

retical issues in qualitative research, the reader will need to refer to other sources.

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Lung Cancer: Principles and Practice, 3rd edition. Harvey I Pass MD, David P Carbone MD PhD, David H Johnson MD, John D Minna MD, and Andrew T Turrisi III MD, editors. Philadelphia: Lippincott Williams & Wilkins. 2005. Hard cover, illustrated, 934 pages, \$199.

Lung cancer is the leading cause of cancer mortality in both men and women in the United States. This unfortunate truth underscores the importance of creating a comprehensive text devoted to what is also considered a global epidemic. This third edition of **Lung Cancer: Principles and Practice** clearly represents that work. It is an important revision from the previous edition published in 2001. The need for a top-to-bottom revision reflects the rapid evolution of all aspects of this field. With this new edition the authors clearly intended to provide us with the latest and most relevant information, and they recruited active researchers and thought-leaders to write the chapters. The fact that approximately 50% of these contributing authors are new from the previous edition is a reflection of that intention.

The text is well-organized, into 13 parts and 63 chapters, which cover virtually all aspects of lung cancer, from epidemiology and biology to the relevant clinical topics of screening, staging, treatment, and palliation. Although this chapter-heavy format runs the risk of over-organization and therefore repetition, it also creates a resource that is easy to search and extract information when seeking an answer to a specific question. Searching this text for information is made even easier by its detailed, 26-page index.

Generally, each chapter is well-researched and well-written, by at least one author with substantial experience in the topic at hand. Impressively, almost no individuals contributed to more than one chapter, and contributing authors were recruited from all over the country and the world. The large number of research papers cited in the references sections of almost every chapter is impressive and reflects the careful and thoughtful approach taken by each contributing author.

Whenever there is a large number of authors, there is a risk of differences in the structure of individual chapters, and, unfortunately, that does happen to some degree in this text. The uniform inclusion of a summary section in each chapter would have been helpful, especially in the more detailed chapters, in which a wealth of research information must be synthesized and digested. For clinically relevant material it is always desirable for the author to provide recommendations based on his or her interpretation of the evidence. This helpful practice was not utilized enough in this text.

The reproduction of figures was one of the few consistent disappointments. The only color images are in the plates grouped in the center of the text, and I found it cumbersome to have to go back and forth between the chapters and the plates. Additionally, many of the color figures are too small to allow useful visualization of the image details. Black-and-white figures appear in the chapters, and many of these are also too small and/or blurred. There are a number of instances in which the figure legend indicates that there are arrows or arrowheads in the figure but there are none.

The text is written primarily for physicians and should appeal to oncologists, surgeons, pulmonologists, and radiation oncologists. The text should prove informative for both community and university-based physicians, and it is a valuable resource for residents and fellows. Although they are clearly not the target audience, nurses and respiratory therapists who work extensively with patients who have lung cancer will find some of the information of substantial supplemental value.

The text begins logically, with several chapters on the etiology and epidemiology of lung cancer (Part I). Appropriately, the role and treatment of tobacco dependence is a major focus. In Chapter 4, I enjoyed the piece on addressing smoking cessation in patients who have already been diagnosed with lung cancer; this important concept is not commonly covered in many resources. In Chapter 4 it would have been helpful to list resources such as Web sites and literature for patients who would like help with smoking cessation. Additionally, there was no discussion or comment on common alternative therapies frequently considered by individuals desperate to quit smoking, such as hypnosis, acupuncture, and cognitive-behavioral methods. Also, there was no practical comment on the current status of payer

reimbursement for practitioner time devoted to smoking cessation.

Chapter 5 covers genetic susceptibility to lung cancer. Mercifully, this chapter is short, because it reads more like a laundry list of candidate "soiled genes." Chapter 6 is devoted to nontobacco-related causes of lung cancer. This relatively short chapter is the only one that focuses on occupational-exposure carcinogenesis, and I was disappointed that the subject was not covered in greater depth.

The 8 chapters in Part II address lung cancer biology. I especially enjoyed the discussion on epigenetic changes in lung cancer—molecular changes that do not alter the deoxyribonucleic acid (DNA) base sequence, but result in altered gene expression, typically gene silencing. Examples include DNA-methylation and covalent modification of histone proteins. Excellent summaries of other important genetic modifications can also be found in Part II. Another currently important subject is the role of tyrosine kinase abnormalities in non-small-cell lung cancer. It is thought that epidermal-growth-factor-receptor alterations are involved in 40–85% of non-small-cell lung cancers. Chapters 11 and 13 contain excellent reviews of recent studies in this active research topic and include a nice discussion on the mixed results from the therapeutic trials with epidermal-growth-factor-receptor inhibitors (monoclonal antibodies to the ligand-binding extracellular domain [cetuximab] and low-molecular-weight inhibitors of the receptor's tyrosine kinase [erlotinib and gefitinib]) and insights into future approaches on how to integrate therapeutic targets to these abnormalities with existing chemotherapeutic strategies.

In Part III, Pass et al turn their attention toward screening, early detection, and prevention. Chapter 15 has a good summary of historical data on the utility of bronchoscopy and sputum analysis for early detection of lung cancer. Chapter 17 deals with lung-cancer screening. I found this chapter unnecessarily confusing and wordy. Concepts such as "lead-time bias" and "length-time bias," frequently encountered in the literature, are buried and not easily recognizable in the authors' discussion. Additionally, I would have appreciated a greater focus on available results from clinical trials that used low-dose computed tomography for screening high-risk individuals.

Part V covers the clinical presentation, diagnosis, and staging of lung cancer. Most

of these chapters are thorough, well-written, and contained information relevant for clinicians. Chapter 26, which covered positron emission tomography (PET), was surprisingly thin, especially given the robust amount of recently published information on PET in lung cancer diagnosis and staging. More information on PET technique, examples of PET/computed-tomography fusion images, and clinically-oriented recommendations (eg, when should PET be used in the work-up of a patient with lung cancer?) should have been included. Chapter 28 is an excellent review of both preoperative and postoperative lung-cancer staging; however, an important subject of controversy that was inadequately addressed is the role of PET in staging mediastinal lymph nodes and PET's value in the context of the current accepted standard: mediastinoscopy. Finally, Chapter 29 should be eliminated, given its narrow scope and the fact that the information in it appears in other chapters.

I am not a surgeon, but I have 3 critiques of Part VI, which addresses surgical aspects. First, Chapter 31, which covers surgery for early-stage non-small-cell lung cancer, was brief, and the interested reader will need to find another text to gain a greater depth of understanding on this subject. Second, although I enjoyed the up-to-date, clear, unbiased discussion on recent trials in adjuvant chemotherapy for resectable non-small-cell lung cancer, the topic is well-covered in Chapter 45 and doesn't belong in this section. Finally, most of the chapters in this part do not contain information on ongoing or future trials in the surgical management of lung cancer.

Parts VII through X focus on radiation therapy, chemotherapy, and multimodality therapy of small-cell and non-small-cell lung cancer. The chapters on radiation therapy (Part VII) are detailed and clearly organized. The chapters on chemotherapy (Part VIII) are also informative, though Chapters 40 and 41, which cover chemotherapy for advanced non-small-cell lung cancer, should really be combined, as they contain essentially the same information. I found the notion of carving out separate chapters for treatment of the elderly ("Non-Small-Cell Lung Cancer in the Elderly: Current Treatment Paradigms," Chapter 42 and "Treatment of Small-Cell Lung Cancer in the Elderly Patient," Chapter 48) original but superfluous, given the overlap with other chapters.

In this edition the editors added a new part on the growing field of interventional pulmonology (Part XII), and one on other thoracic tumors (Part XIII). Part XII addresses palliation and uses special circumstances (malignant pleural and pericardial effusions, hemoptysis, and airway obstruction) to introduce the concepts of electrocautery, laser, stents, photodynamic therapy, and brachytherapy. In Part XIII, the chapters covering thymoma, thymic carcinoma, and malignant mesothelioma are definitely adequate.

Still missing from even this new edition is practical information on the components of a strong multidisciplinary lung-cancer program. It is becoming well accepted that all institutions treating patients with lung cancer should develop a high-quality program that speeds cooperation and communication among the involved subspecialists, to optimize efficiency and patient outcomes. More and more information is becoming available on the components of such programs (eg, the American College of Chest Physicians evidence-based guidelines), and I advise readers to seek out that information.

In summary, this text is a comprehensive, up-to-date review of a rapidly evolving field. The relatively few disappointments I mentioned above are more than made up for by the presentation of quality information by well-selected contributors. This reference belongs on the office shelves of all providers who care for people with lung cancer.

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Severe Acute Respiratory Syndrome.

Malik Peiris, Larry J Anderson, Albert DME Osterhaus, Klaus Stohr, and Kwok-Yung Yuen, editors. Malden, Massachusetts: Blackwell Publishing. 2005. Hard cover, illustrated, 263 pages, \$110.

Following the worldwide outbreak of severe acute respiratory syndrome (SARS) in early 2003, an abundance of related literature was published in various disciplines, including virology, clinical medicine, pathology, radiology, and even psychology. This book makes a valiant attempt to review and summarize that large literature database, and is aimed at a broad readership.

Some of the basic-science details may not interest clinicians, but the chapters on the history of SARS and the clinical and epidemiological aspects are certainly worthy of note.

The book is well written and organized, in relatively short, easy-to-read chapters, and there is a useful index. It contains very good graphics, which cover pathology, radiology, virology, and clinical epidemiological charts. A large number of authors contributed to the publication, the majority of whom are from Hong Kong, but there are also contributors from other Asian centers, the World Health Organization, the United States Center for Disease Control, and Europe. Many of the contributors are authors of landmark early journal articles on SARS.

The text begins with a detailed account of the origins of the outbreak, predominantly from the perspective of Hong Kong, but with an overview of the global impact. This is followed by several chapters on the clinical aspects, including a detailed discussion on the radiologic findings, with valuable radiological images. A considerable proportion of the book is then devoted to the basic-science aspects, namely the identification of the etiology, the virology of SARS coronavirus and other animal coronaviridae, genome structure, viral diagnostic techniques, and pathology. Several chapters discuss the epidemiology and viral transmission dynamics. The public-health response is covered from the perspective of the outbreaks in Singapore, Hong Kong, and the United States. The book's coverage of infection-control is limited to a relatively short chapter, which unfortunately does not mention high-risk respiratory procedures such as noninvasive ventilation, endotracheal intubation, mechanical ventilation, and bronchoscopy. Chapters on antiviral agents and vaccines follow, concluding with discussions on preparations for a resurgence of SARS and lessons that may be applicable to future viral outbreaks. These last chapters are applicable to current concerns about the potential avian influenza pandemic.

While the book does address many SARS topics, it is lacking in several respects. As a clinician, I can see that the coverage of clinical aspects of SARS is incomplete, and I suspect that the sections on the basic-science and epidemiology are also incomplete. Its focus is clearly not clinical, but the editors, in an attempt to provide an overview of all aspects of SARS, perhaps took on too large a task,

Lung cancer is classified histologically into small cell and non-small cell lung cancers. The most common symptoms of lung cancer are cough, dyspnea, hemoptysis, and systemic symptoms such as weight loss and anorexia. High-risk patients who present with symptoms should undergo chest radiography. Non-small cell lung cancer. The treatment of NSCLC is well detailed in the 2013 ACCP evidence-based practice guidelines.³¹⁻³³ The nuances of treatment are evolving, complex, and largely beyond the scope of this review, yet a few themes are significant. Morbidity and mortality outcomes may be improved for patients evaluated and treated by a surgical thoracic oncologist in conjunction with a multidisciplinary team at a lung cancer treatment center. Principles and practice | Find, read and cite all the research you need on ResearchGate. and experimental models of lung cancer. It then goes through etiology, screening, early detection, pathology, clinical presentation, including staging and prognosis, surgery, radiation therapy, chemotherapy, treatment of small cell lung cancer, palliation and special considerations, and finally statistics and trial design. The. Xviii, 934 p. : 29 cm. "A comprehensive review of lung cancer, from screening, early detection, and prevention, to management strategies including surgery, chemotherapy, radiation therapy, and multimodality therapy, as well as novel therapeutic strategies, palliation and special considerations, and other thoracic tumors"--Provided by publisher. Includes bibliographical references and index. Etiology and epidemiology -- Lung cancer biology -- Screening/early detection/prevention -- Pathology and molecular classification -- Clinical presentation, diagnosis, staging, and prognosis -- Su Lung cancer, also known as lung carcinoma, is a malignant lung tumor characterized by uncontrolled cell growth in tissues of the lung. This growth can spread beyond the lung by the process of metastasis into nearby tissue or other parts of the body. Most cancers that start in the lung, known as primary lung cancers, are carcinomas. The two main types are small-cell lung carcinoma (SCLC) and non-small-cell lung carcinoma (NSCLC). The most common symptoms are coughing (including coughing up blood)