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Book Review

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Cancer Care in the Community & Cancer Care in the Hospital Edited by B. Hancock, Radcliffe Medical Press, Oxford/New York, 1996

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BOTH BOOKS are written by a dozen of contributors from Sheffield, U.K. and reflect a convincing 'unité de doctrine'. They are advertised 'to provide a comprehensive and concise review of all aspects of cancer management'. Do they achieve this high goal?

The first volume about 'Cancer Care in the Community' consists of 14 short chapters on basic science, epidemiology and education, screening and prevention, management and supportive care, all very well written by members of the Sheffield oncology team. Teal highlights are the chapters on palliative and supportive care, ethical issues, communication and psychological aspects—all representing extensive personal experience in these aspects of cancer care. I feel that this handy book is a rewarding read, especially for those not permanently working with cancer patients, but also for 'old pros'. The volume could be of great help to all involved in cancer care, from students and nurses to specialists and public health officials.

The second volume on 'Cancer Care in the Hospital' seems to be to be less convincing. It should advocate modern medical practice with special attention to up-to-date details. However, many chapters are just too short to really achieve this goal. Most are rather incomplete and superficially written, i.e. those on staging and investigation, on other treatments, on breast and colorectal cancer. Others, like those on gynaecological and genitourinary cancers, are of more help and provide valuable information about what to do in a specific hospital situation. I thought the book lacked a common chapter for the management of all tumour entities. Cancer Care in the Hospital may satisfy as an introduction to oncology for nursing students and lay persons, but might be less helpful for personnel in the field of oncology. Those looking for more extensive information should turn to other textbooks of oncology.

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Letters

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Comments on *Current and Future Trends in the Multidisciplinary Approach for High-risk Breast Cancer. The Experience of the Milan Cancer Institute*, Bonadonna, *Eur J Cancer*, 32A, No. 2, pp. 209–214, 1996

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I READ with interest the recent paper by Bonadonna [1], in which he comments on angiogenesis in breast carcinoma and states that "It is quite possible that human breast cancers also produce a specific angiogenesis inhibitor, which, like an endocrine hormone, inhibits growth of micrometastases."

The two animal studies Bonadonna mentioned were conducted by Gündüz, Fisher and Saffer [2, 3]. Their first study described the kinetic changes occurring in residual tumour following removal of a transplantable C3H mammary tumour [2]. The observed kinetic changes were associated with more rapid growth of metastases. The increased cellular proliferation occurring in metastases has received little attention, despite the potential importance of this observation. The increase in labelling index was due to non-cycling cells becoming proliferative and, therefore, more vulnerable to cytostatic agents. The second study was carried out to determine how a variation in the time interval between primary tumour removal and administration of a single dose of cyclophosphamide affected labelling indices of residual tumour cells and their growth [3]. The greatest effect occurred when cyclophosphamide was given prior to surgery. It completely prevented the increase in labelling index resulting from tumour removal and more effectively suppressed the growth of residual tumour. These results provided a biological rationale for the use of peri-operative adjuvant chemotherapy.

We recently analysed data from 370 patients with metastatic breast carcinoma [4]. Of interest, first metastases were

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