voted to the initial diagnosis and management of the primary renal tumor.

The cornerstone of curative management of this disease is surgical resection by radical nephrectomy, and surgery is emphasized in the book with attention to newer, less invasive procedures such as partial nephrectomy and laparoscopic nephrectomy. These procedures are becoming more common with the rise in the discovery of smaller tumors. The chapters on surgery also provide reviews of open radical nephrectomy, nephron-sparing surgery, and surgery for advanced disease. The level of detail is evidenced by chapter subtitles such as "How Much Margin to Spare in Partial Nephrectomy," "Nephron-Sparing Surgery for Central Renal Tumors," and "Complicated Tumors: Bench Surgery." Technical considerations are emphasized, although some chapters could benefit from additional data on surgical outcomes.

There are no chapters dedicated exclusively to tumor biology; instead, the biology is addressed within the topics of pathology, genetic counseling for inherited cancers, and medical management. The authors of the chapters on epidemiology and pathology detail the improved classification of kidney tumors that has resulted from advances in genetics and immunophenotyping of tumors. The authors of the epidemiology section cite the overall rise in diagnoses of kidney cancer and an improvement in overall survival. To some degree, both trends reflect enhanced detection through the use of superior diagnostic imaging techniques. Interestingly, in the book's chapter on ultrasonography, the authors state that the percentage of renal-cell carcinoma that is found incidentally has risen from 7% in 1965 to over 60% in 1998.

The book includes six chapters on diagnostic testing and medical imaging, including ultrasonography and computed tomography, magnetic resonance imaging, and other imaging techniques. The accompanying radiographic figures vividly clarify the role that medical imaging plays in diagnosis and staging.

Given the advances that have recently occurred in the diagnosis and management of renal-cell carcinoma, the publication of this book is particularly timely. In the past decade, we have gained a better understanding of the genetics and classification of the disease, earlier diagnosis has become possible through improved imaging techniques, surgical procedures have been modified, and it was recently discovered that antiangiogenesis agents can effectively treat metastases. This most recent development has resulted in a shift from cytokine treatment (i.e., interferon-alfa and interleukin-2) to antiangiogenesis therapy.

Renal-cell carcinoma metastasis resists chemotherapy, and although cytokine treatments are widely used, they are unsatisfactory because of low response rates and short survival. A better understanding of the role of mutations in the von Hippel–Lindau gene and their effect on the pathogenesis of renal-cell carcinoma has also prompted studies of antiangiogenesis drugs that target this pathway. Randomized phase 3 trials of the targeted agents sunitinib, temsirolimus, and bevacizumab have established their benefit over interferon alfa as the first-line systemic therapy, resulting in a paradigm shift in treatment. Randomized phase 3 trials of sorafenib and everolimus have shown promise in previously treated patients as well. However, the newness of recent discoveries has precluded their emphasis in this book.

In summary, this book offers a comprehensive review of the diagnosis and surgical management of renal-cell carcinoma, with the caveat that the newest advances in antiangiogenic agents warrant updated emphasis as the principal therapies that are used in standard treatment today. The availability of multiple drugs has led to improved prognosis and therapy options for patients with renal-cell carcinoma.

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CORRECTIONS

Multidisciplinary Management of Lung Cancer (January 22, 2004;350:379-92). In Table 4 (page 387), in the Conclusions or Results column, the therapeutic agents named should have been cisplatin and irinotecan rather than etoposide and irinotecan. The article has been corrected at NEJM.org.

Cold-Activated Brown Adipose Tissue in Healthy Men (April 9, 2009;360:1500-8). In Table 1 (page 1502), in the Lean Subjects column, the range given for body fat (the last row of the table) should have read 9.4–25.1. The article has been corrected at NEJM.org.