

Evidence-Based Pediatric Oncology

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علم سرطان الأطفال المبني على الدليل

المحررون: روس بينكرتون، شانكار أ.ج. كاترين ماثاي
مراجعة: ياسر والي

This is the second edition of the book. Pediatric oncology refers to the study of childhood cancer. This book gives details on many aspects of pediatric oncology and the recent advances that have occurred on clinical levels. The aim of this book is to summarise the information that is available from randomised clinical trials in childhood cancer.

This book has 565 pages. It consists of an introduction, main contents and an index. It has three major parts divided into 28 chapters as follows:

Part 1 - Solid tumours: This part has 10 chapters and is edited by Dr. Ross Pinkerton. It deals with the most common solid tumours in childhood namely, rhabdomyosarcoma, osteosarcoma, Ewing's sarcoma, Wilm's tumour, neuroblastoma, hepatoblastoma, medulloblastoma, glioma, non-Hodgkin's lymphoma and Hodgkin's disease. In each of these chapters there is a review of the background of the disease, most popular clinical trials and studies, lessons from these trials, their outcome and a conclusion.

Part 2 - Leukemia: This part has 6 chapters: three on acute myeloid leukemia, its different stages of treatment and the best available evidence; the other three chapters deal with acute lymphoblastic leukemia, induction treatment, central nervous system prophylaxis

and continuation therapy.

Part 3 - Supportive care in Pediatric Oncology: The authors focus in this part on the use of hematopoietic colony stimulating factors, G-CSF (granulocyte colony stimulating factor); GM-CSF (granulocyte monocyte colony stimulating factor) and erythropoietin to avoid the severe effects of bone marrow suppression secondary to chemotherapy. They discuss 14 different randomized studies on G-CSF, four on GM-CSF and another four on the use of erythropoietin. These studies emphasise the importance of these agents in improving quality of life during intensive chemotherapy; however, most of them do not show any evidence of improving survival. The other chapter of this part describes the most recent cardio-protective agent against cardiotoxic chemotherapeutic drugs (e.g. anthracyclins). It focuses mainly on a new drug called Dexrazoxane (DXN). They conclude from two large randomized studies that DXN is cardio-protective and does not adversely affect chemotherapy response or chemotherapy tolerability.

I recommend this book for postgraduate pediatricians dealing with oncology patients and suspect it might also prove valuable for many more senior doctors.

The book is very appropriate for both junior and

senior pediatricians specialised in the field of oncology. The contents are presented in an attractive way with evidence from the latest clinical trials.

The book provides good material for readers to get up-to-date with the latest clinical trials in the field of pediatric oncology. It covers topics of solid tumours, leukemia and supportive care.

The contents of this book are presented in an interesting way starting with comments from an authority in the field about the issue under discussion, followed by the results of the most up-to-date large randomized clinical trials in this subject. The conclusions of these studies are stated very clearly at the end of each study.

QUALITY OF CONTENT

The information given is up-to-date and is presented in a simple and easy to understand manner.

SUGGESTIONS

This book reviews only the latest clinical trials in the field of pediatric oncology. The details of these diseases were beyond the scope of this book. The authors commented briefly and generally on the diseases and the latest clinical trials for their treatment protocols only at the beginning of each main part of the book. However, there were no specific comments or authors' views on the different conclusions of these clinical trials. These comments would have been very valuable to the reader, particularly in the diseases or areas where more than 20 clinical studies were presented with different opinions, outcomes and conclusions.