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Book Reviews

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The Use of Computed Tomography in the Initial Investigation of Common Malignancies

R. Johnson & J. Huband, eds.
The Royal College of Radiologists, London, UK, 1994, 31 pp.
GBP 5.–.

Computed tomography is the main radiological tool for staging malignant tumors. This is performed both in specialist centres, where the final treatment is given, and in small non-specialist hospitals. A large number of CT examinations made in non-specialist centres have to be repeated because of improper technique. The need for standardization of CT examination for tumor staging has been observed by the Royal College of Radiologists, where a committee with representatives for both clinical oncology and clinical radiology has worked with this and the result is published in the present booklet of 31 pages.

The first few pages contain general comments on diagnostic radiology and clinical oncology, as well as general techniques concerning patient preparation, the use of contrast medium, and CT-guided biopsy.

Common malignancies, such as brain and orbit tumors, lung cancer, and gastrointestinal cancer, are presented in a standard format, presenting clinical details, tumor classification (TNM), principles of treatment, objectives of examination and technique. There are also comments on problem solving, where simple examples are given on how to avoid difficulties and to obtain maximum diagnostic information. The value of MRI in diagnosis and staging is also given for many tumor types. Surprisingly MRI is not mentioned as concerns diagnostics of musculoskeletal and soft-tissue tumors, where it is the method of choice for local assessment.

Although this is a small booklet, the Committee and its editors have managed to summarize the essentials of CT in tumor diagnosis and staging. It is recommended for all radiological departments for optimal tumor staging prior to treatment.

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Lung Cancer

B. E. Johnson & D. H. Johnson, eds.
John Wiley & Sons, Inc. New York, 1995, 347 pp.
ISBN: 0-471-01285-8.
USD 64.50.

The aim of the present volume is to provide succinct and updated information on lung cancer to physicians and medical students as well as to cancer specialists. The list of authors covers 35 names, one from Australia, two from France, and the others from the United States. About half of the volume is devoted to pretherapeutic issues, such as epidemiology, prevention, biology, diagnosis and staging. The therapeutic part gives a comprehensive review of the roles of surgery, radiotherapy and chemotherapy. Paraneoplastic syndromes are presented among methods of treatment but would fit better into the earlier part of the book. A valuable chapter on long-term survivors concludes the volume.

During recent years, increased interest has been paid to integration of various treatment modalities. The limited data available on adjuvant treatment after surgery are reported as well as studies of combined radio- and chemotherapy for unresectable disease. The term 'neoadjuvant' is, however, not mentioned in the index and little or nothing is said about phase II and phase III studies of induction therapy with the purpose of making 'almost' resectable disease surgically treatable. Likewise, a section on recent development of palliative intrabronchial treatment, such as laser therapy, stents, and brachytherapy would have been of considerable interest. With these reservations, the volume can be recommended to anyone who needs an updated review on lung cancer.

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Recent Results in Cancer Research—Soft Tissue Sarcomas in Adults

M. Bamberg, W. Hoffman & D. K. Hossfeld, Eds.
Springer-Verlag, Berlin, Heidelberg, 1994. 176 pp, 32 figures, 32 tables.
ISBN: 3-540-57629-0
DEM 168.– Hardcover

Soft tissue sarcomas represent less than 1% of all malignancies but attract a lot of interest because of recent substantial progress in pathology (new clinicopathologic entities), cytogenetics (specific chromosomal aberrations), molecular genetics (genes involved in translocations identified), imaging (MR), and treatment (limbsparing with combinations of surgery, radiotherapy, and chemotherapy).

In this book, 38 authors have written 17 articles grouped in 5 sections: Diagnostic work-up, Local treatment, Local recurrence and disseminated disease, Systemic treatment, and New developments and future aspects.

In the first section, a good article is that on new techniques in pathology; the value of immunohistochemistry, chromosomal analysis, and molecular genetics is summarized. In the treatment section there are good reviews on the combination of surgery and radiotherapy: pre-, postoperative, or brachytherapy. In a recent study on advanced soft tissue sarcoma, combined chemotherapy, regional hyperthermia, and surgery showed preoperative response in 15 of 33 patients. The study was not controlled, the follow-up short, and the authors do not mention whether or not they regard these preliminary findings as promising. In another article the value of pulmonary metastatectomy is clearly documented. There is a good overview on 'Systemic therapy of disseminated soft tissue sarcoma'. The authors suggest that high-dose chemotherapy (supported by growth factors, autologous bone marrow, and peripheral stem cells) should be followed by surgical metastasectomy.

'Soft tissue sarcomas in adults' stresses the multidisciplinary approach necessary for these patients and most chapters are good reading for those involved in this field.

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Tumors and Tumorlike Lesions of Bone. Pathology, Radiology and Treatment, 2nd edition

F. Schajowicz, ed.
Springer-Verlag, Berlin–Heidelberg–New York–London –Paris–Tokyo–Hong Kong, 1994, 649 pp, 635 figures.
ISBN: 3-540-55366-5
DEM 580.– Hardcover

The first edition of this book, printed in 1981, was soon appreciated as one of the best textbooks on bone tumors. Professor Fritz Schajowicz who died shortly after he had completed this second edition, was responsible for the Latin American Registry of Bone Pathology. This book is based on 7 000 cases in this registry. Since the first edition considerable progress has been made in the diagnosis and treatment of bone sarcomas; immunohistochemistry, electron microscopy, chromosomal analysis, and molecular genetics have improved the diagnostic accuracy, better imaging (CT, MR), reconstructive orthopedics, and more effective chemotherapy has made limb-salvage possible in most patients and improved survival.

Schajowicz has considerable experience with fine- and coarse-needle biopsy of bone lesions and recommends the method. One advantage is the possibility to extract material from a tumor at different depths only accessible by major surgery. One common objection by those who have no experience with needle biopsies is that the aspirated material may not be representative. However, this risk may be greater with an open biopsy!

The 50 tumor types (revised WHO classification, 1994) are each described by incidence, clinical findings, radiographic features, pathologic findings, treatment and prognosis. More than 600 figures, many in color, illustrate radiography, surgical specimens, macro and micro slides. Notes on treatment are usually short but in this edition a separate section on treatment is included. Four tumor types illustrate the different approaches which have replaced amputation, common in all tumors 15 years ago. Today giant cell tumors are eradicated by curretage and bone cementation, surgery alone is the principal treatment for chondrosarcomas, in osteosarcomas neoadjuvant chemotherapy is followed by limb-sparing surgery by endoprosthetic or allograft reconstruction, and Ewing sarcomas are often treated by a combination of chemotherapy, radiotherapy, and surgery.

This is an excellent book worth reading for the pathologists, radiologists, surgeons and oncologists in a sarcoma group. Also for those who are not experts this is one of the best reference works.

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