Clinical Oncology—Basic Principles and Practice, 3rd edition


The cover is beautiful! The colourful photos catch the eye and encourage peeking inside the book. A small-scale disappointment is the clinical photographs: they are all in black and white, or better, in many shades of grey. The 294 pages in the book are divided into 23 chapters, four appendices and an alphabetic index. The first two chapters deal with pathogenesis and principles of diagnosis and staging, as do most oncology (or any other specialty, for that matter) textbooks.

The third chapter, ‘Decision making and communication’, deals with an important area of oncology practice. In a mere 11 and a half pages the authors, in their concise manner, among other things discuss the difficult subjects of whether to treat or not to treat, the nature of oncological treatments, quality of life, and communication with the patient and the relatives. Everyone in the field of oncology knows that these are the critical issues when discussing the possible future with a patient and his/her family members. It takes less than 15 minutes to convince a patient and their relatives that chemotherapy is necessary, even in a hopeless situation; however, it takes at least 45 minutes to convince the patient and their family members that sometimes active treatment would do the patient more harm than good. Communicating these things well requires a lot of skill and experience. Indeed, to get at least the basic information on the topic it would be most welcome to see this kind of chapter in other oncology textbooks as well.

The next three chapters deal with basic principles of surgical oncology, radiotherapy and systemic treatment, before the authors go on to more detailed description of the epidemiology, aetiology, pathology, natural history, symptoms, signs, differential diagnosis, investigations, staging and management of some 39 solid tumour malignancies, in addition to CNS malignancies and metastases, lymphomas, haematological malignancies, paediatric malignancies, skin cancers, AIDS-related malignancies and cancer of unknown primary. The authors finish with chapters on oncolgical emergencies and palliative care. The appendices show WHO cancer data from the European Union, more-developed and less-developed countries, and in the UK.

The contents in the book are up-to-date, it is written in a concise manner and it is easy to read. One thing bothered me: testicular cancer, according to the authors, is surgically treated with orchiectomy, and the surgical mode appears again in the palliative treatment of advanced prostate cancer. Everyone knows that in this procedure the surgeon will remove one or both testicles. However, orchidectomy to me, being no Greek scholar, reminds me of picking flowers, especially orchids, which according to the Random House Dictionary are ‘terrestrial perennial herbs of temperate and tropical regions, having usually showy flowers’. In American textbooks the procedure is called orchiectomy, i.e. without the letter ‘d’ in the middle. So I made a quick telephone survey amongst the urologists in my hospital, and without exception everyone in their spoken version left the ‘d’ out. A Greek scholar should perhaps be consulted.

I recommend this book to not only the audience that the authors list, i.e. junior doctors, nurses with special interest in oncology and other health-care specialists needing a core of basic knowledge in this field, but also to the various specialists in the oncology community. It gives to a medical oncologist an insight into the role of radiotherapy in oncology, and to a radiation oncologist an insight into medical management of cancer. Without going into too much detail, this is clinical oncology made rather alive.

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AJCC Cancer Staging Handbook plus EZTNM


The sixth edition of Cancer Staging Handbook plus EZTNM, prepared by the American Joint Committee on Cancer (AJCC), contains the complete text of the sixth edition of AJCC Cancer Staging Manual except the cancer staging forms. Unique to this edition of the Handbook is the EZTNM: a professional cancer staging program for handhelds that additionally enables the user to determine the stage of each patient after entering the parameters for tumor (T), node (N) and metastasis (M). However, for non-routine users of handhelds this kind of staging process is not really timesaving, and in this case using a manual or a handbook to determine a stage of disease still might be more efficient. An argument in favor of using the Handbook is that it is pocket-sized, and
each of the 13 different parts (48 chapters) is easy to find. In the first part of the Handbook, general information on TNM cancer staging and cancer survival analysis are comprehensively reviewed, which could be particularly useful for medical students and residents. In the following parts, the staging systems for different anatomic sites are discussed, and also shown in drawings. Furthermore, brief and concise description of etiology, histopathology, prognostic factors and outcome results are presented. A very useful summary of changes in the TNM definitions and stage groupings for different anatomic sites is given at the beginning of each chapter.

In conclusion, the AJCC Cancer Staging Handbook or a manual with enclosed CDs for PC or Palms might be recommended as a mandatory piece of equipment for all those working within the field of oncology. It supports the maintenance of a common professional language, ensuring proper classification, staging, treatment and reporting regarding different cancer types.

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