LETTER FROM THE EDITOR

number of years ago, I wrote a Letter From the Editor in Clinical Advances about certain toooften encountered phrases that really annoyed my literary sensitivities, such as "at the end of the day" and "thinking out of the box." However, recently I have amused a number of colleagues with another of my editorial eccentricities. The present letter was prompted by an e-mail from Brad Kahl, who basically challenged me to write a letter on the appropriate usage of the word "data." We were collaborating on a manuscript, along with numerous other authors, and amongst my comments to a draft was to note the inappropriate use of the term "data" as a singular noun (eg, "the data is . . ."). My correction resulted in Henry Wagner circulating a url (http://www. guardian.co.uk/news/datablog/2010/jul/16/data-pluralsingular) that directed the rest of us to a blog in which a series of people with nothing better to do with their time were sparring about whether it was now appropriate to use the term as both singular and plural. The weapons with which the various adversaries were assaulting each other included Webster's Dictionary, The Wall Street Journal, The Guardian, National Geographic, and the Royal Statistical Society. It seemed to me that the only excuse for being on the liberal side was that, since so many people have been using it incorrectly for so long, it must be right!

Another incident, which arose at the 2011 ASH meeting, had required my role as avenger of the adjective, sentinel of the syllable, watchman of the word, defender of the dictionary. A paper was being presented reporting results for the new anti-CD20 monoclonal antibody obinutuzumab (GA101) in follicular lymphoma. Several previous studies had suggested that, in certain clinical situations, men and women might differ in their benefit, or lack thereof, with rituximab, perhaps reflecting a difference in metabolism of the antibodies. I arose and asked the question of whether they had also looked for a difference in outcome with obinutuzumab therapy related to sex. From his seat, a German colleague, Martin Dreyling, blurted out for all to hear—"Bruce, it is gender, not sex," to which I responded—"Martin, sex is what you are and gender is how you dress, and do not get them confused!" Eventually, the laughter died down so the presentation could resume. Indeed, later that afternoon, an audience member posed a question that used the term



"sex" accurately; he looked at me from where he stood at the microphone and asked, "That is the appropriate usage, Bruce, is it not?" I smiled and nodded. My grammatical vigilance had been rewarded.

Finally, when it comes to semantics, the use of the word "elderly" is becoming more contentious all the time. The paper in question (vide supra) defines "elderly" Hodgkin's patients as over the age of 60 years. For obvious reasons, I objected to the use of this terminology. The equally vague alternatives that were suggested included "mature," "experienced," and "distinguished." Perhaps just using "over the age of 60 years" is the least offensive/most descriptive (although why 60 years is an optimal threshold is elusive).

Thus the never-ending responsibilities of an editor, protecting the language from those who would abuse it. But, now I have additional help! As you can see from the Editorial Board roster published in this month's issue of *CAHO*, we have a number of new members. I am delighted to welcome Drs. Myron Czuczman, Daniel George, Steven Horwitz, Richard Gralla, Axel Grothey, Jeffrey Laurence, Edith Perez, Paul Richardson, Hope Rugo, and David Siegel, and I look forward to their contributions to the continued success of the journal. We will have a formal welcome added as an agendum to the agenda of the next Board meeting.

For those of you who will be attending the upcoming ASH meeting, we look forward to seeing you at the *CAHO* booth.

Until next month . . .

Source D Cheson

Bruce D. Cheson