

Book Reviews

Cancer and Its Management.

Robert Souhami and Jeffrey Tobias.
5th edition. Malden, MA:
Blackwell Publishing; 2005.
533 pp. \$69.95.
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ISBN-10: 1-4051-26361.

Cancer and Its Management, by Robert Souhami and Jeffrey Tobias, states in the preface that it is an introductory text for doctors, nurses and other medical professionals, as well as for students and scientists interested in the problem of cancer. They say that this book is not for specialists in cancer medicine, but rather for general practitioners and trainees in medicine, surgery and gynecology. This is the book's fifth edition, with the first edition having been published in 1986, and it is apparently authored entirely by these two physicians. Reading through this book, one realizes how fortunate we are to have seen so many rapid advances in recent years, but this book unfortunately does not keep up with these advances.

In the chapter on breast cancer, on page 227, the authors state that the current sequence of therapy should be local surgical excision plus axillary dissection; combination chemotherapy; and finally, radiation therapy—a dramatic change even from ten years ago. Patients should also receive tamoxifen if they are ER-positive. Even though sentinel node biopsy is mentioned previously in the chapter, in this statement it is forgotten that axillary dissection, which is no longer performed in this country before sentinel node biopsy, is no longer the standard. The ATAC trial demonstrating the superiority of an aromatase inhibitor is previously mentioned, but here the authors still mention only tamoxifen. The discussion on adjuvant chemotherapy is quite up to date, even mentioning the use of dose-dense chemotherapy programs and their superiority over conventional treatment. One thus wonders why the discussion of hormonal therapy is not equally up to date.

Again, in the discussion of metastatic disease, tamoxifen is listed as initial therapy and the aro-

matase inhibitors are recommended as second-line therapy after tamoxifen. The question of bone marrow transplantation seems to be unresolved for these authors, even though it has been discredited by most specialists in the field, and there is no mention of Xeloda (capecitabine), Navelbine (vinorelbine) and Gemzar (gemcitabine), excellent agents used either alone or in combination in metastatic regimens, or together with Herceptin.

The chapter on genitourinary cancer does not mention the recent advances in partial nephrectomies or the dramatic successes with targeted therapy using sorafenib, sunitinib, and Avastin (bevacizumab). In the section on lung cancer, there is no discussion on the recent acceptance of adjuvant chemotherapy for almost all stages of lung cancer, and there is also no discussion of combined radiation and chemotherapy in Stage IIIA. Gefitinib is mentioned for its use in adenocarcinoma; however, its real efficacy is in bronchoalveolar cancer, a subset of adenocarcinoma, and this should have been mentioned. In discussing chemotherapy in non-small-cell lung cancer, the authors state that this is still a matter of clinical judgment, whereas most oncologists today believe there is definite benefit, and unless there is comorbidity, in this country most people do undergo chemotherapy. Their chart is rather puzzling in that they list single agents separately and then combination therapy for advanced disease, but there is no mention of carboplatin, an often-employed agent in either single agent therapy or combination therapy. Paclitaxol, docetaxel, vinorelbine, and gemcitabine are not even mentioned in connection with combination therapy, even though they are all used in combination chemotherapy with excellent results. And there is no discussion of video-assisted thoracoscopy in the discussion on surgery.

In the chapter on colon cancer, the authors do mention attempts at controlling metastasis with partial hepatectomy, but omit the fact that patients with metastatic disease to the liver are now considered curable with aggressive chemotherapy following removal of their lesions. In the discussion on adjuvant chemotherapy, the authors state that there is increasing evidence that this may be valuable. This is a considerable understatement; for example, they fail to mention the positive results with the MOSIAC Trial combining oxaliplatin, 5-

flourouracil, and leucovorin. Finally, capecitabine is not mentioned, and this drug has shown results equal to or better than those of 5-flourouracil in metastatic diseases and may replace infusional 5-flourouracil in adjuvant trials.

The brief comments on living with a colostomy are excellent not only for medical students and general practitioners, but for specialists as well. It imparts excellent advice to physicians concerning the problems faced by these unfortunate patients. Finally, in the chapter on pancreatic carcinoma, gemcitabine, the standard drug, with about a 15% response rate, is not even mentioned.

The chapter on Hodgkin's disease and non-Hodgkin's lymphoma is much better organized than (for example) the lung cancer chapter, because there is a discussion of each stage of the disease and its treatment, thus making it easier for the reader to follow. Yet there is no mention of PET scanning for staging in both the Hodgkin's/non-Hodgkin's lymphoma and lung cancer chapters, even though PET scanning is mentioned in the chapter on radiology. PET scans do add greatly to staging in these diseases and should have been mentioned in these chapters.

The idea of writing a textbook on cancer management for nonspecialists is a good one. Unfortunately, this particular text is already outdated at the time of its publication.

Seymour M. Cohen, M.D.

Associate Clinical Professor of Medicine and
Oncologic Sciences
Mount Sinai Medical Center
New York, NY

Ascites and Renal Dysfunction in Liver Disease: Pathogenesis, Diagnosis and Treatment.

Pere Gines, Vicente Arroyo,
Juan Rodes, and Robert W. Schrier,
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original book first published in 1999. An ominous development in the progression of liver disease is the onset of renal dysfunction in the patient with ascites. The current organ allocation system in the United States reflects the key prognostic value of serum creatinine, incorporating it into the model for end-stage liver disease. One of the most difficult challenges for clinicians caring for patients with advanced liver disease is management of portal hypertension with concomitant renal insufficiency. Thus any physician involved in managing cirrhotic patients needs to be familiar with the pathogenesis and differential diagnosis of renal dysfunction in this setting. A number of seminal studies appearing in recent years have had a profound impact on our understanding and sophistication in the management of ascites with and without renal insufficiency. Many of these studies were conceived by the editors of this textbook, who are based in Barcelona and Colorado.

The contributors provide lucid discussions of the pathogenesis of the fluid retention leading to ascites and explore mechanisms, including hemodynamic abnormalities, that culminate in the manifestations of decompensated cirrhosis. Each of the chapters devoted to basic mechanisms is linked to other chapters describing clinical manifestations and therapy.

This book is an excellent resource for physicians, especially hepatologists and nephrologists treating complications of cirrhosis, with its elaborate and exhaustive description of the pathophysiology underlying renal dysfunction in cirrhosis. The content and level of writing in this book are superb. The writing flows well and is enjoyable to read. Particularly useful are the chapters that address renal involvement in liver disease in the absence of cirrhosis, as in acute liver failure, obstructive jaundice and viral hepatitis. The use of TIPS in refractory ascites and especially of vasoconstrictors in hepatorenal syndrome are relatively new concepts in this field and are well covered. The book should be on the office shelves of clinicians who see many patients with advanced liver disease.

Priya Grewal, M.D., and Paul Martin, M.D.

Division of Liver Diseases
Mount Sinai Medical Center
New York, NY

Ascites and Renal Dysfunction in Liver Disease, published in 2005, is the second edition of the

Practical Transfusion Medicine.

Michael F. Murphy and
Derwood H. Pamphilon, editors.
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Many clinicians require a working knowledge of transfusion medicine to provide state-of-the-art, cost-effective care and to educate patients about their clinical options. *Practical Transfusion Medicine* is a concise, comprehensive but user-friendly guide to transfusion medicine, meeting the needs of a wide variety of clinicians as well as hematologists in training and consultants in established practices. Forty-nine authors, primarily from the U.K., have contributed to the 39 chapters presented in this volume. The book was released in May 2005 in Europe and in July 2005 in the United States. Evaluating this text for a U.S. audience, the reviewer was interested to discover if transfusion practices peculiar to the U.S. would be covered adequately and to learn if authors had been able to incorporate some of the most recent developments in transfusion medicine before going to press.

The chapters are grouped in five sections: (1) *Basic principles of transfusion*; (2) *Clinical transfusion practice*; (3) *Complications of transfusion*; (4) *Practice in blood centers and hospitals*; and (5) *Developments in transfusion medicine*. Despite the large number of contributors, the writing styles of the authors (or the editors' guiding hands) are amazingly congruent, allowing the reader to move from chapter to chapter without having to adjust the pace because of idiosyncrasies of style or grammatical phrasing.

Basic principles of transfusion includes an introduction that provides an overview of blood safety, concerns about best transfusion practices, donor recruitment and retention issues, and patient education about blood transfusion. A review of basic immunology then prepares the reader for subsequent chapters on human blood groups, human leukocyte antigens, and platelet and neutrophil antigens. The chapter on blood group antigens focuses on antibodies commonly encountered in everyday practice. This was a wise decision, as it is impossible for anyone outside a reference lab-

oratory to remember the 285 blood group specificities recognized by the International Society for Blood Transfusion. The chapter on human leukocyte antigens provides an excellent introduction to the HLA system and its role in transfusion and transplantation. The text describes techniques currently being used by most laboratories, but it was disappointing that there were no figures illustrating these techniques. The chapter on platelet and neutrophil antigens effectively employs a combination of text and tables to explain shared antigen systems and neutrophil and platelet-specific antigen systems. Figures illustrating the test systems frequently used to detect anti-platelet antibodies and perform DNA-based typing for platelet-specific antigens are included.

The section on *Clinical transfusion practice* has chapters on effective and safe use of blood components, bleeding associated with trauma, prenatal and childhood transfusions, transfusion in hematological disease and for solid organ transplants, inherited and acquired coagulation disorders, and use of intravenous immune globulin. The chapters are all well written, providing basic information as well as recommendations for patient evaluation and management. The chapter on safe and effective use of blood components provides a clear and concise description of how clinical staff can prevent the most common risks of transfusion, i.e., having a patient receive a blood product intended for someone else, and having a product transfused that does not meet the special requirement the patient's clinical condition demands. The chapter "*Bleeding associated with trauma and surgery*" provides an excellent overview of patient management in the operating room and includes figures as well as text to explain the thromboelastogram.

Complications of transfusion (Part 3) includes chapters on transfusion reactions, immune modulation and graft-versus-host disease, and transfusion-transmitted infections, including a chapter devoted to vCJD. These sections are in general excellent. However, the brief discussion of pre-transfusion testing of platelets for bacterial contamination is not current from the U.S. perspective. The Bac-T/Alert system, which is used to culture platelet samples, is mentioned as an automated system that might be appropriate for screening, but it is already widely implemented. The Pall BDS system, which screens for bacterial contamination by measuring oxygen consumption, is not mentioned. And the Pall Acrodose system, which permits bacterial testing for pooled platelets, was licensed after the book's publication. There are also differences in U.K. and U.S. practices with regard to irradiation of blood products. Although these

differences are described in the text, they would be more easily identified if presented in a table.

Practice in blood centers and hospitals addresses donors and blood collection, blood donation testing and the safety of the blood supply, production and storage of components, medico-legal aspects of transfusion, blood transfusion in hospitals, autologous transfusion, tissue banking, cord blood banking, and therapeutic apheresis. Quality systems and quality monitoring are well integrated in this section. Although there are minor differences between U.K. and U.S. practices, the basic principles are the same.

Developments in transfusion medicine includes the expected chapters on blood substitutes, cytokines, stem cell processing and storage, hematopoietic stem cell transplantation, gene therapy, and recombinant antibodies, but also contains chapters on interventional trials in transfusion medicine, and evidence-based transfusion medicine. This section concludes with a chapter on the future of transfusion medicine.

The information on design of interventional trials in transfusion medicine is essential reading for every clinician who has not had the opportunity to plan and participate in a research study. It explains the difficulties associated with conducting clinical trials in transfusion medicine and provides guidance for evaluating the quality of research studies.

Practical Transfusion Medicine is concise, clinically oriented, and user-friendly. It adequately informs but does not overwhelm the reader new to the discipline. Despite small differences in transfusion practice between the U.S. and the U.K., the concise, clear presentation of clinical material is outstanding and would be of value to hematologists and pathologists in training as well as clinicians in many specialties.

Carolyn F. Whitsett, MD

Director, Transfusion Medicine

Mount Sinai Medical Center

New York, NY

Carolyn.whitsett@msnyuhealth.org