

Interventional Radiology in Cancer

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The purpose of this book, as outlined by the editors, is “to describe the main procedures which interventional radiologists use to treat patients with malignant disease.” The intended audience is radiologists in training, certified interventional radiologists, oncologists, and surgeons. This book contains 12 chapters written by 25 experts from the United States and Europe, all having extensive personal experience with the techniques they describe. Each chapter is illustrated with a combination of radiographic images, drawings, and tables. There are 10 tables and 162 figures in 444 separate illustrations. With a few exceptions in which the radiographic images are dark and thus difficult to interpret, most images are of high quality and demonstrative of the topics discussed in the text.

The field of interventional oncology has exploded in the past 2 decades. Interventional radiologists have made great advances in the management of all kinds of cancer. As demonstrated in the text, the breadth of this new subspecialty is enormous. Today’s interventional radiologist is an integral part of a multidisciplinary team with essential functions in every aspect of patient care, including diagnosis, minimally invasive therapy, management of treatment-related complications, surveillance, and palliation of cancer-related end-of-life symptoms and pain. Development and advances in interventional oncology, although described in medical journals and various radiology textbooks, have not collectively been presented in a single textbook. Several reasons are possible. First, interventional oncology covers an enormous territory and is not limited to any organ system, specific cancer type, or specific aspect of patient care. Therefore, a single textbook covering all aspects of interventional oncology in great detail would be almost impossible. Second, technical developments in imaging and intervention are advancing at such an alarming rate that even the monthly-published journals of interventional radiology cannot keep pace. Therefore, I commend the editors for their courage and their efforts to compile a comprehensive textbook of interventional oncology. This book is certainly the first of its kind and as such can be used as a template for new editions and future textbooks.

The organization of the book is suboptimal—the chapters are not in a logical order. Furthermore, there is no logical grouping of the topics covered in the 12 chapters. The book starts with the management of biliary obstruction and ends with stents in tracheobronchial malignancy. Therapeutic inter-

ventions, a chapter on breast cancer, and palliative treatments are buried in between. Heavy emphasis is placed throughout on the stenting of obstructed lesions. In fact, 6 of the 12 chapters are devoted to the management of obstructed systems, with much overlap and redundancy. On the other hand, there is limited coverage of therapeutic interventions (limited to 2 chapters) and no coverage of diagnosis or surveillance. In one unit, the only organ that is covered is the breast, which is ironically outside the domain of interventional radiologists in the United States.

Chapters 10 and 11 cover palliative management of cancer pain by interventional radiologists and should have been combined to avoid redundancy and overlap. In contrast, palliation of other symptoms such as malignant effusion and ascites is not covered at all, nor are simple basic procedures (e.g., image-guided drainage of malignant fluid collections) or newer, more complex interventions (e.g., tunneled chest tubes, intraperitoneal catheters, and pleurodesis).

Some chapters are highly focused and written in great depth, covering technical details and featuring excellent bibliographies, whereas others are brief overviews of broad topics and lack specific details. These chapters, although well written and informative, do not provide the level of detail expected from a textbook. Nonuniformity is an inherent characteristic of modern textbooks with contributions from various authors. However, in this particular example, the end result is a collection of 12 chapters that fail to compose a whole book.

I encountered several typographic and grammatical errors in the text, none of which were major, but all together, they diminished the overall quality of the book. The style used to cite references in the text was also annoying. At times, I had to skip several lines of cited references to find the rest of the sentence or paragraph, which made reading the text even more difficult.

The editors have met their primary goal, but the variations in style and depth of coverage of each topic make it difficult to identify any one group of readers who would benefit the most from the book. Nevertheless, different segments of the book will be useful to different groups within the intended audience.

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