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## Book Reviews

### **Cancer and Stress: Psychological, Biological and Coping Studies**

Edited by Cary Cooper and Maggie Watson. Chichester, John Wiley and Sons, 1991. ISBN 0-471-93307-4. Cloth cover £39.95; paperback £15.00.

THIS BOOK, edited by two well-known authors within the field of psychosocial oncology, is a welcome addition to this rapidly developing field. The relationship between cancer and psychological factors, such as stress, personality and coping strategies, is one that has caused much interest, particularly over the last 30 years. Unfortunately, much of the early work was confused by too much reliance on anecdotal reports, unsubstantiated hypotheses and poor methodology in research investigations. Because of these faults the relationship between cancer and stress is one that many scientists have found hard to accept. Although much work still needs to be done, recent research using proper methodological techniques has shown beyond any real doubt that psychological factors play a part in the process of malignant disorders. This current book reviews many of these areas and presents up-to-date results and conclusions. I feel that few people could read this book and fail to be impressed by the increasing weight of evidence that shows that cancer and its sufferers cannot be fully understood without an awareness of the role that psychological factors play.

Cary Cooper and Maggie Watson have collected together a number of eminent authors and have divided the book into three sections, the first dealing with psychobiological mechanisms, the second with psychosocial and personality factors, and the third with coping and psychosocial interventions. Many of the authors have presented up-to-date references and certainly many of the review chapters do provide current data and theories. Obviously in such a rapidly developing field, how long they remain current theories remains to be seen.

I particularly enjoyed the chapter reviewing the role of psychoneuroimmunology by Sabbioni, the chapter on cancer prognosis by Watson and Ramirez, and that on psychosocial interventions by Mathieson and Stam. These three review chapters I feel will become essential reading for people wishing to learn about these subjects. There is also an interesting chapter on Chinese views of psychosocial oncology. It is of interest that the Chinese authors present evidence from research using western approaches, but also discuss the role of traditional Chinese medical theories and treatments within the field of cancer.

Unfortunately, this book suffers the same fault that many exhibit when there is a collection of different chapters by various authors. There is sometimes repetition between different chapters and the different styles of writing can occasionally be confusing. Some chapters are presented as pure reviews, whilst others concentrate on the author's own research—sometimes

concentrating on single studies that perhaps results in some of the topics being seen from rather narrow viewpoints. Nevertheless, I feel this fault is greatly outweighed by the many positive features of the book and I can heartily recommend it to both experienced workers and newcomers to the field.

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### **Paediatric Neuro-oncology: New Trends in Clinical Research**

Edited by Roger J. Packer, W. Archie-Bleyer and Carl Pochedly. Harwood Academic Publishers, 1992. ISBN 3 7186 0524 4, ISSN 1044 4882. £28.00, \$48.00.

THIS BOOK is a compilation of some of the topics covered at an international symposium on Paediatric Neuro-oncology held in Seattle in June 1989. The meeting emphasised the need for a multi-disciplinary approach to the management and research of childhood central nervous system (CNS) tumours, and the text is an exciting reflection of this approach providing an excellent source of reference for anyone involved in the field. However, I have two general criticisms of the publication. Firstly, in the preface it is stated that "this book will act as a timely communication of advances in the epidemiology, biology, diagnosis and management . . .", but sadly some of the timeliness has been lost with almost 3 years elapsing between the time of the meeting and production of the book. Secondly, sections are devoted to advances in basic science, diagnosis, surgery and chemotherapy, all of which are admirable inclusions but it seems grossly imbalanced not to have included a section on advances in radiotherapy when this field is developing rapidly and while radiotherapy remains a major form of treatment for CNS tumours.

The book's introduction gives an overview, on a world scale, with regard to the size of the problem and the current facilities available for treating CNS tumours in children. The improved outcome for those treated in specialist centres is underlined and the benefits of multi-disciplinary management emphasised.

The first section is devoted to advances in diagnosis and basic science and the allocation of such a substantial section to this topic is most welcome. Chapters cover the application of monoclonal antibodies, cytogenetic techniques, gadolinium enhanced magnetic resonance evaluation, phosphorus nuclear magnetic resonance spectroscopy, and positron emission tomography and each provides a clear introduction, substantial original data and a useful summary. An inclusion that would

have been useful in a section of this sort would be a resumé of the embryology and developmental biology of the CNS which I would have found of far greater value than the historical background on histopathological classifications.

The section on advances in surgery provides useful accounts of techniques employed and results achieved for brain stem, spinal cord and posterior fossa tumours. An exciting and innovative inclusion in this section is a chapter on stimulation mapping and recording techniques used during surgery which gives a useful introduction, technical details, illustrative cases and a discussion of the applications.

The third section addresses advances in chemotherapy and provides comprehensive reviews of the application of cytotoxic agents to medulloblastoma/PNET, high-grade astrocytoma and infant brain tumours. In the light of the available data, the conclusion that chemotherapy has a significant role in medulloblastoma/PNET may be considered over optimistic. For the other tumour types, the interpretation is more balanced and overall the section provides a superb reference source on the subject. The inclusion of a chapter on *in vitro* prediction of chemosensitivity complements the previous contributions and is clearly written and encouraging.

A fourth section is useful in that it provides some in-depth discussion regarding the biology and management of two rather Cinderella-like aspects of paediatric neuro-oncology, ependymoma and germ-cell tumours.

The section titled New Therapeutic Modalities is comprised of two excellent chapters which offer reviews of otherwise poorly covered topics, namely immunotherapy and high-dose chemotherapy. The collective presentation of data is invaluable for those interested in expanding the impact of therapy in paediatric neuro-oncology.

The final section is devoted to late effects of treatment but is entirely focussed on the neuro-psychological sequelae. As other text books fully cover the wide range of potential late effects, concentration on this aspect is warranted as this is an area fraught with difficulties both in terms of assessment and management. The authors of this chapter have produced a good account and discussed means of increasing specificity in measurement of neuro-psychological function in addition to advocating psycho-educational intervention based on more specific findings.

Overall, the book is well produced with excellent references, a wealth of original data and a high standard of reproduction of illustrations.

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## News

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### New Drugs for Breast Cancer

A MAJOR stumbling block in the development of new cancer therapies is the difficult transition from the laboratory to the clinic. This was the underlying theme of a recent satellite symposium of the 9th International Congress of Endocrinology devoted to 'Hormones and Breast Cancer—From Biology to the Clinic' (Nice, 29–30 August 1992).

In spite of the availability of several options for the treatment of breast cancer—radiation therapy, cytotoxic chemotherapy, and endocrine therapy—there remains a crucial need for new treatment modalities geared toward unresponsive patients or patients in relapse. In endocrine therapy, where surgical castration and adrenalectomy have been replaced by the administration of progestins, anti-oestrogens, aromatase inhibitors and leuteinising hormone-releasing hormone (LHRH) analogues, progress has been made primarily in terms of decreased toxicity rather than increased response rates.

Recent years have, however, seen a radical change in the strategy of design of new anticancer agents and the arrival of an entirely novel range of potential drugs is heralded. These so-called 'biologicals' are the fruit of progress in molecular biology and may one day replace some of the more classic 'New Chemical Entities (NCE)'. Although, traditionally, the pharmaceutical industry estimates that it takes on average 10 years to develop a NCE, it has been widely hoped that the development of biologicals will be considerably accelerated. Registration authorities are cooperative but the requirements are nevertheless stringent and a bottleneck is already forming in the review process. Accelerated development is only likely in the case of life-threatening diseases, in the absence of treatment options or when these are manifestly unsatisfactory, and when relevant short-term treatment endpoints can be identified. Furthermore, the industry will probably be faced with much greater production problems of biologicals than of NCE.

During this symposium the pressing need for new treatment options either as adjuvant therapy or for the treatment of primary breast tumours was stressed in an overview of published trials comparing anti-oestrogens, cytotoxic chemotherapy and castration either by radiotherapy or LHRH analogues (M. Namer, Nice). The success rates of these treatments are similar and oscillate around a 25% reduced risk of disease recurrence and death although, in many instances, direct comparisons between treatments have not yet been made in controlled double-blind trials. Such trials are necessary because it is not possible to rely purely on meta-analyses which, as shown by the widely different responses recorded for the control groups included in these analyses, may be biased by heterogeneous patient populations.