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Manual of CLINICAL ONCOLOGY

NINTH EDITION

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WILEY Blackwell

UICC Manual of Clinical Oncology



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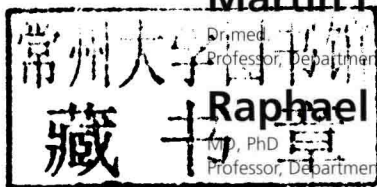
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Dedication

This *Manual* is dedicated to Leslie H. Sobin MD, an internationally renowned pathologist and previous long-term Chair of the UICC TNM Prognostic Factor Committee. Les, as he is known to colleagues all over the world, has devoted most of his career to promoting multidisciplinary cancer control in a truly global manner.

Foreword

UICC unites the cancer community to reduce the global cancer burden, to promote greater equity and to integrate cancer control into the world health and development agenda with the goal of delivering on the World Cancer Declaration. One of the nine targets of the Declaration that shape the overarching goal of improving cancer survival is the education and training of healthcare professionals. The *UICC Manual of Clinical Oncology* has for many years been part of UICC's educational platform. I have always kept the latest edition of this book as an essential oncology guide in my library since my early years in oncology. By bringing together for the 9th edition a multidisciplinary authorship from across the globe with the purpose of generating an accessible and realistic guide for cancer management in all resource settings, Dr O'Sullivan and the editorial team of the *UICC Manual of Clinical Oncology* have further strengthened UICC's commitment to improve cancer services and patient outcomes.

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Preface

It is with great pride that I introduce the 9th edition of the *UICC Manual of Clinical Oncology*, representing the work of a remarkably diverse international group of colleagues. The *Manual* continues to emphasize a devotion to multidisciplinary assessment and care. Disease-site chapters have been co-authored wherever appropriate by representatives of medical, radiation and surgical oncology in addressing the different fields of cancer management. As well, an international panel of authors has been assembled that strives to emphasize, where relevant, needs in jurisdictions where a disease may be most prevalent. For example, many head and neck cancer chapters are authored from India which sustains an unfair burden of tobacco-related mucosal cancers, but the nasopharyngeal and oropharyngeal chapters are authored by specialists from South East-Asia and the Western World, respectively, in recognition of the unique disease incidence and profile in these locations.

As in previous editions, the target readership comprises oncologists-in-training and the many subspecialty disciplines and allied health practitioners involved with multimodality cancer treatment programmes, as well as practising physicians and others throughout the world who care for cancer patients. Wherever feasible, a succinct style is used and characterized by bullet point displays and tabular depictions instead of the traditional dense text that characterizes many textbooks. In large part this convention is concentrated in the disease-site chapters which form the backbone of the manual and where the hallmark is immediate access to information for readers. The philosophy is particularly mindful of the needs of jurisdictions where information is less available and practitioners may be unusually busy and working in smaller units. For all chapters, references are provided as recommended reading without encumbering the direct narratives of specialists with knowledge and experience of the domain under discussion.

This edition has been completely revised and all chapters rewritten. New chapters address information needs and approaches that highlight areas of contemporary oncology, including, among others, practical understanding and application of evidence-based medicine, cancer informatics, oncology outcome reporting, symptom management, survivorship and end of life needs of cancer patients. Each disease-site chapter also incorporates cancer staging from the *UICC's TNM Classification of Malignant Tumours*, 7th Edition (2009) and a complete chapter is devoted to the history and principles of cancer staging that evolved at the UICC from the time it first introduced TNM more than 60 years ago.

Since publication of the 8th edition in 2004, there has been a necessary need to integrate knowledge about non-anatomical factors with traditional classification of disease extent into prognostic algorithms which also influence cancer diagnosis and therapy. Of particular importance are molecular characteristics, but other very relevant factors pertain to patient issues, such as age, co-morbidity and ability to tolerate treatment, as well as the health service environment, including access to care, education and skill/knowledge of practitioners. For this reason each disease-site chapter employs a standard classification format that identifies prognostic factors according to their current relevance in the clinic. This classifies factors as to whether they are *essential* to guide treatment decision-making, provide *additional* information that may facilitate research, teaching, or cancer programme management, or represent *new and promising* developments in oncology without yet having a firm foothold in overall cancer control. These concepts are emphasized using the UICC's standard tabular format in each anatomical site-specific chapter. The source for *essential* factors is from publicly available guidelines that mandate their requirement for treatment decision-making. They include internationally recognized guidelines such as those of NCCN, ESMO, ASTRO, ESTRO and ASCO, as well as published guidelines from individual cancer institutions or agencies where available. In addition, the cancer incidence and prevalence data are almost entirely from Globocan 2012 (<http://globocan.iarc.fr/Default.aspx>) and Surveillance, Epidemiology, and End Results Program (SEER) (<http://SEER.cancer.gov>).

Finally, and most importantly, I would like to thank our readers, whose efforts on behalf of oncology patients worldwide offer the very best hope for a future free of malignant disease. I hope you will enjoy this book as much as we, the editors and authors, enjoyed the global spirit of collaboration and interaction needed to prepare it for you and our patients.

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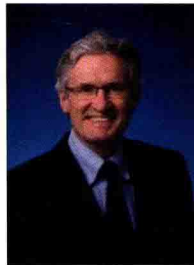
I would like to take this opportunity to thank my co-editors and all the authors of the *Manual* for their dedication in volunteering their time on behalf of this project.

Special thanks are also extended to the Editorial Coordinator, Shao Hui (Sophie) Huang, who volunteered tirelessly in supporting the editorial team, and to the staff at UICC and Wiley.

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Raphael Pollock was born in Chicago, Illinois and graduated from Oberlin College, Oberlin, Ohio in 1972. This was followed by medical school at the St Louis University School of Medicine, Chicago, IL, residencies in General Surgery at the University of Chicago and Rush Medical College, a fellowship in Surgical Oncology at The University of Texas M. D. Anderson Cancer Center, and a PhD. in Tumor Immunology from the Graduate School of the Biological Sciences at the University of Texas-Houston Health Sciences Center. Dr Pollock joined the Department of Surgical Oncology at The University of Texas M. D. Anderson Cancer Center as a faculty member in 1984. He became Chairman of the Department of Surgical Oncology in 1993 and Head of the Division of Surgery at The University of Texas M. D. Anderson Cancer Center in 1997. In 2006–2007 Dr Pollock served as President of the Society of Surgical Oncology; from 1999–2011 he served as Editor-in-Chief of Cancer. In 2013 Dr Pollock left M. D. Anderson to become Director and Professor, Division of Surgical Oncology and

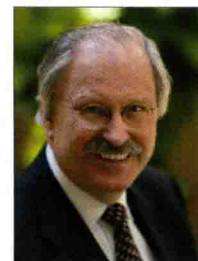


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