Just Say *Cure*

Given the many difficult discussions we have with patients who have cancer, I find it odd that oncologists still struggle with the word *cure*. At the 2025 International Kidney Cancer Symposium in November, patient advocate and KCCure President Dena Battle spoke on this topic, which led to a spirited discussion. Her patient and physician survey revealed some interesting findings. Among patients with stage I kidney cancer—for whom numerous surgical series report 5-year cancer-free survival rates of 90% to 95%—only 36% reported feeling cured after treatment. In contrast, physicians reported cure rates of 75% to 86% for all patients with localized kidney cancer (stages I-III). What is causing the disconnect? According to Battle's survey, only 36% of patients with stage I disease reported being told by their physician that they were cured.

Why is it that we rarely discuss cure, even in patients who are likely to achieve it? In Battle's survey, 75% of physicians reported being hesitant to use the word *cure*. Reasons varied, but the two most prevailing were "uncertainty about long-term outcome" (87%) and "varied interpretation of cure" (77%). It is true that a small chance of recurrence remains 5 or 10 years or even longer after cancer treatment. But what are the odds of recurrence developing in any one patient after a prolonged remission? Certainly less than 5%, and maybe even less than 1%. To be accurate, we can say to patients that they have a very small chance of recurrence, or even that their chance of long-term survival is the same as that for someone their age without cancer. But that may not be clear enough for patients. What, then, is the consequence of not declaring someone cured?

Patients worry about cancer much more than we may think. In the survey by Battle, 29% of patients with stage I disease felt it was never safe to say *cure*. Because a small degree of uncertainty exists, the word becomes the elephant in the room that patients and physicians alike are hesitant to bring up. Instead, we are content to congratulate our patient on another clean scan or lab report and leave the question of cure unaddressed. But by not declaring cure in those patients, we leave them in limbo for another year.

The stress of cancer is even greater for those of our patients with metastatic disease. Many patients with advanced cancer feel consumed by it, particularly our younger patients. Thinking about cancer for hours each day, being afraid to plan 6 months or more in the future, worrying about financial burdens, having trouble sleeping, and being unable to feel joy are just some of the experiences that patients with metastatic disease report at elevated rates, irrespective of their cancer status. Although cure may not be achievable for many of these patients, therapeutic advances with immunotherapy and precision oncology have made long-term remissions far more common than late relapses in my practice. The lack of long-term data can dissuade us from even raising the hope of a cure in these patients. But is it possible we are doing our patients a disservice by not raising the possibility of cure in those with advanced disease who are experiencing a long-term remission?

In our conference discussion, I offered an alternative approach that puts the cancer status of each patient into perspective, while recognizing at the same time our hope and uncertainty for the future. For my patients in remission, whether after surgery, after adjuvant therapy, or even while experiencing a complete response following systemic therapy, I say, "You are cured, until proven otherwise." I explain this doesn't mean we are going to stop looking for cancer recurrence, or that we know for sure that the cancer is beaten. But it does mean we can celebrate a victory.

I encourage you to try this approach the next time you have a patient in one of these scenarios and see how they react to the news. You might be surprised by how good it makes both of you feel.

Sincerely,

Daniel J. George, MD