

Lonial S, ed. *Myeloma Therapy: Pursuing the Plasma Cell*. 1st ed. Humana Press; 2008. 664 pages, 25 illustrations. Hardcover, \$129.00 US.

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The field of multiple myeloma and plasma cell dyscrasia has become increasingly relevant in recent years. In 2008 in the United States, approximately 19,920 patients were diagnosed with multiple myeloma and 10,690 patients died of this disease.<sup>1</sup> In addition, the past few years have witnessed considerable advances in the treatment of patients with multiple myeloma, culminating in the approval by the US Food and Drug Administration of four therapeutic agents since 2003.<sup>2-5</sup> These advances have been made possible in large part by the improved understanding of the pathophysiology of the disease. The authors of *Myeloma Therapy: Pursuing the Plasma Cell* have attempted to distill the essence of the current state of knowledge in myeloma therapeutics in this volume.

While the title suggests a focus on myeloma therapeutics, the book examines multiple myeloma from a number of different aspects ranging from diagnosis, prognostication, staging, therapy (including existing, novel, and future therapies), and supportive care measures. The first section reviews the staging and epidemiology of the disease as well as the more novel molecular and cytogenetic classifications of the disease. The identification of myeloma-related cytogenetic abnormalities has become a provocative tool with therapeutic implications.<sup>6</sup> The second section reviews the role of cytotoxic agents or “conventional chemotherapy” as well as high-dose therapy in multiple myeloma. High-dose therapy is an established therapy that has resulted in improved patient outcomes, and pegylated liposomal doxorubicin was recently approved by the US Food and Drug Administration in combination with bortezomib in patients with relapsed multiple myeloma. The third section addresses existing and promising immunotherapy concepts including allogeneic stem cell transplantation. This latter approach attempts to harness the graft-vs-myeloma effect that may ultimately lead to cures. The fourth section provides an overview of the clinical experience with the approved novel biologic agents. Immunomodulatory agents thalidomide and lenalidomide, as well as proteasome inhibitors, were added to the therapeutic armamentarium of multiple myeloma.<sup>2,5</sup> The fifth section, perhaps the most interesting, focuses on select therapeutics targets that are likely to affect the field in the not-too-distant future. For example, vorinostat, an inhibitor of histone acetylation, is being evaluated in a phase III trial in combination with bortezomib,<sup>7</sup> and carfilzomib, an irreversible inhibitor of the proteasome, is the subject of several

phase I and II studies.<sup>8</sup> Complications of myeloma and its therapy (such as anemia, bone disease and renal dysfunction) often impact patient outcome and quality of life; the management of these complications is reviewed in the sixth section. The final section reviews associated plasma cell dyscrasias including Waldenström macroglobulinemia, primary systemic amyloidosis, POEMS syndrome, and monoclonal gammopathy of undetermined significance (MGUS).

The strength of this book lies in the expertise of the contributors. The authors are all renowned experts in plasma cell biology and therapeutics and have impacted the field of their respective sections and chapters. They provide a first-person view of the current myeloma landscape. While many other reviews have strictly focused on a clinical perspective, this review is rooted in the basic molecular pathways that have led to the development of therapeutic agents in the clinic. It is this “bench to bedside” approach to myeloma therapeutics that gives *Myeloma Therapy: Pursuing the Plasma Cell* a unique flavor. In addition, it provides a comprehensive review of the plasma cell dyscrasias and addresses not only the other less common plasma cell disorders (albeit less extensively), but also supportive care measures (which are of great value to the practicing oncologist). From an editorial perspective, this volume is rich in tables summarizing the existing data and serves as a practical guide to the reader.

Does this volume comprehensively address all areas of myeloma therapeutics? No, and this may not be possible given how broad the field has become. For example, while the volume tackles some of the supportive care measures relevant to patients with multiple myeloma such as anemia, bone disease, and renal dysfunction, it does not address many other relevant supportive care issues such as peripheral neuropathy, venous thromboembolic disease, and infectious complications. In addition, although the volume discusses several future therapeutic targets in myeloma, the list is by no means exhaustive. These omissions likely reflect the judicious balance in the selection of the topics and limits to the scope of the publication by the editor.

Embarking on such a gargantuan feat in an ever-changing and rapidly evolving field presents many challenges related to the comprehensiveness and contemporariness of the work. In other words, how soon will the contents of this book become dated? The authors have done an excellent job of presenting the status of myeloma knowledge as it currently stands, and the

hope is that they will incorporate new knowledge in future editions on this subject.

Overall, this volume represents a valuable addition to the myeloma literature and could serve as a reference for practicing medical oncologists, as reading material for residents and fellows caring for patients with plasma cell dyscrasias, and as a resource for the education of the myeloma physicians of tomorrow.

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## References

1. Jemal A, Siegel R, Ward E, et al. Cancer statistics, 2008. *CA Cancer J Clin.* 2008;58(2):71-96. Epub 2008 Feb 20.
2. Dimopoulos M, Spencer A, Attal M, et al. Lenalidomide plus dexamethasone for relapsed or refractory multiple myeloma. *N Engl J Med.* 2007; 357(21):2123-2132.
3. Rajkumar SV, Blood E, Vesole D, et al. Phase III clinical trial of thalidomide plus dexamethasone compared with dexamethasone alone in newly diagnosed multiple myeloma: a clinical trial coordinated by the Eastern Cooperative Oncology Group. *J Clin Oncol.* 2006;24(3):431-436. Epub 2005 Dec 19.
4. San Miguel JF, Schlag R, Khuageva NK, et al. Bortezomib plus melphalan and prednisone for initial treatment of multiple myeloma. *N Engl J Med.* 2008;359(9):906-917.
5. Weber DM, Chen C, Niesvizky R, et al. Lenalidomide plus dexamethasone for relapsed multiple myeloma in North America. *N Engl J Med.* 2007;357(21):2133-2142.
6. Stewart AK, Bergsagel PL, Greipp PR, et al. A practical guide to defining high-risk myeloma for clinical trials, patient counseling and choice of therapy. *Leukemia.* 2007;21(3):529-534. Epub 2007 Jan 18.
7. Weber DM, Jagannath S, Mazumder A, et al. Phase I trial of oral Vorinostat (suberoylanilide hydroxamic acid, SAHA) in combination with bortezomib in patients with advanced multiple myeloma. Presented at the 2007 Annual Meeting of the American Society of Hematology. *Clin Adv Hematol Oncol.* 2008;6(4 suppl 8):4. Abstract 1172.
8. Alsina M, Trudel S, Vallone M, et al. Phase 1 single agent antitumor activity of twice weekly consecutive day dosing of the proteasome inhibitor carfilzomib (PR-171) in hematologic malignancies. *Blood* (ASH Annual Meeting Abstracts). 2007;110:411. Abstract.

## Book Review

Hay ID, Wass JAH, eds. *Clinical Endocrine Oncology*. 2nd ed. Blackwell Publishing; 2008. 664 pages. Hardcover, \$289.95 US.

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This comprehensive review of all aspects of endocrine tumors and associated conditions — addressing the basic, clinical, investigative, and therapeutic phases of endocrine oncology — is “recommended reading” for the physician who cares for patients with endocrine tumors and hormonal abnormalities with non-endocrine tumors.

Since the first edition was published in 1997, we have seen many changes and advances in this field. In this second edition, the editors present a fully updated, comprehensive, and revised reference manual that brings the physician up to date on current knowledge and standards for managing endocrine tumors. Timely imaging, charts, and illustrations make the disease processes easier to comprehend and remember.

The 84 chapters that comprise the 664-page manual are divided into seven sections: Endocrine Oncology and Therapeutic Options; Thyroid and Parathyroid Tumors; Pituitary and Hypothalamic Lesions; Adrenal and Gonadal Tumors; Neuroendocrine Tumors and the Clinical Syndromes; Medical Syndromes and Endocrine Neoplasia; and Endocrine-Responsive Tumors and Female Reproductive Hormone Therapy. Chapters that focus on genetic causation and molecular targeting of certain tumors provide significant detail. Paraneoplastic syndromes are also discussed, including SiADH, ectopic ATCH-producing tumors, hypercalcemia of malignancy, tumor-induced hypoglycemia, and the affects of cancer therapies on the various endocrine organ functions. One chapter is dedicated to endocrine responsive tumors such as prostate and breast, and in another, the risks and benefits of hormone replacement therapy are examined.

The internationally well-known experts who provided contributions within their respective fields have set the standard in interdisciplinary care for endocrine tumors. They offer comprehensive guidance on the basic, clinical, investigative, and therapeutic processes required for the thorough evaluation of a patient with a tumor in an endocrine organ. Basic tumors of each endocrine organ system are examined in detail with guidelines and algorithms for evaluation and treatment.

As improvements in all phases of cancer care have evolved, many patients are now benefiting from these advances with longer survivals and enhanced quality of life, and we are beginning to see survivorship clinics being developed around the country. The cancer survivor needs continued care in dealing with the effects of treatment of non-endocrine cancers on the endocrine

system. This component of care is the one area not covered in the book; topics that would have enhanced this guide include the causation and treatment of abnormalities in bone metabolism with aromatase inhibitors in breast cancer patients, the hormonal manipulation in prostate cancer patients, and the significant bone loss that occurs following conventional chemotherapy.

I recommend this book as a practical and useful reference for endocrinologists, head and neck surgeons, endocrine surgeons, oncologists, radiologists, radiation physicians, neurosurgeons, and scientists.

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## Book Review

Hallerman V, ed. *How We Survived Prostate Cancer: What We Did and What We Should Have Done*. New Market Press; 2009. Hardcover, 224 pages, \$24.95 US. Paperback, 208 pages, \$16.95 US.

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As health care professionals, we sometimes forget that cancer affects not only our patients, but also their family members and friends who see their loved ones struggling through the many phases of their disease. These families and friends represent a patient's social support and need to be considered when we provide care for the patient. This book offers an insightful depiction of a wife's view of the impact of prostate cancer from the time the diagnosis is made to coping with the complications and side effects of the treatment selected. She candidly describes the emotions and life-altering psychosocial issues that she and her husband experienced over a five-year period.

This memoir is divided into 12 chapters, with additional appendices detailing excellent resources that can be referred to not only by the patient with prostate cancer, but also by his family. In the first chapter, the author depicts the emotions and sense of doom associated with a new diagnosis of prostate cancer. She provides ample details on how this life-altering event changes the patient and his family. In the next four chapters, she delineates the degree of confusion and degree of difficulty patients face when choosing a treatment modality for prostate cancer. Many (if not all) health care professionals exhibit a bias when presenting treatment options to patients for localized prostate cancer. Hence, there may be "mixed messages" sent to patients discussing treatment options, particularly in terms of their potential complications and oncologic outcomes. In chapters 6 through 11, she delineates the treatment that for her husband consisted of hormonal ablative therapy and interstitial seed brachy-radiotherapy. She depicts what loved ones feel and endure when their partner undergoes such treatment, and she describes what it meant to be in a waiting room during a surgical procedure as well as seeing the sequelae of treatment on the patient, including the impact on sexual function, incontinence, and patient identity.

An important section of this book details some of the misconceptions and misinformation they were told about in terms of the complications and side effects of brachytherapy and hormonal ablative therapy. This raises an important issue for health care providers; they need to outline in detail the potential complications attributable to the treatment modality selected. Similarly, providing patients with reading information on what to expect and what potential complications of treatment can occur is essential. Failure to do so is an

inadequacy in our roles as health care educators and facilitators. The appendix provides useful information for patients and families faced with a new diagnosis of prostate cancer and includes a discussion of current treatment options, the short- and long-term effects of hormonal ablative therapy, a list of prostate cancer resources/support groups, and the therapeutic approaches on the horizon for prostate cancer. The last section is a glossary explaining many of the terms and concepts in the field of prostate cancer.

This book provides an insightful view of the emotions and psychosocial issues facing a patient and his family when newly diagnosed with prostate cancer. The experience of the author and her husband serves as an example on how we as health care professionals can optimize the care and minimize the distress of cancer for our patients.

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