De Novo All Over Again

One of the peculiarities of scientific writing that make editing it so interesting is the surprising frequency with which authors say the opposite of what they mean. They write of “fluid containing cysts”, for example — disdaining the hyphen that would make their meaning clear — when what they actually mean is “cysts containing fluid”.

Another example of this perverse tendency is the anomalous way most medical writers use the Latin de novo, an adverbial phrase included in most English dictionaries that means “anew, again”. Webster’s Unabridged gives the example “a case tried de novo”. In medical contexts, however, the phrase is almost always used attributively — that is, to modify not a verb but a noun: “de novo coronary-artery lesions”. Since de novo means “again”, you might think its intended meaning as an adjective would be “recurrent”, but you would be wrong. Instead, it most often signifies “new”, a meaning that is very close to being the opposite of its dictionary definition.

At least, de novo means “new” when applied to coronary-artery lesions. According to Gregory Curfman MD, cardiologists use the phrase to describe a lesion that develops in a new location after bypass surgery or balloon angioplasty has been used to treat earlier lesions. “It really means ‘arising anew’”, explains Curfman, a cardiologist and a deputy editor at the New England Journal of Medicine.

In the context of cancer, however, de novo usually means something quite different — not “new” but “primary”. “It’s used, for example, to distinguish primary leukemia from leukemia secondary to ionizing radiation or certain drugs”, explains Robert S Schwartz MD, a hematologist who is also a deputy editor at the New England Journal. This article title from the journal Blood illustrates the point: “HRX Involvement in De Novo and Secondary Leukemias with Diverse Chromosome 11q23 Abnormalities”.

Why, then, say de novo when you mean simply “new” or “primary”? (Why, for that matter, say “de novo resistance to all-trans-retinoic acid” when what you mean is “initial resistance”?) Neither Curfman nor Schwartz said they knew of any good reason to use the more pretentious Latin phrase, and both agreed its use could be confusing. (At least 1 author asked to have an adjectival de novo restored to his manuscript — nobody remembers now what it was about — because he in fact did mean “recurrent”.)

Of the half-dozen dictionaries I consulted, only 1 — the Oxford English Dictionary, Second Edition — recognizes the attributive use of de novo. After defining the adverb as “anew, afresh, over again from the beginning”, the OED adds, “Rarely as adj= ‘new, fresh,’ and prefixed to sb [substantive].” It cites this example from an anatomy journal dated 1847-9: “A de novo development of such texture.” (Confusingly, Merriam Webster’s Collegiate Dictionary, 10th Edition, seems to recognize the attributive usage by identifying the phrase as “adv or adj” but then gives only the adverbial definition, “over again, anew”.)

A nonstandard word or phrase sometimes gains a foothold when it meets a clear linguistic need; the use of “hopefully” in place of the stilted “it is to be hoped that” is a controversial example (pitting prescriptive “snobs” against descriptive “slobs”). For the nonstandard use of de novo as an adjective, however — frequently to mean very nearly the opposite of its standard definition as an adverb — there seems to be no excuse.

The Word Watcher welcomes your comments and suggestions. Recently retired from the New England Journal of Medicine, she can be reached by mail: Lorraine Loviglio, The Word Watcher, 1347 Sudbury Road, Concord MA 01742; or e-mail: loviglio@ma.ultranet.com.

SOLUTION CORNER

A Question of Consent

Question
You are asked to edit a manuscript written by several members of a clinical service and a resident who works with them. You have worked with these authors on previous occasions and know that they write fairly well, so you expect few problems with the manuscript. However, in the methods section the authors state that they have used blood stored from a previous research study in their current analysis, and they do not mention having obtained institutional review board (IRB) approval to do so. When you ask them about it, they say that they didn’t think they needed it — that they got approval for the previous study and the current work could easily be viewed as an extension of the first protocol. Would you find it necessary to include a statement to this effect in the cover letter to the journal? Would this be your role, or would you expect and rely on the resident to follow through on conferring with the residency director or an IRB representative?

Solutions
The question here is the nature of the original informed consent. Assuming that the patients consented to use of the blood samples for the first study, were they also informed at that time of any plans to use the same blood for a later study? If the donors were not so informed, IRB approval would be required again. In the unlikely event that the authors have completed their new analysis of the previously collected blood samples and neither the principal author,