

Glossary of Common Cancer Terms

Chemoprevention – the use of natural or laboratory-made substances to prevent cancer.

Clinical practice guidelines – systematically defined statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances.

Clinical trial – a formal study carried out according to a prospectively defined protocol that is intended to discover or verify the safety and effectiveness of procedures or interventions in humans.

Epidemiology – science concerned with defining and explaining the interrelationships of factors that determine disease frequency and distribution.

Evidence-based – based on systematically reviewed clinical research findings.

Grade – the grade of a tumor depends on how abnormal the cancer cells look under a microscope and how quickly the tumor is likely to grow and spread. Grading systems are different for each type of cancer.

Incident cases – the number of newly-diagnosed cancer cases.

Late effects – side effects of cancer treatment that appear months or years after treatment has ended. Late effects include physical and mental problems and second cancers.

Lymphedema – a condition in which excess fluid collects in tissue and causes swelling. It may occur in the arm or leg after lymph vessels or lymph nodes in the underarm or groin are removed or treated with radiation.

Marker – a diagnostic indication that disease may develop.

Morbidity – a disease or incidence of disease within a population. Morbidity also refers to adverse effects caused by treatment.

Palliative care – treatment of symptoms associated with the effects of cancer and its treatment.

Prevalent cases – the number of people alive that have ever had a diagnosis of cancer.

Primary cancer – original cancer.

Primary care provider – provider who manages a person's health care over time. A primary care provider is able to give a wide range of care, including prevention and treatment, can discuss cancer treatment choices, and can refer a patient to a specialist.

Primary treatment – primary treatment consists of the therapeutic interventions provided with the intention to cure cancer. In clinical situations in which the treatment of recurrent disease may be curative, the therapeutic approaches may be viewed as primary treatment which if successful will be followed by a phase of post-treatment survivorship.

Prostate-specific antigen (PSA) – a substance produced by the prostate that may be found in an increased amount in the blood of men who have prostate cancer, benign prostatic hyperplasia, or infection or inflammation of the prostate.

Psychosocial services – services relating to the psychological, social, behavioral, and spiritual aspects of cancer, including education, prevention, and treatment of problems in those areas.

Quality measure – quantitative indicators that reflect the degree to which care is consistent with the best available, evidence-based clinical standards.

Quality of care – the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.

Quality of life – the overall enjoyment of life. Many clinical trials assess the effects of cancer and its treatment on the quality of life. These studies measure aspects of an individual's sense of well-being, and ability to carry out various activities.

Recurrence – cancer that has returned after a period of time during which the cancer could not be detected. The cancer may come back to the same place as the original (primary) tumor or to another place in the body. Also called recurrent cancer.

Stage – the extent of a cancer in the body. Staging is usually based on the size of the tumor, whether lymph nodes contain cancer, and whether the cancer has spread from the original site to other parts of the body.

Survivor – an individual is considered a cancer survivor from the time of cancer diagnosis through the balance of his or her life, according to the National Coalition for Cancer Survivorship and the NCI Office of Cancer Survivorship.

Survivorship care – as defined in this report, survivorship care is a distinct phase of care for cancer survivors that includes four components: (1) prevention and detection of new cancers and recurrent cancer; (2) surveillance for cancer spread, recurrence, or second cancers; (3) intervention for consequences of cancer and its treatment; and (4) coordination between specialists and primary care providers to ensure that all of the survivor's health needs are met.

Survivorship research – cancer survivorship research encompasses the physical, psychosocial, and economic sequelae of cancer diagnosis and its treatment among both pediatric and adult survivors of cancer. It also includes within its domain issues related to health care delivery, access, and follow-up care, as they relate to survivors.