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Therapeutics*

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1989/1990

ROBERT E. WITTES

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1989/1990



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# PREFACE

*Manual of Oncologic Therapeutics 1989/1990* attempts to summarize what is known about the diagnosis, staging, and treatment of the cancer patient in a manner that will be immediately useful to clinicians. There are, therefore, two things that this manual is not. Most obviously, it is not an encyclopedia or even a moderately comprehensive textbook. The reader will search here in vain for detailed discussions of the many points of controversy that beset contemporary clinical oncology—although controversies are certainly alluded to when appropriate. Nor should this volume be looked upon as a cookbook; it will not transform the untrained into capable cancer clinicians.

What it will do, we hope, is to present the reader with state-of-the-art approaches to the multifarious problems posed by patients with neoplastic diseases, and particularly those problems that are likely to require the attention of an oncologist or physician with general concerns. Medical approaches to the treatment of cancer or the control of its various manifestations feature most prominently because these are the kinds of therapies that most care givers are likely to participate in directly. The manual does not deal in any detail with technical issues of cancer surgery or radiotherapy; these are really the exclusive province of the operating room or the radiotherapy suite and, as purely technical matters, are unlikely to be delegated to or shared by a broader spectrum of physicians or nurse clinicians. On the other hand, the general medical impact of particular surgical or radiotherapeutic approaches is relevant to the overall care of the patient, and these are discussed in reasonable detail.

The manual's major divisions reflect the general categories of clinical intervention. Part I describes some of the most common procedures for biopsy and endoscopy, upon which a reliable diagnosis, and therefore everything else, rests. Our purpose here is obviously not to encourage the indiscriminate performance of invasive procedures by the unqualified (not likely in the current medicolegal climate anyway), but rather to provide short descriptions of what is involved in patient selection and preparation, performance of the procedure itself, and aftercare, since all of these features have broad clinical relevance.

Part II describes available techniques for assessing involvement of the major organ systems. Over the past decade or two, no area of medicine has undergone a more fundamental revolution than diagnostic imaging. Use of the various imaging modalities in a way that is both predictive and cost-effective is a continuing challenge. Even with the best information, there is no substitute for direct consultation with colleagues in radiology or nuclear medicine.

Part III is an account of certain basic therapeutic procedures that are performed in a general medical setting. These include the placing of tubes or catheters into body cavities or the vascular system; the implications of radiotherapy for the general care of the patient; and the delivery of cancer chemotherapy, hormones, and biologic response modifiers. These latter chapters form the basis for the disease-oriented discussions in Part IV, which is organized in the conventional manner. These chapters are among the most difficult to write for a manual, since a very large amount of diverse and often contradictory information must be synthesized and distilled into a series of rather concrete recommendations. The authors were asked to provide their view of what constitutes optimal therapy for the late 1980s—not an easy task, but one that the practicing clinician must do every day. In most cases doses and schedules of specific regimens are provided for ease of reference. We have, by and large, omitted dose-modification schedules simply because of lack of space; obviously the original publications should be consulted. This is perhaps as good a place as any to point out that the hope of reproducing published results is considerably enhanced by giving the regimen as reported, without arbitrary changes. The impact of alterations in dose and schedule of drugs or radiotherapy is not easy to gauge in the absence of data, but one should never assume that untested alterations will be without consequence.

Part V discusses regional approaches to metastatic disease — not so oxymoronic as may at first appear, since many tumors metastasize in a fashion that permits long-term control (or at least major palliation) with regional therapy. In Part VI the identification and management of the most common oncologic emergencies are presented. The final three parts of this manual deal with supportive care and rehabilitation, transplantation, and paraneoplastic syndromes.

The publication of a treatment manual in oncology implicitly raises a key question: what is the role of conventional care in a subspecialty where, for all the advances of the last few years, treatment is still manifestly inadequate for very large numbers of patients? In particular, will the easy availability of information in this format serve to discourage the entry of patients into clinical trials of new treatments, upon which all future advances depend? The National Cancer Institute and its clinical trials network are currently developing plans to enlarge significantly the participation in clinical trials both by centers and by community-based physicians. Even if we are wildly successful, however, there will always be patients who, for one reason or another, are not suitable for study entry. At present, for example, only about 1% to 3% of eligible patients with primary breast and large-bowel cancer are actually placed on adjuvant studies. Even an enormous increase in this percentage, therefore, will leave many patients outside a structured trials approach to their disease. No one who peruses this manual even in a casual fashion can doubt that the fostering of cancer clinical trials is a matter of the highest priority for the field of clinical oncology. One may hope that in another 10 to 15 years medical progress will make this first edition of *Manual of Oncologic Therapeutics* read like an archaic document from the Middle Ages.

Robert E. Wittes, M.D.

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