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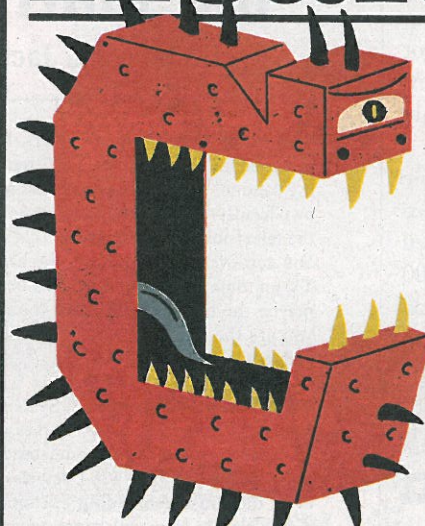
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# Stay Healthy



but may also change their attitude toward treatment. In another study, Esserman and her colleagues discovered that women diagnosed with DCIS were more likely to opt for nonsurgical options (like medication) when their condition was described as "abnormal cells" rather than "non-invasive cancer."

**The treatment implications:** "No matter what the name, early-

stage cancer requires a personalized approach to treatment," says Ernest Hawk, M.D., vice president of cancer prevention at the University of Texas MD Anderson Cancer Center. One way to learn more is through genomic testing, in which genes from the patient's tumor are examined to predict how they'll influence the tumor's behavior (for example, how likely is it that invasive cancer will develop?). Many oncologists already use genomic testing to guide treatment for metastatic cancers; now some are using them for precancerous lesions, too, in order to determine whether a watch-and-wait strategy is best.

Breast oncologist Ruth Oratz, M.D., clinical professor of medicine at the New York University School of Medicine, is among the early adopters of genomic testing—but even if your doctor does not use it, she says, a basic pathology report should be able to indicate aggressiveness. As Esserman notes, "Cancer is not an emergency. You have time to sort out your options."

—Camille Noe Pagán

## RETHINKING THE BIG C

*Is cancer always (really) cancer? Not necessarily.*

**SOME CANCERS** shouldn't be called cancer: That's the controversial claim in a recent report from a group of top oncology experts. A team of physicians looked at certain early-stage cancers and concluded that some (like ductal carcinoma in situ, or DCIS, the earliest stage of breast cancer) are over-treated—even though the odds that they'll develop into malignant tumors are low.

**The findings:** "These types of precancers and early-stage cancers grow very slowly and may never kill, so doctors and patients should approach them differently," explains study author Laura Esserman, M.D., coleader of the breast oncology program at the University of California San Francisco. Experts believe that removing the "Big C" from diagnosis will not only alleviate patients' fears,