

UROLOGIC ONCOLOGY

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Surgery has been the dominant modality for the treatment of genitourinary cancers (GU) since this subspecialty developed and continues to be so. Other modalities such as radiotherapy and chemotherapy have taken a rear seat for these cancers more than in any other group. Even hormone therapy for prostate has a surgical alternative (bilateral orchidectomy) which remains the gold standard. The treatment of most other cancer types is moving more and more towards combining modalities for optimum effect but so far this trend has been resisted in GU cancers. For example, GU cancers are the only group that does not have a routine role for adjuvant chemotherapy for any of its tumours.

Little wonder that this textbook of urological oncology has a heavy emphasis on surgery and surgical techniques. Important modalities such as radiotherapy and systemic therapies are discussed but usually as one or two paragraphs at the end of

chapter for the relevant cancer. This compares to no less than three separate chapters discussing various aspects of nephrectomy for renal cell cancer. The treatment of metastatic prostate cancer has a flimsy (albeit knowledgeable) five pages on systemic therapy and radiotherapy compared with five chapters discussing various surgical approaches to prostatectomy.

This is a textbook for the urologist or urology trainee and details the finer points of the surgical approach to this disease group. One oasis for the non-surgeon is the discussion of combined modality therapy for bladder cancer that deals comprehensively with the common arguments against this approach. The introductory chapter on molecular and cellular biology was also well worth the read for all oncologists, not just those interested in GU cancers.

In summary, if you use a scalpel on a regular basis then this book is for you. If not, try *Principals and Practices of Genitourinary Oncology* (Raghavan ed).

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