recommend this book to clinicians actually involved in day-
to-day therapeutic decisions for the treatment of
hormonal malignancies. It is a book to have on your
shelf ready to hand and perhaps of less use to the general
reader outside the immediate field.

C.H. Poynton

Atlas of Breast Cancer
Edited by Daniel E. Hayes, London: Mosby Europe Ltd,
1993, £70.00.

This atlas is perhaps unusual in providing such a broad
resume of breast cancer, ranging from its biology and
epidemiology, to diagnosis and management. Though its size
precludes it from being fully comprehensive, the skilful use of
diagrams to schematically convey principles and data has
been employed to maximal effect. Any economy of words
does not detract from meaning and factual content, and the
book epitomises the edict that a diagram can often convey
more than 'a 1000 words'.

The diagrams are not only thoughtfully constructed to
provide a pictorial representation of principles and concepts,
but are also presented in a colourful and attractive form. In
addition to superlative diagrams, the book also contains
many colour photographs and radiological illustrations. The
deliberately slim text is succinct, pertinent and up-to-date.
Though in-depth discussion is not appropriate in this type of
work, the authors manage to expound current opinion and
knowledge and highlight controversial issues in a non-
dogmatic style but one which alludes to certain transatlantic
differences of both practice and philosophy.

The book consists of 12 chapters, of which those on
mammography and radiotherapy techniques constitute the
largest and most detailed sections. The latter includes criteria
for selection of patients for conservative surgery and dis-
cusses the relevance of compromised surgical margins and the
increasing emphasis being placed on extensive intraductal
carcinoma (EIC) changes as a predictor of recurrence. The
conservative option is championed, but no mention is made
of psychological morbidity being similar in patients under-
going either conservative surgery or mastectomy. Furthermore,
it is implied that cosmesis following conservative surgery
does not deteriorate beyond a period of 3 years.

The introductory chapter emphasises the heterogeneity of
breast cancer and how heredity and environment combine to
produce multiple genetic changes varying from one individual
to another, hence leading to a spectrum of clinical
phenotypes. This has tended to undermine successful and
consensual treatment policies. This chapter also elegantly
illustrates the shift from the centrifugal theory of spread of
breast cancer to one of biological predeterminism, with the
concomitant increasing use of adjuvant therapy.

The section on epidemiology and development of breast
cancer concentrates on the newer biology rather than
ponderous epidemiological data. It is quite commendable
that a book of this size should contain such a clear and
enlightening section on oncogenes and carcinogenesis – the
diagrams are superior to many of those found in more
specialist molecular biological texts. These concepts may best
be represented schematically at this introductory level.

It is evident from the section on surgical management that
our American colleagues place much less confidence in
FNAC than is the case here in the UK. An incisional biopsy
is advocated for T2 lesions, which clearly then necessitates a
further definitive procedure. When a tumour (T0 or T1) is
EIC positive, then either a 'wider excision' or a mastectomy
is performed, depending on patient choice. For those under-
going mastectomy, the option of immediate reconstruction is
usually offered using either (a) silicon implant, (b) latissimus
dorsi flap (LD) with or without implant or (c) transverse
rectus abdominis (TRAM) flap. There is no mention of
delayed reconstruction; some patients adjust to their mastec-
tomy and are content with an external prosthesis. Perhaps as
an expression of a 'can do' society, American women are
more likely to expect and accept primary immediate recon-
struction (as well as screening mammography).

The sections on pathology and benign breast disease are
well written and vividly illustrated. The various forms of
DCIS (comedo, cribriform, micropapillary, papillary and
solid) are especially well described, though the text on
'fibrocystic disease' might have benefited from inclusion of
the term 'ANDI' (abnormalities of normal development and
involution) in place of 'physiological alterations'.

For women aged 40–50 years, screening mammography
every 1–2 years is recommended – in accordance with policy
of the American Cancer Society. However, a recent Swedish
overview of trials showed a non-significant reduction in
relative risk, while other trials have revealed an excess of
mortality from screening within this age group. A recent
publication in the British Medical Journal (4 December)
concludes that these discrepancies of clinical practice may to
some extent reflect intercontinental cultural differences. In the
face of accumulating evidence of no significant benefit (Jour-
nal of the American Medical Association, 24 November)
screening within this particular age group may soon be aban-
donned in the USA.

Similarly, the sections on systemic and adjuvant therapy
reflect the views of the American Consensus Conference. The
principles of such therapies are thoroughly enunciated, but
management policy does not coincide entirely with British
practice. In particular, it is questioned whether node-
negative, ER-negative women over 50 years should receive
adjuvant tamoxifen, and whether adjuvant therapy should be
given to node-negative women under 50 years irrespective of
ER status. No comments are made regarding a subgroup of
premenopausal node-negative patients with relatively large,
poorly differentiated tumours who probably should receive
some form of adjuvant therapy. Possible benefits of com-
 bifed chemoendocrine therapy in patients over 50 years are
not mentioned. The authors illustrate the difference between
relative and absolute benefits of adjuvant treatment, thus
emphasising how a significant proportion of those receiving
this form of therapy have a low risk of relapse and therefore
actually achieve rather small absolute benefits. A British text
would probably have singled out the 11% of patients with
primary breast cancer whose survival is similar to an age-
matched control population – this group are unlikely to
benefit from adjuvant therapy.

The only notable omission from this atlas is a 'quality of
life' section, despite the emergence of psycho-oncology as an
important subspeciality on both sides of the Atlantic.

Notwithstanding the above comments, this is an excellent
and timely Atlas of Breast Cancer which should be of use to
a wide range of readers, including those studying for both
under- and post-graduate exams (for whom the brevity and
of the text and clarity of the diagrams will be much appre-
ciated). Breast cancer has developed into a complex multi-
disciplinary speciality with an enormous literature base. It is
refreshing and delightful to encounter such a concise yet
authoritative book on this subject.

J.R. Benson
M. Baum