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Book Reviews

Cancer of the Head and Neck

Edited by E.N. Myers and J.Y. Suen. New York, Churchill Livingstone. Second edition, 1990, 1132 pp. ISBN 0 443 08597 8. £95.00.

THIS GREATLY expanded second edition is now almost too heavy to hold, and yet it succeeds only in covering the surgical side of head and neck cancer in any depth, and even that from the point of view of the ear, nose and throat (ENT) surgeon only. Therefore it may not appeal to others (e.g. radiotherapists) working in this field.

The book introduces evaluation, staging, radiology, pathology, medical, nutritional and anaesthetic issues, principles of radiation treatment, and dental and maxillofacial considerations. The middle of the book is devoted to a chapter for each site, such as the oral cavity. Finally there are chapters on reconstruction, rehabilitation of speech and swallowing, nursing care and emotional aspects.

One feature of the layout which I found useful was that each of the sections on cancer at individual sites follows more or less the same pattern of anatomy, pathology, investigations and treatment policy. One of the strong points of the book is its full and useful references. However, more data on epidemiology and aetiology would have been welcome in some places, especially in the chapter on laryngeal carcinoma.

I enjoyed reading the radiotherapy chapter: it was written in the language that a surgeon can understand and provided just the information I needed. The chapter on chemotherapy I found to be superficial, as it assumes a vast body of knowledge which most ENT surgeons do not have. Furthermore it tended to rely on small phase II trials rather than on larger phase III trials with control patients.

The chapter on tumours of the hypopharynx is particularly well balanced, and the author is to be congratulated on being one of the few who realises that replacement of the hypopharynx after resection of a tumour presents several different problems and there is no such thing as the "best method" of pharyngeal repair. He states that mortality after gastric transposition is approaching 10%—this is true, but not in the direction which he implies. The statement "irradiation alone produces few satisfactory results for cancer of the post cricoid area and cervical oesophagus" is out of date and untrue.

I was surprised to see no mention of the fundamental and highly important work of MacGregor and his colleagues on the anatomy and pathology of mouth cancer, and no reference to Kleinsasser in the section on microlaryngoscopy. It is hard to believe that the authors are unfamiliar with the work of these outstanding contemporary pioneers. Removal of nasopharyngeal angiofibromas via the Le Fort I osteotomy, much the best approach, was not mentioned.

The writing is often wordy, and at times difficult or impossible to understand; for example, the opening sentence of the book states "The study of head and neck cancers must correspond to a double pre-occupation". Tautologies are scattered throughout (e.g. "therapeutic management"). The book would have been improved by firm editing.

Isolated references to the history of cancer of the head and neck would have been better omitted. The book repeats the incorrect claim that the first total laryngectomy was done by Dr Patrick Heron Watson in Edinburgh in 1866. This is of course untrue: Dr Watson's article shows that the only operation which the patient had was a tracheostomy. Fergusson's name is misspelt, the incision ascribed to him is incorrectly drawn and the modification ascribed to Dieffenbach is also wrong. Unless the author has read the original article he would be wise to eschew secondhand historical references, which are almost always incorrect. If the author clearly has not bothered to read some of the references he quotes, how are we to know whether he has read the others?

The colour plates at the beginning of the book are out of place, add nothing, and could have been omitted, presumably with some reduction in price. There are inevitably mistakes in a book of this size: for example, Fig. 19.1, describing the anatomy of the oropharynx, is incorrect. The book would have benefited from pruning of old-fashioned material; surely nobody still uses the forehead flap.

The most obvious omission from this book is the almost complete lack of any mention of tumour biology and all the exciting work that is currently being done on topics such as multidrug resistance, ploidy, cell kinetics and oncogenes.

Notwithstanding, I enjoyed reading this book and am happy to have it on my shelf.

P.M. Stell
Department of Oto-rhino-laryngology
University of Liverpool
Royal Liverpool Hospital
P.O. Box 147
Liverpool L69 3BX, U.K.

Microsurgical Reconstruction of the Head and Neck

Edited by Shan D. Baker. New York, Churchill Livingstone. 1989, 356 pp. ISBN 0 443 085 870. £60.00

THE PLACE of microsurgery in the reconstruction of the head and neck is now well established. An ability to transfer a piece of tissue from one part of the body to another has revolutionised reconstruction for both patient and surgeon. Less frequent are the days of protracted inpatient stay now that a single-stage repair is possible.

Shan Baker has edited a splendid book in which seventeen eminent authors have contributed a chapter each. The volume starts with two chapters on microvascular technique and instrumentation. These chapters discuss the fundamental techniques, their applications, the problems and the difficulties.

The following chapters discuss a specific free flap in a methodical and comprehensive way. The layout of each chapter has been standardised and there are sections for anatomy, preoperative assessment, postoperative care, indications, contraindications and special considerations, accompanied by high-quality line drawings, photographs and one or two case studies. If each chapter lacks anything it is a section on complications. For every flap does have its limitations, such as bulk of the tissue transferred and quality of the skin.

The final chapter is devoted to the "Complications of Microvascular Surgery". In experienced hands the failure rate of free flaps is about 8%. It must not be thought that a free flap is invincible—the more traditional techniques may be more appropriate for certain cases. Free-flap transfer is an established technique in head and neck reconstruction following the surgical ablation of tumours.

Shan Baker's book should not gather dust in the library. Those involved in head and neck reconstructive surgery should have a copy accessible.

Nicholas M Breach
Head and Neck Unit
Royal Marsden Hospital
London SW3 6JJ, U.K.

News

Cancer Registration in England and Wales

Cancer registration began in England and Wales in several centres in the 1920s so that patients treated with radium could be followed up. Later the objectives became wider so that the frequency and causes of cancer could be studied. In 1945, cancer registration became national and now there are twelve population-based registries. The Working Group of the UK Registrar General's Medical Advisory Committee was set up to review the operation of the national cancer registration system, to assess the implications of changes in information technology and to consider completeness and data quality. The group also considered how the implications of the UK White Paper *Working for Patients* might affect cancer registration. The Working Group has now reported*.

On the whole, the cancer registry system was seen as valuable and worth sustaining and improving. The mean cost to regional registries per case registered is £8 and to the Office of Population Censuses and Surveys (OPCS) £3; £11 is 0.3% of the approximate cost of cancer to the National Health Service (NHS). Some fear that the regionally funded element might be lost in the present financial climate. Junior and senior registry staffing has been reduced, the group found, because of lack of regional support. Regional managers say that cancer registration is not an integral part of their information system, with the Catch 22 that the shortcomings of the system in terms of timeliness and completeness detract from its value. As regards ensuring the completeness of ascertainment, especially in view of the increases in private treatment and hospitals becoming self-governing, the Working Group recommends that the private health-care sector be approached to link with the local registry. In addition, a named senior individual in each district should be responsible for monthly reports to the regional registry. (Hospital discharge data will identify about 88% of cancer patients; information on outpatients can be linked in from pathology records and radiotherapy visits.) Specialised tumour registries and lists of patients in trials should also be linked in.

Another recommendation was that a strong co-ordinating group is needed to set standards of good practice and quality control and to discuss and solve common problems. Funding of cancer registries should be adequate and based on local numbers of cancers arising or treated. The Working Group suggests that research funding bodies might support the research activities of the registries.

The developments in computerised information systems within the health care services in the UK mean that cancer registries should become linkable with other NHS data bases, including those of the OPCS and the NHS Central Register, with appropriate safe-guarding of confidentiality. All registries should collect a standard data set, with some collecting additional information. Quality control should be part of the enhanced cancer registration system, with a league of registries being available.

Living with Cancer

Life with Cancer, published by CancerLink*, discusses common myths about cancer, the nature of the disease, investigations and treatment (medical and complementary) and how to cope with physical and emotional changes. For many, cancer is still a taboo word and this booklet offers practical advice on coping with the illness and lists further reading and helpful organisations for counselling and support.

Effective communication can be a lifeline for a patient with cancer. Anxieties and fears may be numerous, but individuals are often unable to verbalise them. *Life with Cancer* provides a guide to questioning health professionals and to understanding treatment options for informed decision-making. Very few people receiving treatment for cancer are unaware of their diagnosis, yet sometimes family members wish to avoid confronting the issue. Medical ethics determines whether the patient is told. Whilst the truth might be difficult to accept, secrecy can isolate the patient and damage relationships. A section in the booklet outlines this debate.

Other publications from CancerLink include titles on childhood cancer, sexuality and cancer and terminal care. The charity provides an information service for medical professionals and the public covering all aspects of cancer and local fund-raising and support groups.

Fibiger Institute

The Fibiger Institute in Copenhagen is the largest experimental cancer research institute in Denmark. 1989 was the 40th anniversary of the inauguration of the institute by the Danish Cancer Society. Most of the funding for the Institute (about 92%) still comes from the Danish Cancer Society. In its report for 1989†, the Institute has summarised the research interests of its staff.

The Institute is currently divided into five departments. Much of the work of the tumour endocrinology department concerns human breast cancer, including mechanisms of oestrogen-stimulated growth, malignant transformation of breast epithelial cells *in vitro*, the influence of stromal cells on cancer cell growth and the prognostic value of measuring DNA ploidy and S-phase fraction. The molecular oncology department is studying lung

*Review of the National Cancer Registration System. Report of the Working Group of the Registrar General's Medical Advisory Committee. London, HM Stationery Office, 1990, series MB1 no. 17.

**Life with Cancer*, July 1990, available from CancerLink, 17 Britannia Street, London WC1X 9JN, U.K. (tel 071 833 2451) (free to individuals affected by cancer).

†Danish Cancer Society: The Fibiger Institute Annual Report 1989. Ndr. Frihavnsgade 70, DK-2100 Copenhagen, Denmark.