

Eur J Cancer, Vol. 28A, No. 8/9, p. 1582, 1992.
 Printed in Great Britain
 0964-1947/92 \$5.00 + 0.00
 © 1992 Pergamon Press Ltd

Book Reviews

Malignancies of the Vulva

Edited by P.G. Knapstein *et al.*

New York, Thieme Medical Publishers, 1991, 184 pp. ISBN 0-86577-389-0. DM 168.00.

THIS is a very well produced little book which is a series of essays by an international group addressing the subject of vulval malignancies. The editors have gone to a lot of trouble to choose an internationally known faculty and invited them to present their views on many aspects of the management of vulval disease.

At the beginning of the book the essays on pathology, the association of the disease with the papillomavirus infection, diagnosis and intraepithelial neoplasia fit well together and present balanced, well-illustrated views. Ng's chapter on diagnosis is comprehensive though the illustrations would be complemented by arrows directing the reader to the key histopathology features; this would be appreciated by the non-pathologists. The idea presented that verrucous carcinoma may develop 'aggressive behaviour' after radiotherapy is not sustained by any evidence. Gissmann, reviewing the possible role of papilloma virus infection, highlights the apparent importance of type 6 and 11, types not associated with cervical intraepithelial neoplasia and invasive cervical carcinoma. Nauth's chapter on early diagnosis has some beautiful colour photographs illustrating both the gross appearance and the cytology of the early pre-malignant and malignant lesions. The treatment of vulva intraepithelial disease by laser is well described and illustrated in Heinzl's chapter. Di Paola's chapter on intraepithelial disease is rather long and repetitive but pushes successfully the importance of the long natural history, the ability of the VIN (vulva intraepithelial neoplasia) lesions to regress and the lack of evidence of regular progression of VIN to invasive carcinoma.

DiSaia and Hacker separately review the surgical management of small (micro) carcinomas and lesions up to 2 cm (stage 1). They very properly are concerned about when groin dissection can be avoided either unilaterally or bilaterally and both support the case against Halstead type *en bloc*. Limited trials of the Gynaecological Oncology Group in the United States are reviewed by Homesley and the successful illustration of the postoperative pelvic radiotherapy in patients with advanced disease emerges from the most successful study to date.

The later chapters concerned with advanced disease include reviews on lymph node involvement, reconstructive procedures, primary surgical and combined radiotherapeutic/surgical approaches. They include the didactic experience of Monaghan and the personal experience of Boronow as well as very extensive, unusual radiotherapeutic experience from Germany of the role of this modality in the management of new primary disease as reviewed by Schrier *et al.*

Nine years ago, Stanley Way wrote a monograph on malignant disease of the vulva based on many years personal experience.

That book contains a whole chapter on the complications of treatment. The overlap between the different approaches to advanced carcinoma of the vulva in chapters 10 to 14 is potentially confusing to the inexperienced reader and the lack of a full discussion on the cause and management of the very real complications of the different approaches compounds the imbalance.

Dr Robin Hunter
 Christie Hospital
 Wilmslow Road
 Manchester M20 9BX
 U.K.

Eur J Cancer, Vol. 28A, No. 8/9, pp. 1582-1583, 1992.
 Printed in Great Britain
 0964-1947/92 \$5.00 + 0.00
 © 1992 Pergamon Press Ltd

The Radiotherapy of Malignant Disease (second edition)

Edited by R.C.S. Pointon.

London, Springer, 1991. 481 pp. ISBN 0 387 196226. DM 295.00.

THE ORIGINAL preface to the first edition pointed out that this book is aimed at the radiotherapist in training, a modest recommendation since the work of the Manchester School in Radiotherapy has for decades occupied pole position for radiotherapists keenly interested in the maintenance of technically high standards of treatment. Not all subscribe of course to the Manchester philosophy—high dose, restricted target volume, short overall treatment time, to put it in a nutshell—but few would seriously question the remarkable ability of successive teams at the Christie Hospital to deliver high quality care to a larger number of patients than any other European centre. Although this work is, strictly speaking, a second edition, it does of course follow on from the previous two text books from the same centre, published by Ralston Paterson in 1947 and 1963. Once again, the main aim is to discuss in detail how to treat, by X-rays, radium and other brachytherapy techniques, a wide range of malignant tumours at separate sites. As one would expect, the Manchester brachytherapy dosage system is fully outlined, with examples, and I was also pleased to see that the excellence of the Christie Hospital mould room is reflected in a detailed chapter containing much information which is not available elsewhere. Three of the most important areas where contributions from Manchester have been particularly notable are well laid out; skin (14 pages), head and neck sites (60 pages) and gynaecology (30 pages).

This is essentially a didactic outline of treatment rather than a discursive description of current controversies or potential areas of growth. One might feel that a chapter on principles of chemotherapy would fit uncomfortably into the whole, but Dr Wilkinson's contribution is valuable, though necessarily concise and unfortunately accompanied only by out of date references. Bibliography is never an easy decision for authors of a general text, but the decision by most authors (or more likely the editor) to avoid them altogether (as in most chapters) is not, in my view, a sensible one. Even if references were limited to

papers from this single institution, at least it would allow the interested reader to explore further without too much difficulty.

This is an authoritative and even classic text quite unlike any other currently available, almost deliberately ignoring the approach of other centres. It is rather comforting to see that there is still a place for such an iconoclastic approach these days and I have no doubt that the new addition will sell well. As a reviewer of the first edition pointed out, "it should be in the library of every Radiotherapy Department, and in the hands of every trainee" and I look forward in due course to seeing the third edition.

J.S. Tobias
Department of Radiotherapy and Oncology
University College Hospital
Gower Street
London WC1E 6AU
U.K.

Eur J Cancer, Vol. 28A, No. 8/9, p. 1583, 1992.
Printed in Great Britain
0964-1947/92 \$5.00 + 0.00
© 1992 Pergamon Press Ltd

Interventional Radiation Therapy

Edited by R. Sauer.

Berlin, Springer, 1991. 398 pp. ISBN 0 387 52465 7.
DM 320.00.

THE IDEA of this compilation of papers from various authors on a large variety of techniques and results of interstitial and intracavitary brachytherapy was originally intended to summarise the presentations made at a meeting held in Rothenburg in 1987 to promote brachytherapy in Germany. The final book published in 1991 obviously deserves wider objectives and should stimulate the interest of radiation physicists, radiation biologists and radiotherapists involved in brachytherapy.

The basic principles of clinical radiobiological and radiation physics of brachytherapy are first addressed by major experts in a clear and concise sequence of papers with reference to updated concepts, e.g. low dose rate (LDR) and high dose rate (HDR) brachytherapy. Then, the major tumour locations benefiting from brachytherapy techniques are individualised in sections containing an average of five presentations each to cover the field with a variety of technical aspects and clinical experiences. Not only are the most common sites exposed (cervix, head and neck, breast, gynaecology), but rarer and/or tumour sites benefiting more recently from brachytherapy have been revisited and subjected to equal interest as the more classical applications: as a matter of fact, there are few examples of books offering such an extensive coverage of brachytherapy techniques on choroidal melanoma, anal canal cancer, prostatic cancer and interstitial hyperthermia. HDR brachytherapy on bronchus and oesophageal carcinoma is not covered. The usual risk of heterogeneity for scientific quality and editorial presentation has been remarkably avoided.

There is no weak chapter in this book and some "old fashioned" techniques are only presented as landmarks to compare most recent approaches. This is in the reviewer's opinion

the only point which can be criticised when, for instance, HDR gynaecological brachytherapy performed with good applicators and modern dosimetry is compared with LDR results from historical periods without the same technology and computer facilities. However, an effort was made in most papers to use modern units for defining the source activities and for reporting treatment planning.

Although most of these papers are representative of the major technical progressions in brachytherapy, they also bring some evidence of the difficulties met in establishing useful comparisons between treatment methods and results. As a matter of fact, the reference to ICRU report 38 for gynaecological applications is seldom made. A similar report is not yet available for brachytherapy interstitial applications. In addition, the need for international agreements on how to report complications appears to be a first priority.

Apart from these comments which hopefully should stimulate authors to improve their future manuscripts, it is quite clear that this book represents a very useful investment for the brachytherapy practitioner in a field in which updated textbooks are rare, while technical aspects and indications of brachytherapy are experiencing a rapid and successful revival.

Jean-Claude Horiot
Unite de Radiotherapie
Centre G-F Leclerc
1 Rue du Professeur-Marion, 1
21034 Dijon Cedex
France

News

A Decade of Cancer Education and Training in Europe

Europe is beginning to get the feel of its "rendez-vous" with all the changes of the new era heralded by the historic date of 1992. Apart from the wider spectrum of events taking place in all the countries of the Community, the European School of Oncology (ESO) will be marking the end of a first decade of activity and, should the present trend continue, it will largely surpass the overall figure of 10 000 alumni throughout the world.

The map of the European effort against cancer is becoming ever clearer and more promising: the European Organization for Research and Treatment of Cancer in Brussels, the New Drug Development Office in Amsterdam of the same organisation, the European Molecular Biology Laboratories in Heidelberg, the Chairmanship of the EC Committee of Cancer Experts in Paris, the European Journal of Cancer in London and the ESO in Milan are all part of an increasingly efficient and interacting structure which is strengthening Europe in the field of oncology.

The ambition of the School is to contribute to a reduction in that segment of cancer mortality which can be imputed to late diagnosis and/or inadequate treatment. Unfortunately, this segment can represent a percentage of as much as 20% in some countries, and an improvement in the oncological skills of health professionals is becoming a crucial factor in any successful plan for the control of cancer.