

annoying but unavoidable result of cost-saving measures. The references, which are as up to date as can be expected for a book, appear at the end of each chapter section, so they are close to their citations.

The book encyclopedically covers diseases of the liver and biliary tract. The correlations among clinical, pathologic, pathophysiologic, and imaging features are excellent. The discussions of the relative merits of the many available imaging techniques are, by and large, right on the money. Even the technical aspects of the various types of imaging are well covered. One can read this book cover to cover or use it as a reference work.

Who should invest in this book? (At \$275, it is an investment.) Departments of radiology, gastroenterology, and surgery should obtain a copy for their libraries. Most radiology residents will find it too subspecialized and too expensive. Fellows in gastroenterology with an interest in hepatobiliary diseases, fellows in hepatobiliary surgery, and fellows in abdominal imaging would do well to buy and read this book sometime during their training. Faculty members in these disciplines who have an interest in the liver and biliary tract will enjoy owning and reading this book. A feature that should be considered for the next edition (or even as a supplement to the current edition) is an accompanying CD-ROM. Since many of the images presented are of uncommon entities, and since radiologists usually do not have ready access to correlative histopathologic slides, images from a CD-ROM would be helpful to round out collections of individual cases for teaching conferences.

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PROSTATE SPECIFIC ANTIGEN

Edited by Michael K. Brawer. 327 pp., illustrated. New York, Marcel Dekker, 2001. \$150. ISBN 0-8247-0555-6.

THE discovery of prostate-specific antigen (PSA), a serine protease, was one of the most important accomplishments in urologic oncology in the past 15 years. In a relatively short time and in an extraordinary way, this tumor marker affected virtually all medical and surgical aspects of prostate cancer, the most prevalent malignant neoplasm in men. Today, the PSA test is an essential tool for screening, early detection, staging, definition of outcome, selection of treatment, assessment of therapeutic effects, and determination of overall prognosis.

The strengths of *Prostate Specific Antigen* are in its coverage of the history of PSA, the various immunoassays for PSA, PSA density and velocity, PSA levels and age, and the biochemistry of PSA. Also useful are the discussions of early detection and the algorithms for diagnosis in men who are at risk for prostate cancer. The discussions of preclinical aspects are rather weak and poorly organized, however. Chapter 2, on basic science, has a well-written description of the biochemistry of PSA, its relation to other proteases of the kallikrein family, and the physiology and metabolism of PSA; it also includes an informative illustration that

shows how the immunochemical properties of PSA affect immunoassays. Nevertheless, other important preclinical features of this marker are not mentioned.

Some aspects of the molecular regulation of PSA production are included in the chapter on hormonal treatment. This chapter discusses the changes in PSA that are associated with various endocrinologic treatments, including preoperative neoadjuvant treatment and intermittent androgen suppression, both of which are of unproved benefit. Interesting data on the changes in PSA observed with a variety of endocrine treatments and the correlations between PSA and established end points (such as palliative or symptomatic benefit, progression of disease, and survival) are described only briefly in this chapter.

In the chapter on chemotherapy, the authors adequately discuss PSA as a marker for drug development, but there is excessive emphasis on "PSA responses" in phase 2 trials, and there is no mention of the findings of recent prospective randomized trials. The description of the *in vitro* effects of drugs on PSA secretion is interesting, but the *in vitro* assay needs clinical validation. The excessive emphasis on the assessment of the therapeutic benefits of various hormonal and nonhormonal regimens on the basis of PSA results makes these chapters resemble a review of the treatment of prostate cancer.

This book covers most topics related to PSA in prostate cancer, but not important aspects of the natural history of the disease that have become apparent as a consequence of the routine use of PSA testing in patients with prostate cancer. Among these are stage migration and biochemical relapses, which in some respects are a manifestation of stage migration. Many patients seen in practice today present with biochemical relapses — that is, rising serum PSA levels as the only manifestation of disease activity after primary treatment with surgery or radiation — or with second relapses after androgen-deprivation treatment initiated at the time of an initial biochemical relapse. Such relapses are a challenge for clinicians, and consequently a review of what is known about the natural history of the disease and a balanced discussion of therapy would have been a welcome addition to this book.

Because of the profound influence of PSA testing on screening for prostate cancer and on the diagnosis and management of this disease, a book focused primarily on PSA will unavoidably be a compendium of information about prostate cancer. This is not the case with this well-written book. However, it is too specialized for physicians who seek guidance on how to use PSA values in the diagnosis and management of prostate cancer in their patients.

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CORRECTION

Prothrombotic Coagulation Abnormalities Preceding the Hemolytic-Uremic Syndrome (January 3, 2002;346:23-32). On page 32, the grant support was omitted. It should have read, "Supported by National Institutes of Diabetes and Kidney Diseases grant 1R01DK52081 and the Ministry of Health and Welfare of Japan." We regret the error.