malignant and treat them as cancers is only to fog our own critical intellectual recesses and to harm the patient by putting the fear of cancer permanently in her mind.' Yet the interventionist lobby forged ahead, despite subsequent misgivings in the 1960s and 1970s by researchers such as Professor Archie Cochrane. At a time when there were strong screening and interventionist lobbies, Cochrane said he was considered 'a dangerous heretic'. He would be pleased by the current debates.

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