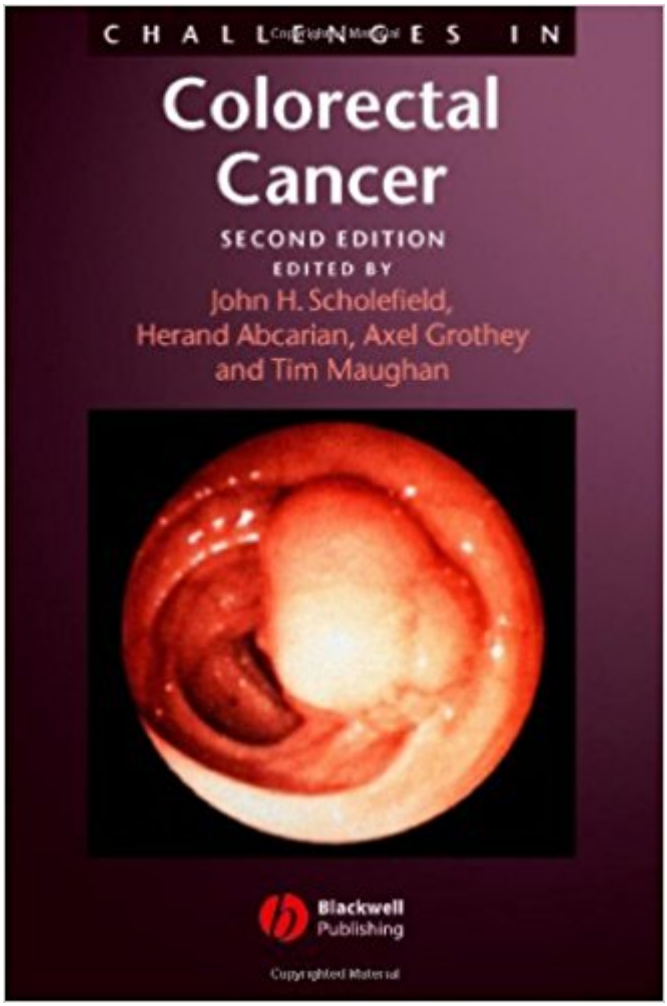
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Challenges In Colorectal Cancer



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Synopsis

The latest guidance on challenging and controversial aspects of colorectal cancer Colorectal cancer is one of the most common forms of cancer in the US and Europe. Thousands of people are diagnosed with the disease every year and nearly half of these die as a result. As colorectal cancer is curable when detected early, a significant proportion of these deaths could be prevented by earlier diagnosis. Much has changed since the publication of the first edition of this book in 2001: introduction of screening programs, improved diagnosis and surgery for rectal cancer, and advances in adjuvant and palliative medical therapy to name but a few. Challenges in Colorectal Cancer provides the most up-to-date information on the new and emerging treatments. The second edition looks at the total patient management of this condition and is aimed at the entire medical team caring for those with colorectal cancer. It also contains the latest guidelines on epidemiology and prevention of colorectal cancer, and the application of molecular genetics. The expanded international editor team present advice on surgical management, including new laparoscopic and endoscopic techniques and the role of the pathologist. They also review hot topics in colorectal cancer treatment, including the role of radiotherapy, options for chemotherapy and new developments in vaccines and immunotherapy.

Book Information

Hardcover: 296 pages
Publisher: Wiley-Blackwell; 2 edition (March 3, 2008)
Language: English
ISBN-10: 1405127066
ISBN-13: 978-1405127066
Product Dimensions: 6.4 x 0.8 x 9.4 inches
Shipping Weight: 1.6 pounds (View shipping rates and policies)
Average Customer Review: Be the first to review this item
Best Sellers Rank: #1,968,778 in Books (See Top 100 in Books) #57 inÃ Â Books > Health, Fitness & Dieting > Diseases & Physical Ailments > Cancer > Colorectal #70 inÃ Â Books > Medical Books > Medicine > Surgery > Colon & Rectal #326 inÃ Â Books > Textbooks > Medicine & Health Sciences > Medicine > Clinical > Gastroenterology

Customer Reviews

Colorectal cancer presents some of the most challenging problems for basic scientists, clinical investigators, and practitioners. It will be important to facilitate an ongoing exchange among these

three groups if we are to transform many small steps into a major advance in the treatment of colorectal cancer. Surgery remains the center of attention, for two reasons. First, in any high-risk case, the surgeon must coordinate the various treatment options (e.g., preoperative, intraoperative, and postoperative adjuvant treatment); second, the surgeon determines the prognosis, since inadequate surgical technique can influence a patient's outcome more than can the stage of the disease. But there are new trends, such as risk-adjusted screening, brought about by molecular techniques that have deepened our understanding of the pathogenesis of colorectal cancer. The demonstration of micrometastases in stage II and III cancers has sharpened the need for effective adjuvant therapy. This book deals with these challenges and presents important new developments. A consensus has evolved with respect to diagnostic and therapeutic strategies in dominantly inherited colorectal cancers (familial adenomatous polyposis and hereditary nonpolyposis colorectal cancer); by contrast, the rules for the early diagnosis of and screening for sporadic cancer remain undefined. Screening of the general population is effective but costly. It is increasingly evident that preoperative chemotherapy or the combination of radiation therapy and chemotherapy can improve results in the treatment of rectal cancer. Experience during the past 15 years has clearly demonstrated the value of chemotherapy in high-risk colorectal cancer. It will become necessary to change the usual postoperative treatment with radiation or a combination of radiation therapy and chemotherapy to a preoperative combination, perhaps with additional intraoperative irradiation followed by postoperative chemotherapy. It is still debatable whether the excellent results of total mesorectal excision in patients with rectal cancer eliminates the need for preoperative, intraoperative, or postoperative radiation therapy. Tumor that has spread to the lymph nodes along the mesenteric border can easily be removed surgically, but removal of tumor that has spread to the pelvic wall is not part of the standard surgical procedure. Extended surgical procedures lead to high rates of irreversible loss of bladder control and impaired sexual function. A number of new chemotherapeutic agents (oxaliplatin, irinotecan, and topotecan) and several types of immunotherapy are promising and may have clinical applications, but only if minimal residual disease can be diagnosed reliably. Dormant tumor cells are a reality and can be treated with the monoclonal antibody 17-1A. In the end, however, the solution will probably be a combination of immunotherapy and chemotherapy. More knowledge of molecular biology, better definition of risk groups, better screening, further development of risk-oriented combination therapy, and more meticulous surgery may yield much higher cure rates for colon and rectal cancer. Scholefield's book is one of the best starting points for a journey through the world of established, new, and evolving treatments for these diseases. Christian Herfarth, M.D. Copyright Ã Â© 2000 Massachusetts

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"The text is extremely well references and well illustrated and provides a worthwhile edition to the library of all workers in the field." Colorectal Disease, 2007 "A good book looking at the total management of patients with this condition and aimed at the entire medical team caring fro those with colorectal cancer." Digestive and Liver Disease, 2007 From a review of the first edition: Ã¢â ¬Å“More knowledge of molecular biology, better definition of risk groups, better screening, further development of risk- oriented combination therapy, and more meticulous surgery may yield much higher cure rates for colon and rectal cancer. ScholefieldÃ¢â ¬â„¢s book is one of the best starting points for a journey through the world of established, new, and evolving treatments for these diseases.Ã¢â ¬Â• New England Journal of Medicine, September 2000"Robert W Beart, Jr., states in the foreword that this book provides an "up-to-date record of the rapidly evolving alternatives" in chapters which span the gamut from prevention through palliation. It is written for subspecialist physicians, nurses, and other members of the medical team. The emphasis throughout is providing this team with concrete, useful information. Although the authors are predominantly from the U.K., European and American issues are identified throughout." (Carol Scott-Conner, MD, PhD, MBA, @Doody's Review Service)

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