

INTRODUCTION

In 2021, the International Association for the Study of Lung Cancer (IASLC) published its first Language Guide to promote respectful language in abstracts and presentations.

Four guiding principles:

- Use person-first language
- Do not blame patients
- Do not stigmatize patients
- Follow best equity practices

Authors are encouraged, but not required, to follow it at submission.

Objectives:

Compare compliance before vs. after the guide, identify predictors of non-compliance, and evaluate whether an artificial intelligence (AI) model can screen abstracts for respectful language.

METHODS

Design:

Cross-sectional analysis of all poster and oral abstracts at WCLC 2021 and 2024.

Phase 1 – Manual review:

Five reviewers scored each abstract against the guide (blame, dehumanize, stigmatize, respect patient role); three additional reviewers verified.

Phase 2 – AI screening:

A tool built with Claude (Anthropic) and deployed with Gemini 2.5 Flash (Google) used automated pattern-matching to flag violations and generate compliant revisions.

All 2024 abstracts were screened.

Analysis:

AI–manual concordance (Cohen’s κ ; sensitivity/specificity, manual review as reference). Multivariable logistic regression (stepwise, univariable $p < 0.2$) identified predictors of respectful language.

IASLC LANGUAGE GUIDE 2021

Abstract Language Screener

Screen abstracts for respectful, person-first language aligned with IASLC guidelines

IASLC Language Guidelines Reference

Paste your abstract
were treated with chemoradiotherapy (+/- consolidation IC). Of 17 patients with MPR, 2 experienced an oligorecurrence in the contralateral lung, treated with stereotactic radiotherapy. No new safety signals were noted after subsequent therapies.
Conclusions: Updated analyses of the first study on short-course PD-1 and LAG-3 inhibition, NEOpredict-Lung, shows encouraging 2-year OS- and DFS-rates in both treatment arms. In the dual inhibition arm, TNM-downstaging, in particular nodal clearance, appears more pronounced. The majority of recurrences were at distant sites. All relapsed patients received subsequent therapy without new safety signals.

295 words

Analyze

3 language issues found

Hover over highlighted text below to see the guideline and suggested fix.

DISCUSSION AND CONCLUSION

Key findings

- Respectful language improved 2021→2024 (30.2%→45.0%), yet more than half of 2024 abstracts remained non-compliant.
- Dehumanizing language was the most common violation but fell sharply (61.8%→39.9%).
- Non-compliance was linked to non-native English-speaking countries and abstracts near the word limit.

AI screening

- Substantial agreement with reviewers ($\kappa = 0.688$); strongest for dehumanizing and stigmatizing language.

Take-home message

- Continued medical education and awareness-raising efforts are warranted.
- AI screening could be integrated into the abstract submission process to flag potentially disrespectful language and suggest appropriate revisions, particularly for non-native English speakers and abstracts approaching the word limit.

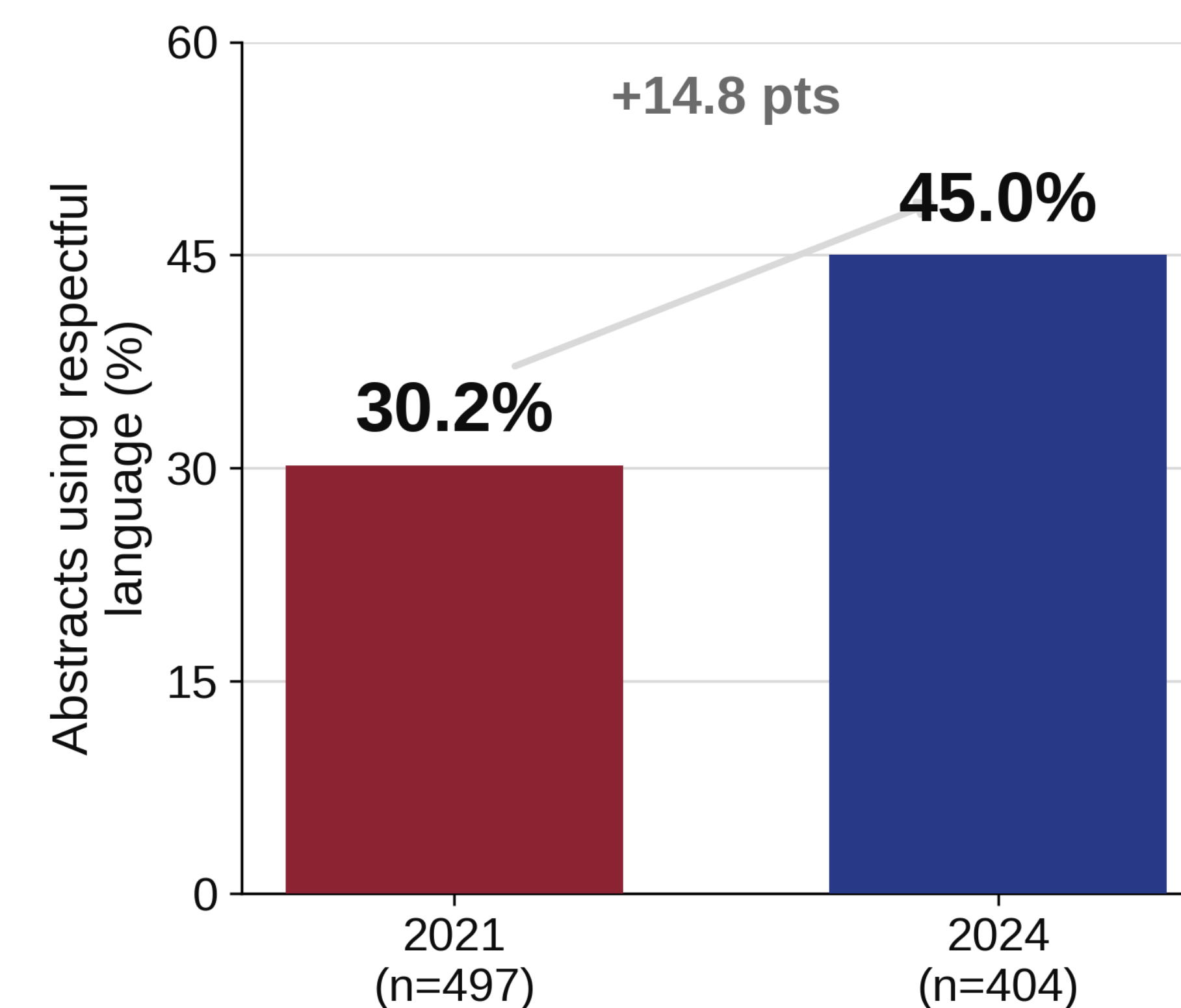
REFERENCES & ACKNOWLEDGEMENTS

- IASLC Language Guide. International Association for the Study of Lung Cancer, Patient Advocate Committee; 2021.

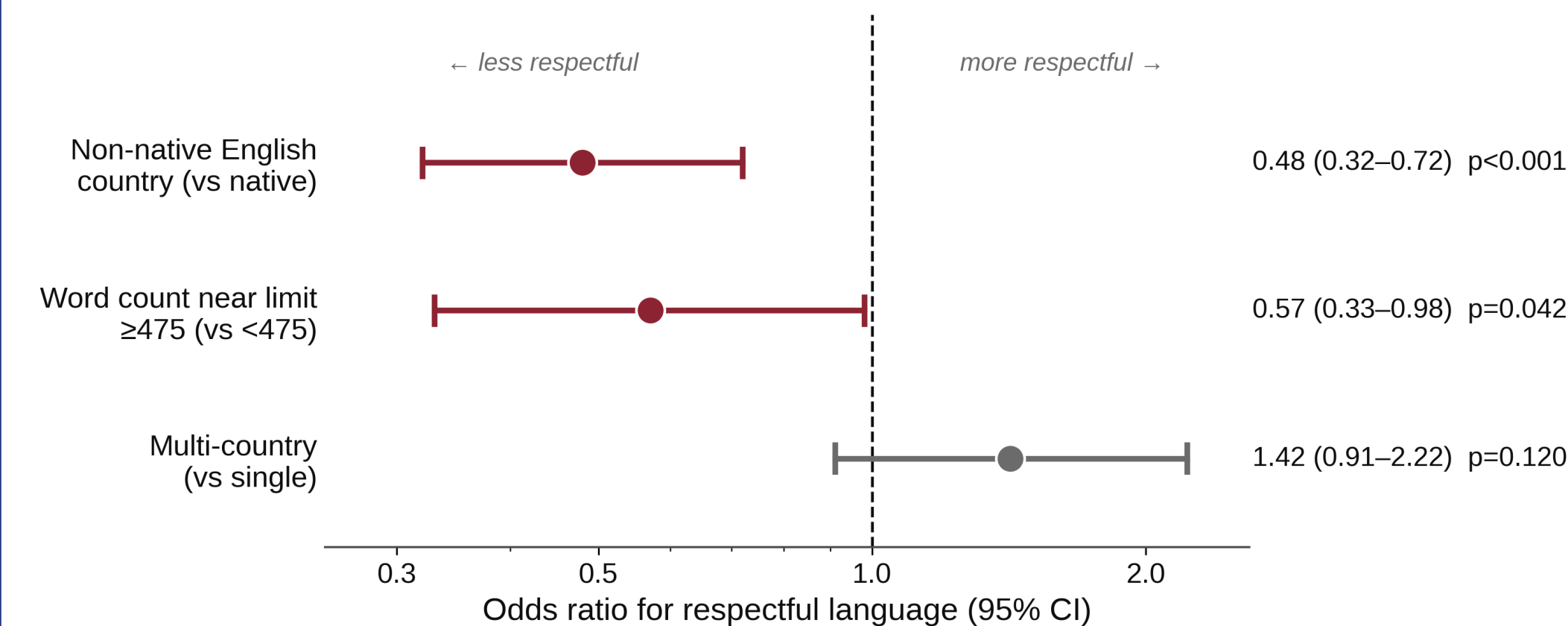
RESULTS

901 abstracts analyzed — 497 (2021) and 404 (2024). Manual review scored every abstract; all 2024 abstracts were also AI-screened.

Respectful-language compliance (2021 vs 2024)



Predictors of respectful language (2024, multivariable)

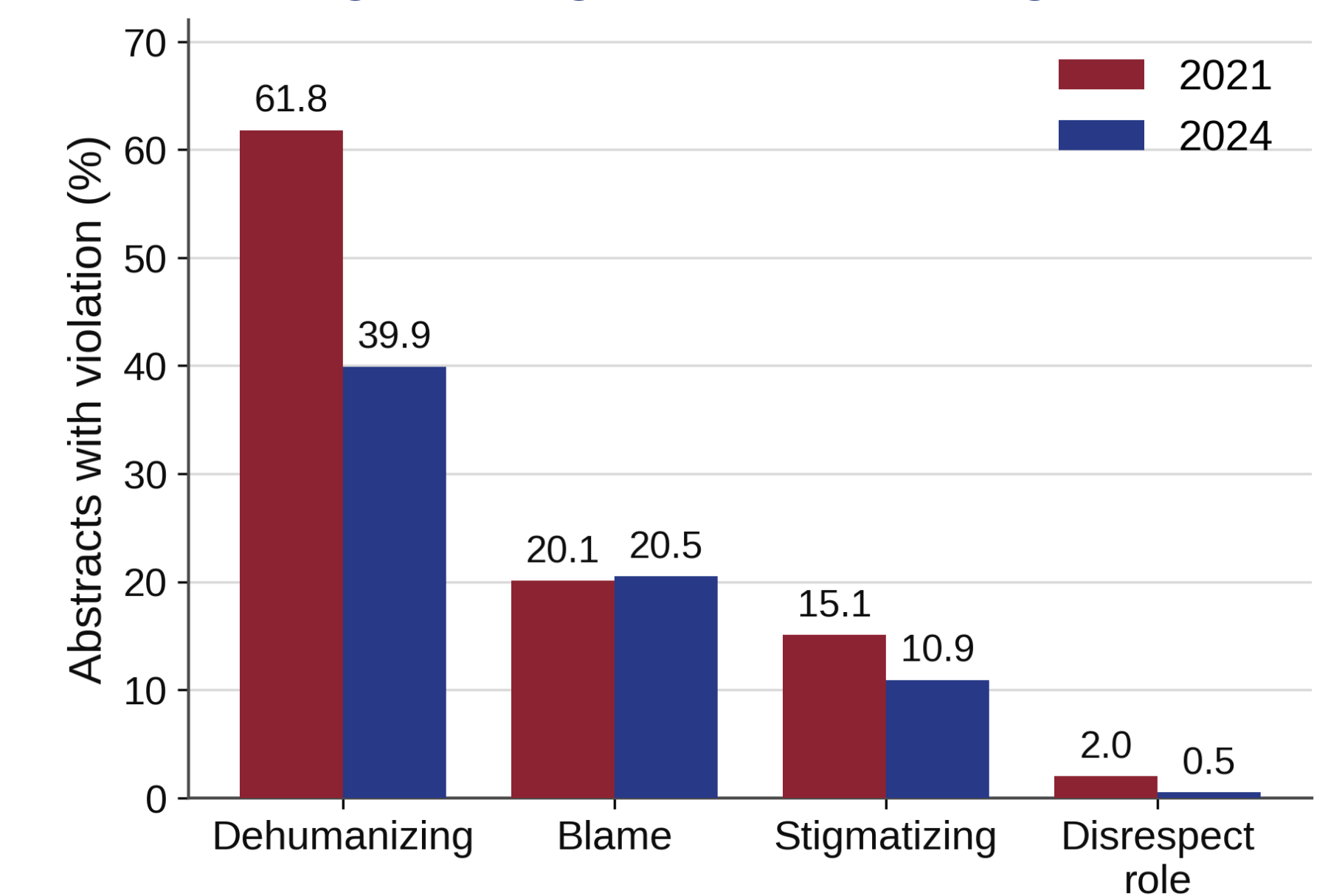


AI screening performance by category (2024, n=404)

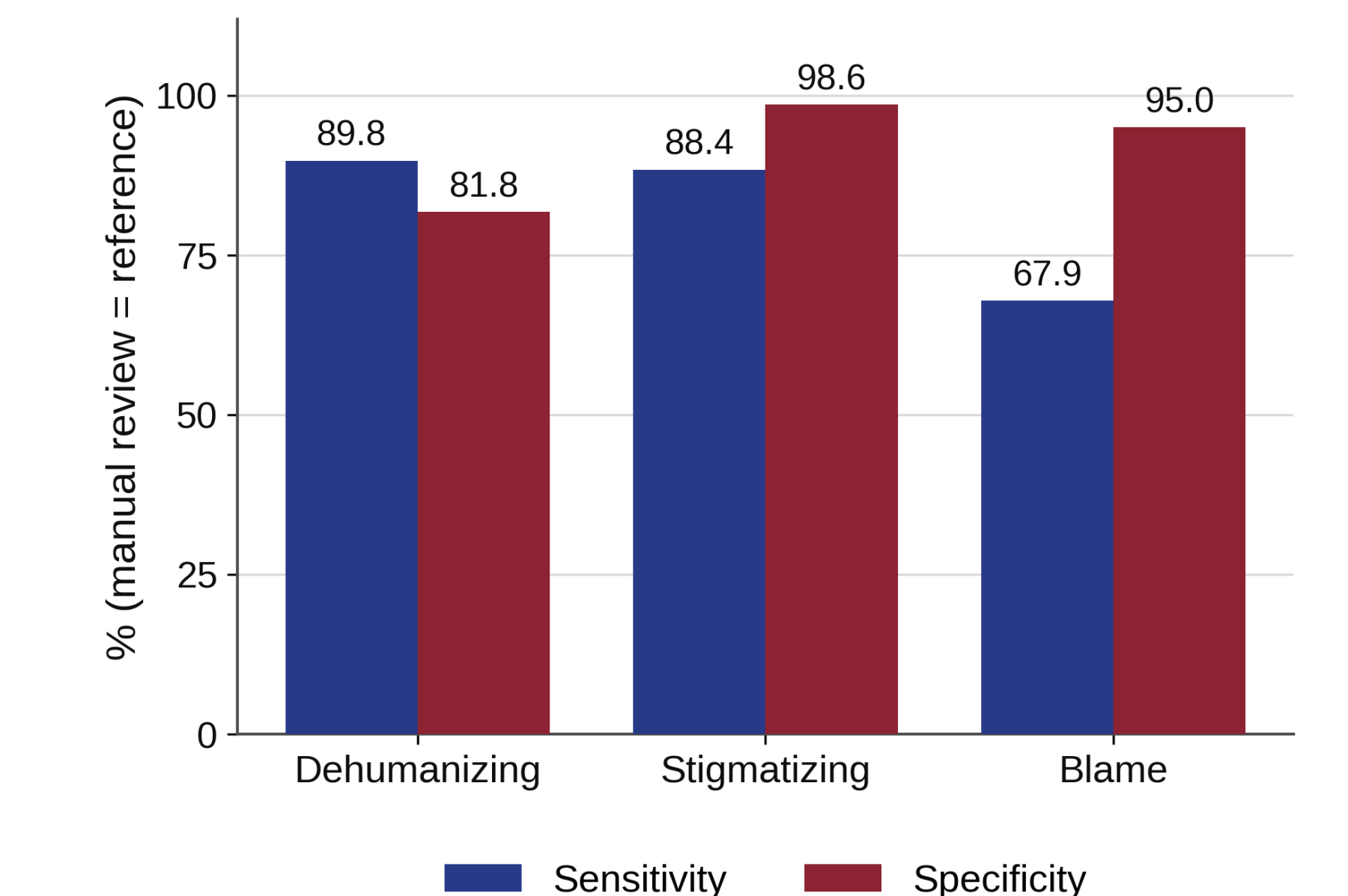
Category	Manual (n)	Sens.	Spec.	Acc.
Do not dehumanize	157	89.8%	81.8%	84.9%
Do not stigmatize	43	88.4%	98.6%	97.5%
Do not blame	81	67.9%	95.0%	89.6%
Respect role*	2	0.0%	100%	99.5%

*Respect patient role: only 2 manual violations (n too small for meaningful sensitivity).

Violation types by conference year



AI detection vs. manual review, by category



AI–manual agreement & revision quality

$\kappa = 0.688$

AI–manual concordance 84.7%
(substantial agreement, $p < 0.001$)

96.3%

of non-compliant abstracts got a compliant AI revision (231/240); only 3.7% exceeded the word limit