series to address pancreatic cancer; the first was published in 2002. The new comprehensive work has 44 chapters by 96 authors, nearly all of whom are from the United States.

The introductory chapters on pathology and genetics are excellent overviews of the current status of an evolving field, although as with all textbooks of this type, references dating from later than 2006 are rare. The section on molecular pathology is written by leaders in the field. The biology of pancreatic cancer is well covered in a good summary of issues such as the existence of cancer stem cells, the role of transdifferentiation, and the growth and development of both the endocrine and the exocrine pancreas.

The summary of models of pancreatic cancer is simple and would be valuable for readers who are beginning to work in the field. The review of studies in molecular signaling, genomics, and proteomics is a comprehensive introduction for clinicians who are interested in the biology of this disease. Imaging is discussed in relation to staging, but some errors in the editing of figure legends, such as “encasement of the superior vena cava,” are frustrating. Although the labeling of some of the figures is emphasized, terms are not used consistently.

There is a balanced appraisal of the limitations of positron-emission tomography, although the suggestion that “EUS [endoscopic ultrasound] excels in lymph node staging” is somewhat courageous. Surgery for pancreatic cancer is comprehensively covered in eight chapters, although some of the figures are duplicated or limited in the clarity of their details. The chapters on management include discussion of various preoperative laboratory tests, and postoperative management is appropriately addressed. Variations in approaches to management are given for intraductal papillary mucinous neoplasms, and palliation of symptoms in unresectable cancer is simply covered, as are anorexia and cachexia.

Radiation therapy is discussed, but the rather optimistic claims for extended survival have limited supportive data. Chemotherapy is comprehensively covered, and marginal results are appropriately highlighted. There is overlap in the accounts of often ineffective trials of adjuvant therapy. The expanded chapters on targeted therapies are comprehensive, but sadly, they document the failures up to now. The biologic descriptions of other potential treatment targets provide a very good introduction for the clinician or the young investigator who is interested in the subject.

This comprehensive text deals with the major issues in pancreatic cancer. It is a particularly good introduction to the molecular biology of pancreatic cancer and to potential targets for treatment in the absence of effective regimens. Clinician-investigators would be well served to read this as a review as they commence or maintain a career investigating this most vexing disease.

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RENAL CELL CARCINOMA: DIAGNOSIS AND THERAPY

Renal-cell carcinoma, a malignant tumor that is associated with a poor prognosis, is difficult to diagnose in its early stages and difficult to treat successfully. This book provides an overview of the epidemiology, diagnosis, and management of this type of tumor. In addition to surveying the entire field of renal-cell carcinoma, the editors pay tribute to the substantial advances in the diagnosis and management of the disease that have occurred in the past decade. They aim the book primarily at urologists and urologic oncologists, with nearly two thirds of the chapters de-
voted to the initial diagnosis and management of the primary renal tumor.

The cornerstone of curative management of this disease is surgical resection by radical nephrectomy, and surgery is emphasized in the book with attention to newer, less invasive procedures such as partial nephrectomy and laparoscopic nephrectomy. These procedures are becoming more common with the rise in the discovery of smaller tumors. The chapters on surgery also provide reviews of open radical nephrectomy, nephron-sparing surgery, and surgery for advanced disease. The level of detail is evidenced by chapter subtitles such as “How Much Margin to Spare in Partial Nephrectomy,” “Nephron-Sparing Surgery for Central Renal Tumors,” and “Complicated Tumors: Bench Surgery.” Technical considerations are emphasized, although some chapters could benefit from additional data on surgical outcomes.

There are no chapters dedicated exclusively to tumor biology; instead, the biology is addressed within the topics of pathology, genetic counseling for inherited cancers, and medical management. The authors of the chapters on epidemiology and pathology detail the improved classification of kidney tumors that has resulted from advances in genetics and immunophenotyping of tumors. The authors of the epidemiology section cite the overall rise in diagnoses of kidney cancer and an improvement in overall survival. To some degree, both trends reflect enhanced detection through the use of superior diagnostic imaging techniques. Interestingly, in the book’s chapter on ultrasonography, the authors state that the percentage of renal-cell carcinoma that is found incidentally has risen from 7% in 1965 to over 60% in 1998.

The book includes six chapters on diagnostic testing and medical imaging, including ultrasonography and computed tomography, magnetic resonance imaging, and other imaging techniques. The accompanying radiographic figures vividly clarify the role that medical imaging plays in diagnosis and staging.

Given the advances that have recently occurred in the diagnosis and management of renal-cell carcinoma, the publication of this book is particularly timely. In the past decade, we have gained a better understanding of the genetics and classification of the disease, earlier diagnosis has become possible through improved imaging techniques, surgical procedures have been modified, and it was recently discovered that antiangiogenesis agents can effectively treat metastases. This most recent development has resulted in a shift from cytokine treatment (i.e., interferon-alfa and interleukin-2) to antiangiogenesis therapy.

Renal-cell carcinoma metastasis resists chemotherapy, and although cytokine treatments are widely used, they are unsatisfactory because of low response rates and short survival. A better understanding of the role of mutations in the von Hippel–Lindau gene and their effect on the pathogenesis of renal-cell carcinoma has also prompted studies of antiangiogenesis drugs that target this pathway. Randomized phase 3 trials of the targeted agents sunitinib, temsirolimus, and bevacizumab have established their benefit over interferon alfa as the first-line systemic therapy, resulting in a paradigm shift in treatment. Randomized phase 3 trials of sorafenib and everolimus have shown promise in previously treated patients as well. However, the newness of recent discoveries has precluded their emphasis in this book.

In summary, this book offers a comprehensive review of the diagnosis and surgical management of renal-cell carcinoma, with the caveat that the newest advances in antiangiogenic agents warrant updated emphasis as the principal therapies that are used in standard treatment today. The availability of multiple drugs has led to improved prognosis and therapy options for patients with renal-cell carcinoma.

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**CORRECTIONS**

Multidisciplinary Management of Lung Cancer (January 22, 2004;350:379-92). In Table 4 (page 387), in the Conclusions or Results column, the therapeutic agents named should have been cisplatin and irinotecan rather than etoposide and irinotecan. The article has been corrected at NEJM.org.

Cold-Activated Brown Adipose Tissue in Healthy Men (April 9, 2009;360:1500-8). In Table 1 (page 1502), in the Lean Subjects column, the range given for body fat (the last row of the table) should have read 9.4–25.1. The article has been corrected at NEJM.org.