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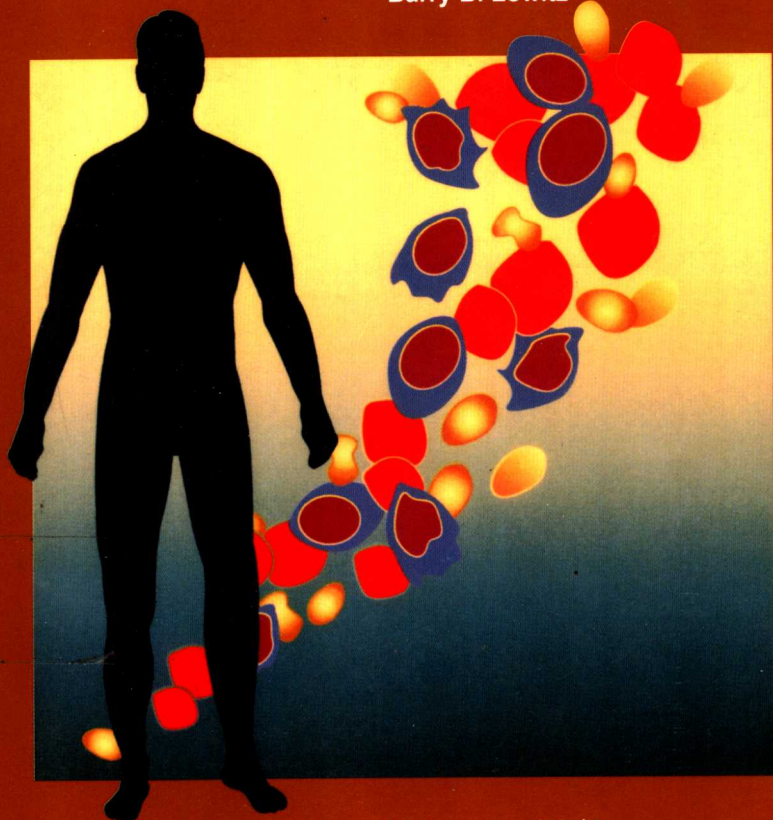
Manual of Clinical Oncology

Fourth Edition

配英汉索引

临床肿瘤学手册

Edited by
Dennis A. Casciato
Barry B. Lowitz



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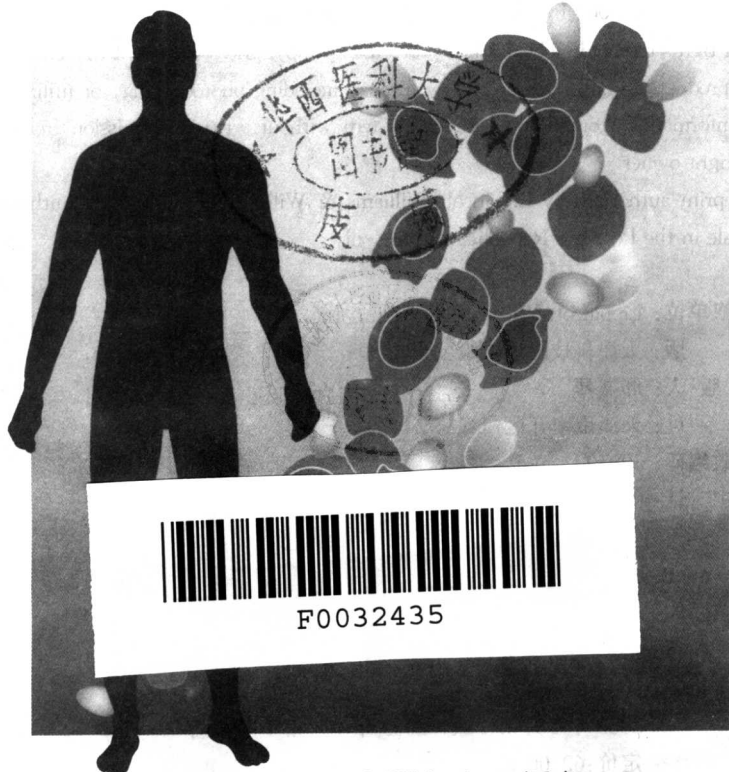
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Manual of Clinical Oncology

Fourth Edition

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Dedication

The editors dedicate this fourth edition of the
Manual of Clinical Oncology
to **that power flowing through us**
which has led us to our calling,
guided our judgment through uncertain clinical oceans,
provided us with an unbiased appreciation of human uniqueness,
and illuminated our lives
with the privilege of caring for our patients.

The editors also extend their most sincere gratitude to Theresa Salse, Frank Casciato, and Aureliano Vázquez, Jr. Theresa is the medical librarian at Northridge Hospital Medical Center in Northridge, California. Her literature searches were timely, thorough, indispensable and always completed with cheerful professionalism. Frank salvaged the sanity of one of the editors (D.A.C.) by proofreading the "electronic version" of the book in his "spare time", while meeting our publication deadlines.

Aureliano Vázquez, Jr., labored compulsively and graciously in the Book Production Department of Lippincott Williams & Wilkins to make a fine book and to accommodate passionate requests by this editor for alterations in page presentations. His *extraordinary effort* (based on our experience with three prior editions) immensely improved this book's readability, utility, and appearance. His work will not be obvious to the reader (because layout and page breaks make sense—not an easy task in this format), but was enormously appreciated by the editors.

DAC

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PREFACE

The *Manual of Clinical Oncology*, which has attained popularity as a major reference source for medical students, residents, and oncology fellows, is completely revised for its fourth edition. The focus of the new edition, like its predecessors, is on information useful for making diagnostic and therapeutic decisions at the bedside of patients with malignancies. Our goal is for the *Manual* to remain comprehensive, concise, and current without being susceptible to rapid obsolescence. Evanescent aspects of oncology, such as chemotherapy "regimens of the month," have been assiduously avoided.

The chapters are grouped into four parts. Part I presents the principles of diagnosis and treatment of cancer. Parts II and III address the specific malignancies in a uniform format. Part IV presents complications of cancer according to end-organ involvement, whether by local invasion, metastasis, paraneoplasia, or therapy. The appendixes present the most useful chemotherapeutic regimens for lymphomas (Appendix A); the complications of chemotherapy and toxicity criteria for evaluating patients in clinical trials (Appendix B); tumor identifiers, such as immunohistochemical differential diagnosis and leukocyte differentiation antigens (Appendix C); and cytogenetic nomenclature (Appendix D).

The first edition was written primarily by the two editors. New authors contributing to subsequent editions significantly expanded the geographic and institutional distribution of the faculty. Every line of the entire book has been punctiliously redacted by one editor to ensure consistency in both style and philosophy. For the current edition, we gratefully welcome the important contributions of the following "first-time" authors: Dr. Arie S. Belldgrun, Dr. Howard A. Chansky, Dr. Chaitanya R. Divgi, Dr. Martin J. Edelman, Dr. Christos Emmanouilides, Dr. Charles A. Forscher, Dr. David R. Gandara, Dr. Richard M. Goldberg, and Dr. Amnon Zisman. We mourn the loss of our friend and colleague, Dr. Hassan Tabbarrah (see *In Memoriam*).

The dawn of a new millennium brings the promise of new frontiers tempered by the uncertainties and doubts of our past experience. As we struggled to understand the nature of cancer, we improved our delivery of care. Our ability to continue to progress through failed attempts has led to constantly improving our knowledge. As we move into the future, we must recall the lessons of the past which have shown that real progress is established only after careful and objective evaluation. Premature enthusiasm must be tempered by patience and objectivity.

Caregivers are now struggling to preserve the fundamental medical traditions of dedication to individual people. Many societies have succumbed to a brave new world in which human services have become a kind of assembly line organized according to "one-size-fits-all" algorithms. Treatment options may be limited by impersonal algorithms which can be used only under circumstances rigidly defined by cost-cutting administrators.

Cancer management, however, involves so many clinical and psychosocial parameters that treatment based on any finite number of data points is patently illogical. Each patient is unique and almost never has a clinical course that follows a predictable statistical model. The complex and unpredictable nature of cancer makes treatment decisions a high art, refined by a balance of science, personal experience, common sense, and sound judgment. Few patients will accept the increasingly popular "evidence-based treatment" when such treatment conflicts with the recommendations of a doctor whom they trust.

This fourth edition of the *Manual of Clinical Oncology* reaffirms the unique relationship between patient and doctor and continues its commitment to provide the caregiver with the ability to temper today's truths with good judgment and a cautious open-mindedness to the promise of tomorrow. Although the scientific princi-

ples, basic science jargon, currently fashionable statistical models, and treatment recipes have been made current, the basic principles and philosophy of management of the first edition of this book remain intact. The editors have maintained an underlying approach in caring for cancer patients that may be summarized by the following:

The decision of one is more useful than the opinions of many.

Life is most valuable when there is little of it left.

BBL
DAC

In Memoriam

Hassan J. Tabbarah, M.D., F.A.C.S., F.A.C.P.

1933–1998

Professor of Medicine, UCLA School of Medicine
Certified by the American Board of Surgery (1963), and
the American Board of Thoracic Surgery (1964), and
the American Board of Internal Medicine (1980), and
the American Board of Medical Oncology (1981).

Hassan Tabbarah was an esteemed colleague, a unique invaluable consultant, and a valued friend. He was a skilled thoracic surgeon and consummate internist with a wealth of knowledge in medical oncology. He could intimately evaluate complicated cases that overlapped the disciplines of the internist and the surgeon when no solution was available from either. His analysis invoked a command of published data honed by the practical experience of being the operating surgeon. Importantly, he possessed a passion to impart this body of knowledge to others, to anyone who wanted to listen.

Hassan was a major contributor to the *Manual of Clinical Oncology* in the first, second, and third editions. Most importantly, his focus was synchronous with the editors: he knew what the residents and fellows needed to know and wanted to know when rounding on patients with cancer and making decisions at the bedside. He would swell with excitement and pride when discovering yet another “fact” (pronounced by him with emphasis) that should be included in the *Manual* and that would be embraced by the reader. He wrote as he taught, with authority, confidence, panache, and pizzazz.

Hassan was born in Beirut, Lebanon, and earned his M.D. degree from the American University of Beirut in 1957. Training in general surgery was accomplished at the American University Hospital in Beirut and at the Columbia University hospitals in New York. Training in thoracic and cardiovascular surgery took place at the University of Pittsburgh Medical Center hospitals in Pittsburgh, Pennsylvania, and the Hospital of the Good Samaritan in Los Angeles, California, from 1962 to 1965. He returned to Lebanon as a surgeon at the American University of Beirut from 1965 to 1970. During that time he also became Chairman of the Department of Surgery and Chief of Staff of the Makassed General Hospital in Beirut. From 1971 to 1976 he served as President (Administrator and Medical Director) of Makassed General Hospital.

The war in Lebanon began in the spring of 1974. In June 1976, the American Ambassador to Lebanon was assassinated and the United States citizens were ordered to evacuate. Hassan's wife, Kay, was an American. Hassan's initial plan was to send his wife and daughters (Missy, Mandy, and Reem), the eldest daughter being nine years old, on an overland caravan to Syria and then to be flown out while he remained in a country without telephones, airport, or seaport. On the day after the plan was defined, they were told at the embassy that it was too dangerous to leave using that route; they were to be evacuated by sea. Hassan realized that his family could not travel alone. He planned to accompany them to the United States and then return to Beirut. They left Lebanon on a ship of the U.S. Navy's 6th Fleet to Greece, then flew to London, and from there to Pittsburgh. Their possessions, including real estate holdings, personal property, and clothing, remained in Beirut. Only two suitcases were permitted for the five Tabbarahs.

The war rapidly escalated. It became self-evident that Hassan could not return to Lebanon. He sought “temporary” employment in California. Simultaneously he was impacted by the death of his aunt by breast cancer; he was dissatisfied with the treatment she had received. He redirected his entire career and succeeded in obtaining a fellowship in medical oncology at Los Angeles County Harbor-UCLA Medical Center in Torrance, California, in 1976. He wanted to learn more and to offer more to others.

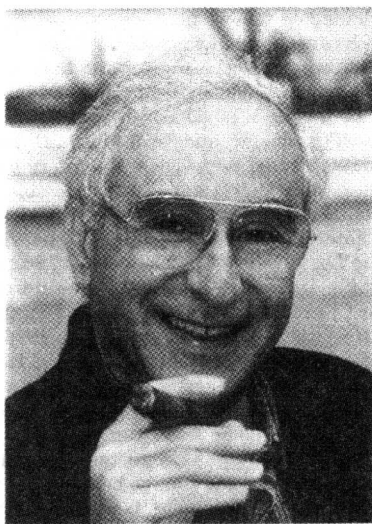
It was under these conditions that we met Hassan for the first time, appreciated his unique background, and discovered his talent and passion for teaching.

International politics initiated Hassan's switch from surgery to medicine when he was 43. Hassan's energy and soul drove him to excellence in his new field. On television he watched the destruction of his homeland. In the hospital, with students, residents, and faculty by his side, he was reborn.

He remained at Harbor-UCLA Medical Center where he excelled in administration, teaching, clinical medicine, and clinical oncology. At the time of his unexpected demise he was a Chief Physician, Chairman of the Peer Review Committee, Assistant Chairman of the Department of Medicine, Director of Inpatient Services, Director of the General Medicine Fellowship Training Program, and Director of the Perioperative Medicine Services. Hassan will be missed at his home, and also at teaching rounds of his hospital and on the pages of this specific publication.

DAC

Addendum: Please do not translate the presence of a cigar in Hassan's photograph as an endorsement for the tobacco industry. He smoked rarely, but did enjoy an occasional fine postprandial cigar, for example, after dinner at Valentino's in Los Angeles or after Sunday brunch at Brennan's in New Orleans.



CONTENTS 目 录

Contributing Authors

作者	xi
----------	----

Preface

前言	xv
----------	----

In Memoriam

纪念	xvii
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PART I. PRINCIPLES 第 I 篇 原理

1 Principles of Medical Oncology and Cancer Biology 医学肿瘤学和癌症生物学原理	3
2 Nuclear Medicine 核医学	29
3 Radiation Oncology 放射肿瘤学	43
4 Cancer Chemotherapeutic Agents 癌症化学治疗剂	48
5 Supportive Care 支持性护理	96
6 Psychosocial Aspects of Cancer Care 癌症护理的心理社会方面的问题	123

PART II. SOLID TUMORS 第 II 篇 实体瘤

7 Head and Neck Cancers 头颈部癌	135
8 Lung Cancer 肺癌	157
9 Gastrointestinal Tract Cancers 胃肠道癌	172
10 Breast Cancer 乳腺癌	218
11 Gynecologic Cancers 妇科癌症	238
12 Testicular Cancer 睾丸癌	269
13 Urinary Tract Cancers 尿路癌症	278
14 Neurologic Tumors 神经系统肿瘤	303

15	Endocrine Neoplasms 内分泌瘤	314
16	Skin Cancers 皮肤癌	336
17	Sarcomas 肉瘤	349
18	Cancers in Childhood 儿童期癌症	363
19	Miscellaneous Neoplasms 混合瘤	374
20	Metastases of Unknown Origin 不明起因的转移瘤	381

PART III. HEMATOLOGIC 第三篇 血液学肿瘤

21	Hodgkin and Non-Hodgkin Lymphoma 霍奇金和非霍奇金淋巴瘤	399
22	Plasma Cell Disorders 浆细胞病	443
23	Chronic Leukemias 慢性白血症	461
24	Myeloproliferative Disorders 骨髓增生障碍	479
25	Acute Leukemia 急性白血症	496

PART IV. COMPLICATIONS 第四篇 并发症

26	Sexual Function and Pregnancy 性功能和妊娠	517
27	Metabolic Complications 代谢并发症	526
28	Cutaneous Complications 皮肤并发症	544
29	Thoracic Complications 胸部并发症	553
30	Abdominal Complications 腹部并发症	569
31	Renal Complications 肾脏并发症	579
32	Neuromuscular Complications 神经肌肉并发症	586
33	Bone and Joint Complications 骨和关节并发症	601
34	Hematologic Complications 血液学并发症	615

35	Infectious Complications	
	感染性并发症	638
36	Acquired Immunodeficiency Syndrome (AIDS)	
	获得性免疫缺陷综合征(AIDS)	663
37	AIDS-Related Malignancies	
	与 AIDS 有关的恶性肿瘤	682

APPENDIXES 附录

Appendix A: Combination Therapy Regimens for Lymphomas

附录 A:淋巴瘤联合治疗方案

A-1:Chemotherapy Regimens for Hodgkin Lymphoma	
霍奇金淋巴瘤化疗方案	692
A-2:Chemotherapy Regimens for Non-Hodgkin Lymphoma	
非霍奇金淋巴瘤化疗方案	694
A-3:Salvage Regimens for Hodgkin and Non-Hodgkin Lymphoma	
霍奇金和非霍奇金淋巴瘤抢救方案	696

Appendix B: Toxicity of Chemotherapy

附录 B:化疗的毒性作用

B-1:Major Toxicities and Dose Modifications for Chemotherapeutic Agents	
化疗药物主要毒性作用和剂量的调整	698
B-2:Common Toxicity Criteria	
常用毒性标准	700

Appendix C: Tumor Identifiers

附录 C:肿瘤鉴别

C-1:Microscopic Clues of Tumor Origin	
镜检肿瘤来源的线索	707
C-2:Selected Immunohistochemical Tumor Markers	
选择性免疫组织化学肿瘤标记物	709
C-3:Expected Immunophenotypes on Biopsies	
在活检中发现免疫表型	710
C-4:Discriminatory Immunophenotypes for Lymphocytic Neoplasms	
鉴别淋巴细胞瘤的免疫表型	713
C-5:Leukocyte Differentiation Antigens (CDs)	
白细胞辨别抗原	715

Appendix D: Glossary of Cytogenetic Nomenclature

附录 D:细胞遗传学术语汇编

英汉索引

PART I. PRINCIPLES
