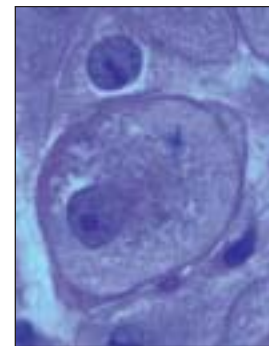


# Book Review

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**Ginsberg RJ. *Lung Cancer. American Cancer Society Atlas of Clinical Oncology. Hamilton, Ontario; BC Decker Inc; 2001. 352 pages. Hardcover, \$99.00 US.***

This is the next in a series of “atlases” of clinical oncology published by the American Cancer Society. The topic, of course, is important, given the extraordinary incidence of lung cancer and its role as the most lethal of human cancers. What is less clear is why we need another book on lung cancer. Several excellent textbooks and monographs already are available and, therefore, this one needs to be judged as to whether or not it adds to that literature. The introduction states that this book not only for oncologists and surgeons, but also for a wide range of physicians; therefore the question will be whether a book priced at \$99 truly adds value for these other individuals.

One useful feature of this series is the “value-added” edition of a CD-ROM with each book, with an announcement of this on the front page. Unfortunately, my copy did not include a CD-ROM.

The book is reasonably well illustrated throughout, and the layout is traditional. I have some concerns about a number of the chapters, however. The section on pathology has a series of photographs of gross pathology specimens that are of marginal value. The photographs may be important for a pathologist who is accustomed to viewing gross specimens, but these are murky pictures and the average clinician may wonder which end is up in the images. The lack of arrows and legends makes them even more difficult to interpret. They tend to be of little value in a clinically oriented publication. Several images of necrotizing cavitory lung cancer are included, but how many are needed to make the point?

The pathology chapter also contains some significant gaps. There is little mention of the spectrum of disease, from small-cell anaplastic lung cancer to atypical carcinoid to carcinoid. This is an important distinction to the clinician, and the average physician might refer to one of these books to gain some understanding of the complete manifestations of the disease. It is unlikely they will look there for routine staging or rou-

tine radiotherapy management because these concern specialties. For the physician who has a patient with a carcinoid or an atypical carcinoid resected or, for that matter, an extrapulmonary small-cell cancer, the ability to acquire a sense of whether these patients should be referred to a specialist might be more important.

The section on clinical features included some over simplifications and misstatements of the literature. The section on spinal cord compression suggests that many patients will present with neurologic symptoms of disease, which is not true. Over 90% of patients will present with back pain only, be diagnosed with an early MRI, and promptly proceed to radiation therapy. In addition, if one is going to treat a spinal cord metastasis surgically, then the last procedure one would do is a traditional laminectomy, as mentioned in the book, as that further destabilizes the spine.

The section on pericardial effusions after radiation therapy is misleading. The majority of these occur within the first year, and a handful can show up somewhat later. To state that these can appear up to 20 years out from radiation therapy is misleading — that is an extremely rare phenomenon. Finally, the comment is made that up to one third of patients present with neuromuscular syndromes related to their underlying lung cancer. The following section indicates that each of the various syndromes is, in fact, quite rare; however, I think there is no lung cancer specialist in the world who would suggest that one third of patients present with neuromuscular disorders unless generalized fatigue is defined as one of those.

The section on diagnosis and staging appropriately emphasizes the role of mediastinoscopy as a gold standard, but this in a rapid state of flux. Many centers using PET scans, and particularly PET/CT scans, have significantly reduced their rate of mediastinoscopy, and some mention of the changing nature of this field should probably be made in this book. Even though this chapter is written for an audience in 2002, it does not even mention the availability of combined PET/CT scanners.

Within the chapter on local and locoregional therapy, the section on side effects is outdated. The slide from

the Lung Cancer Study Group data appears to be a second-generation image and is out of keeping with the quality of most of the illustrations in the rest of the book.

The section on follow-up of lung cancer is unnecessarily conservative. I believe most lung cancer physicians use an annual CT scan to follow their patients, especially those who have been treated surgically. The rate of second primary lung cancers is 2% to 3% in this group of patients. Because they have already undergone one resection, finding the cancer earlier makes a significant difference in the ability to do a more limited procedure in the patients who remain at high risk of second, third, and fourth primaries. To state that chest x-ray is the procedure of choice for radiologic follow-up is not providing an accurate impression of the standard of follow-up today.

The chapter on treatment of advanced disease continues a long tradition at Memorial Sloan-Kettering Cancer Center of including mitomycin, vinblastine, and platinum as a standard of therapy for lung cancer. Although I understand the data on which the group there base their strategy, they are among the few centers that include this on the list of contemporary regimens.

Overall, the book is of good quality. For physicians who do not regularly deal with lung cancer and would like a relatively concise, well-illustrated reference guide, this would serve well, and the price is reasonable. However, for oncologists, whether radiation, surgical, or medical, this probably would not be a productive addition to their collection of textbooks on lung cancer.

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