In an effort to understand the multiple determinants of health and devise strategies for health improvement, neighbourhoods have become a burgeoning area of inquiry and intervention. While neighbourhood quality is posited to have a measurable impact on the health of its inhabitants, much work is needed to better define neighbourhoods, the pathways by which they influence health and how and where to intervene to improve them and, consequently, the health of their inhabitants. Blackman delves into these issues in Placing Health: Neighbourhood Renewal, Health Improvement and Complexity. Focusing primarily on the United Kingdom, Blackman provides a review of the evidence on the place-health association. He describes England’s policies to reduce health differences focusing on those that intervene to improve neighbourhoods, and provides rationales for why context is critical for health interventions at the individual and neighbourhood level.

Blackman notes that the evidence points to influences from a variety of neighbourhood attributes on a number of health outcomes. However, he rightly identifies limitations to the research. For example, he indicates that there is limited consensus on the definition of neighbourhoods, which has generally been defined poorly and conveniently via use of administrative boundaries that often do not coincide with experiences of individuals. He points out that there is a lack of longitudinal and intervention research about the role of place on health, that measures of neighbourhood characteristics are largely based on aggregates of individual level reports rather than objective assessments and that the existing research does not account for causal interactions between individuals and neighbourhoods as well as between neighbourhoods and influences at broader societal levels.

As one can imagine, understanding the linkages between place and health, and developing intervention strategies to influence this association requires analysis of factors both internal and external to the individual as well as to the neighbourhoods where s/he resides. Blackman proposes the use of complexity theory to better account for the dynamism of the individual-place association and the role of influences beyond the community. He suggests using a systems approach to examine interactions and manipulate variables at multiple levels to modify neighbourhood characteristics from which individual health and health behaviours may emerge. However, this is easier said than done. A more in-depth description of complexity theory as it relates to how place influences health as well as potential applications of the theory for intervention development and testing would have greatly enhanced this book.

A useful and critical examination of English policies for neighbourhood development with particular emphasis on England’s national strategy for neighbourhood renewal is provided with an overview of the major components and performance management indicators for this and other health-related policies. Blackman makes recommendations for target setting, successful process activities, localism in planning and implementation and horizontal integration of programmes, since many health outcomes have multiple determinants that can be modified by intervening across governmental departments.

Overall, Blackman has written a useful book for anyone interested in learning more about the link between place, health and health inequities, particularly for those interested in these issues as they relate to the United Kingdom as the book provides excellent critical analysis of relevant programmes and policies that influence health and neighbourhood development in that regional context.

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New malignancies among cancer survivors: SEER cancer registries, 1973–2000

Edited by Rochelle E Curtis, D Michael Freedman, Elaine Ron, Lynn A G Ries, David G Hacker, Brenda K Edwards, Margaret A Tucker, Joseph F Fraumeni. Published by the National Cancer Institute, Bethesda, MD, USA, 2008, pp 492

This comprehensive monograph from the National Cancer Institute is an analysis of second primary cancer data from the Surveillance, Epidemiology and End Results Program (SEER). In total there were 11 million person-years of follow-up of two million cases diagnosed in the period 1973 to 2000, with a median follow-up time for patients in this report of 8.2 years.

The information has been organised into a chapter for 18 clinical groups of primary cancer sites. For each cancer site there is a general introduction to the incidence, survival and mortality, followed by a results and discussion section. The main statistical presentations of results are the standardised incidence ratios and the excess absolute risk. Cumulative incidence rates were also calculated for 10, 15 or 25 years after diagnosis.

The information is presented in a concise format, and the format is consistent throughout. The book is well referenced and provides up-to-date information on the incidence of second primary cancers following childhood cancers. The increases in survival from childhood cancers is one of the great successes of modern cancer treatments; however, the incidence of second primary cancers in survivors has been hypothesised as a by-product of radiation treatment in children.

Children’s cancers are mainly leukaemias, lymphomas, cancers of the brain and central nervous system as well as sarcomas in the bones and soft tissue. This study found that survivors from childhood cancers were six times more likely to develop a new malignancy in their lifetime compared with the general population. Female children were more likely to develop a second primary cancer. The main types of second primary cancer were female breast, brain, bone, thyroid, soft tissue as well as melanoma of the skin and acute non-lymphocytic leukaemias. The risk of a solid second tumour was significantly higher among those who had radiotherapy; however, acute non-lymphocytic leukaemia rates were more closely related to having had chemotherapy.

There are some limitations when interpreting the results of this monograph. First, although the data purport to be representative of the US population only nine state registries contributed to the study: Connecticut; Iowa; New Mexico; Utah; Hawaii; and the metropolitan areas of Detroit and San Francisco-Oakland. Populous and culturally and socioeconomically diverse areas such as New York State, Chicago and Los Angeles are not represented in the analysis. Southern states with large African-American and lower socioeconomic status populations are also not represented. Another shortcoming, typical of this type of whole-population analysis is the possible loss to follow-up as a result of survivors relocating or seeking treatment out of state.

In conclusion, this report provides a wealth of information on second primary cancers, a public health problem that will continue to grow as the world population ages and cancer detection and cancer treatments improve. Most users of the information in this type of report will only be interested in the particular cancer that
they are involved in treating and/or researching. This monograph provides health policy makers and planners with the background information to monitor, plan and treat the coming wave of second primary cancers that will be diagnosed in the future in today’s patients.

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Constructive conversations about health: policy and values
Edited by M Marinker. Radcliffe Publishing, Oxford, 2006, pp 248, £29.95 (paperback) ISBN 101-84619-033-9

Health has multiple meanings—those constructed by medical professionals, governments and their representatives, multilateral agencies and their employees and, not least, by those touched by medical and public health schemes. These visions frequently differ, as a range of collective and individual priorities and calculations affect policy making, the implementation of projects and their reception in society in myriad ways. Visible in all geographical, social and political contexts, these trends are often downplayed by commentators working with an agenda to present health-related activity as something requiring centralised planning and direction. What such sanitized activity as something requiring centralised planning and direction. What such sanitized schemes. These visions frequently differ, as a range of collective and individual priorities and calculations affect policy making, the implementation of projects and their reception in society in myriad ways. Visible in all geographical, social and political contexts, these trends are often downplayed by commentators working with an agenda to present health-related activity as something requiring centralised planning and direction. What such sanitized schemes. These visions frequently differ, as a range of collective and individual priorities and calculations affect policy making, the implementation of projects and their reception in society in myriad ways. Visible in all geographical, social and political contexts, these trends are often downplayed by commentators working with an agenda to present health-related activity as something requiring centralised planning and direction. What such sanitized activity as something requiring centralised planning and direction. What such sanitized and implemented in diverse social and political contexts, is something that the assessors employed by funding agencies often choose to ignore.

This edited volume thus reminds us that we need to be aware of the variety of complex agendas underlying such assessments; this book also opens our eyes to a variety of trends and developments in the field that we, as chroniclers of health policy and their future possibilities, need to remain sensitive to. Apart from listening to the widest possible range of voices and opinions, we need to be better informed about a plethora of local political and social cultures. This is important in a situation in which there is no universal policy that can be implemented globally, across national and social boundaries. The need for a global perspective is not downplayed by the contributors; however, what is recommended—and this is to be applauded—is that they provide a reminder that health policies require adaptation to a variety of regional, national and local contexts, each of which accommodate a range of human expectations and attitudes. Therefore, we are sensitised to the fact that as we set out to draw up plans, implement policy and prepare assessments of the efficacy and long-term usefulness of health schemes, we need to adopt the broadest perspective in relation to the societies we are seeking to work with. In this regard, issues of class and gender are flagged up as being important; so are other significant social determinants such as varying educational levels, ethnic backgrounds and, not least, differentiated access to political power and information. Most importantly, this volume reminds us that it is important for all of us to consider—and celebrate—the human element, in all its rich diversity, while discussing issues of health.

The issues raised in this edited volume are particularly important in a context in which the World Health Organisation prepares to re-invigorate its commitment to the project of providing access to primary healthcare. I sincerely hope that World Health Organisation officials in Geneva, its regional offices and the field find the time to read these articles and think deeply about the issues they raise. The lessons these pieces provide are important, not least as they have been put together after constructive conversations among a group of people who appear to be socially engaged, politically informed and, perhaps most significantly, open-minded about what is considered useful and valuable by a diversity of communities and individuals.

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CORRECTION

V Inglis, K Ball, D Crawford. Socioeconomic variations in women’s diets: what is the role of perceptions of the local food environment? J Epidemiol Community Health 2008;62:191–7.

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