Primum non nocere: a call for balance when reporting on CTE

As clinicians and researchers in traumatic brain injury and neurodegeneration, we are concerned by the tone of reporting on chronic traumatic encephalopathy (CTE) that has developed over the past decade, highlighted in an article in The New York Times.1 Misleading reporting can have unintended, negative consequences and we call for balance from the medical and scientific communities and the media when communicating on issues related to CTE.

Contrary to common perception, the clinical syndrome of CTE has not yet been fully defined,2 its prevalence is unknown, and the neuropathological diagnostic criteria are no more than preliminary.3 We have an incomplete understanding of the extent or distribution of pathology required to produce neurological dysfunction or to distinguish diseased from healthy tissue, with the neuropathological changes of CTE reported in apparently asymptomatic individuals.4,5 Although commonly quoted, no consensus agreement has been reached on staging the severity of CTE pathology. A single focus of the pathology implicated in CTE is not yet sufficient evidence to define disease.

Recognising limitations of the diagnostic process in human pathology, pathologists are careful to note that they are merely providing an opinion, and acknowledging that another pathologist might reasonably reach a different conclusion on the same case.6 In diagnoses where the criteria for assessment and reporting are established by broad consensus, the expectation is that variance in opinions on individual cases is to be acknowledged. Otherwise, the risk of doing harm is very real.

A: Please declare any potential competing interests, and ensure these statements match your submitted ICMJE forms


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