

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.

D. Tait
Royal Marsden Hospital
Downs Road, Sutton
Surrey SM2 5PT
U.K.

News

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.