
This highly readable book is part of the Current Clinical Oncology series edited by Maurie Markman. The book consists of 14 chapters written by a distinguished group of experts in the field of lung cancer. Each chapter is concise, yet complete, in terms of providing the reader with an update of the current thinking and knowledge in each area of lung cancer. All chapters are highly referenced, and the references are current. This book will appeal to both academic and community-based practitioners who have an interest in lung cancer. As a surgeon, I found reading the chapters that are not particularly related to my own activity especially enlightening.

The book is divided into 2 parts. The first includes basic science and background knowledge; the second part covers treatment. The first section has an excellent treatise on the changing incidence of lung cancer. The section on pathologic features is also current and complete. This is followed by 2 chapters on the molecular biology, which I found particularly enjoyable. These chapters complement each other, and there is some repetition. The section on techniques of diagnosis discusses all the current controversies and puts them into a practical framework.

The second part of the book details the treatment with experimental agents from early stage to advanced stages of lung cancer. There is also an excellent chapter on the novel uses of radiotherapy in the treatment of carcinoma of the lung. Throughout this part of the book, there is a nice evolution from single-agent use to the present-day multimodality approach to the management of advanced lung cancer. There is some overlap in the chapters, especially those on the treatment of stage IV lung cancer and new treatments for advanced non-small cell lung cancer. However, the chapters are complementary and overall, this book is highly readable and fulfills its purpose. Because it is concise, a practitioner in one area can be quickly updated in other areas without being involved in the exhaustive review of the medical literature that this would usually require.

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For those interested in the current status of nonoperative therapy for renal artery stenosis, this text provides both a broad perspective and an intelligent approach to the topic. As a vascular surgeon involved in the operations for this disease and collaborating in the decision for angioplasty with or without stenting, it is immediately relevant to my practice. However, I think this review provides an equally valuable perspective for family practitioners and others involved in front-line therapy for patients with renal artery stenosis.

The book is organized into a logical sequence of chapter topics authored by experts in their respective fields. The first chapter details the prevalence, diagnosis and natural history of renal artery stenosis and its management by surgical revascularization. The emphasis on the relative under-appreciation of this disease as well as the potential adverse natural history serve as cogent reminders to all involved in treating this condition. This appears to be a relatively under-diagnosed disease in which the insidious consequences are potentially the end results of poor blood pressure control and subsequent cardiovascular events and dialysis. These areas provide essential background to allow the reader to put into perspective the current role of endovascular stenting.

The role of surgical therapy is well reviewed by Wong, Oskin and Hansen whose group has published extensively on the results of the surgical management of renal artery stenosis. Rosenfeld and Fishman detail the techniques of stenting, although their chapter may be of less interest to non-specialists. Subsequent and specific controversial issues in the role of renal artery stenting are then expanded in the remaining chapters. The role of stenting in flash pulmonary edema, renal artery stenting versus surgery, preservation of renal function as well as long-term (4-year) follow-up of renal artery stenting are well presented and focus the reader on the real issues regarding this treatment. However, the reader is not left with a definitive impression of the primary role of this treatment after contrasting the surgical and interventionalist conclusions in their respective chapters.

I would readily recommend this book, not only for the content but also for its approach to management intervention. For the specialist, surgical, medical or interventionalist, it provides a reasoned overview from authorities in their fields. For family practitioners and others involved in front-line therapy of patients with this disease, this book provides a current perspective regarding “back-line” specialist treatment. Overall, this review provides some of the background data and focuses the main issues regarding the role of endovascular stenting in the treatment of renal artery stenosis. Ultimately the decision to use these interventions not only involves patient circumstances, local renal artery conditions and un-
Lung volume reduction surgery (LVRS) is a palliative operation for patients with end-stage emphysema, who have dyspnea and exercise limitation interfering with quality of life and activities of daily living. Gas-trapping areas of emphysematous lung are resected, with the aim of improving pulmonary function. Although the goal is palliative, the severity of the patients’ underlying emphysema makes LVRS a high-risk procedure. Major questions remain to be answered about this operation, including which patients benefit from (and which are harmed by) LVRS, how to select them, how long symptomatic improvement lasts and whether survival is improved.

Lung Volume Reduction Surgery is a comprehensive textbook that addresses many of the issues surrounding the surgical care of patients with advanced emphysema. The editors are surgeons with the Columbia-Presbyterian Medical Center, and many of the authors are investigators in the National Emphysema Treatment (NET) Trial, the major American multicentre randomized controlled study. This book summarizes the experience with LVRS to date in a succinct, understandable manner. The intended readers are the surgeons, pulmonologists, anesthesiologists, nurses and physiotherapists who make up an LVRS team.

The book is divided into 2 parts. The initial section describes pathophysiology, medical management and rehabilitation of patients with severe emphysema. The second section describes the trans-sternal and thoracoscopic surgical approaches, anesthesia management and nursing concerns. The emphasis throughout is on the practical approach to patient assessment, optimization, and selection for surgery, intraoperative management and postoperative care. There is a well-presented series of flow charts and tables outlining the approach to patient selection in the NET Trial, and the operative diagrams clearly show how the procedure is performed. Many of the chapters in the second part take the form of case series, describing the Columbia-Presbyterian Medical Center experience. The final chapter details the results of LVRS compared to the lung transplantation and describes potential indications for LVRS within a lung transplant program.

Lung Volume Reduction Surgery includes a synopsis on the many case series and the few randomized trials of LVRS. Aside from the NET Trial, there is no mention of other ongoing randomized trials, such as the Canadian Lung Volume Reduction Study. There is only passing mention of the controversy between proponents of randomized LVRS trials to prove the procedure’s efficacy and the modern developers of the operation, who believe that LVRS is based on proven concepts and requires only further refinement and experience.

This book shows how experts conduct all aspects of patient care in this developing operation. It deserves the attention of any surgical team that performs this procedure or has an interest in developing an LVRS program.

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