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Combination Therapy in Urological Malignancy

Edited by
Philip H. Smith

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Philip H. Smith, MB, FRCS
Consultant Urologist, St James's University Hospital, Beckett Street,
Leeds LS9 7TF, UK

Series Editor

Geoffrey D. Chisholm, ChM, FRCS, FRCSEd
Professor of Surgery, University of Edinburgh; and Consultant
Urological Surgeon, Western General Hospital, Edinburgh, Scotland

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Series Editor's Foreword

Any discussion of the present success in management of urological cancers evokes a mixed response. Oncologists and urologists can enjoy the success with chemotherapy for testicular cancers but cannot forget the dismal results with any form of treatment, other than surgery, for renal carcinoma. But these are the less frequent urological tumours: what are the attitudes to the more common prostate and bladder cancers. Intensive study, many clinical trials and much debate lead us to the conclusion that we understand them better, we can tailor the treatment more appropriately to the individual patient but there remains some uncertainty as to the overall success that we have achieved. There have been no striking changes in the 5-year survival data.

Clinicians tend to see their success in terms of their special interest. Radiotherapists point to their success in stage-reduction but what are we to do with the many patients whose tumour is unaltered by radiotherapy. Urological surgeons, and especially those who are still influenced by the shadow of Halsted, point to their success in excising the cancer but apart from that highly selected group, what are we to do for the very large number of patients for whom surgery is inappropriate. Bystanders can only watch and listen to the arguments for and against these views.

Could one conclusion be that we have reached the limits for each of these methods of attack on cancer?

An earlier volume in this series concentrated on chemotherapy and urological malignancy. It is a measure of the change in emphasis in the attack on cancer that this book now considers combination therapy and urological malignancy. Mr Philip Smith has gathered together a most impressive group of contributors from no less than 10 different countries. The experience of these contributors gives an authority to the chapters that will be readily appreciated. The contributors analyse the facts and the reader will quickly find a state-of-the-art opinion. Controversial topics such as the value of clinical trials, the quality of

life and the cost of treatment are included in this volume. These and the chapters by other contributors have created an important addition to the aim of this Series which is to bring to the reader the best possible opinions in the clinical practice of urology.

Edinburgh
January 1989

Geoffrey D. Chisholm

Preface

Any new volume must justify its existence. This contribution is based upon the premise that chemotherapy, radiotherapy or surgery alone is inadequate to control the majority of urological tumours.

For many years surgeons and radiotherapists have explored the possibilities of combination therapy and within the last decade the medical oncologist has played an increasing role as treatment by cytotoxic chemotherapy has been shown to be of major importance in at least some urological tumours.

Whilst surgery may be adequate to control the localised lesion it is still often difficult to be certain that a tumour which is clinically localised within its organ of origin is not, microscopically at least, already invading lymph nodes or spreading elsewhere. The recognition of this fact justifies the increasingly determined search for effective cytotoxic drugs which must eventually play a primary role in the management of all tumours.

Once control of the local lesion, distant metastases and micro-metastases has been accomplished the surgeon may still have a role in excising residual tumour and in some cases in reconstruction of the urinary tract.

Within the last ten years many of those interested in urological oncology have been invited to visit Erice in Sicily for informal and in-depth workshops organised most expertly by Professor Michele Pavone-Macaluso. These courses have provided an unrivalled milieu in which exchanges of views and cross fertilisation of opinion could occur.

At least one of the authors of each chapter in this book has visited Erice; all have responded warmly to the view that combination treatment must be the aim, to the need for such a volume and to the concept that it should appear without delay and with acknowledgement of the indebtedness of the authors to the effort, commitment and insight shown by Professor Pavone-Macaluso, to whom this volume is dedicated – without his permission or his knowledge. His co-authors

hope that he will not be offended and thank him for his unstinting and continuing efforts to assist the development of urological oncology.

This volume outlines the current possibilities for combination therapy in the battle against urological cancer and highlights some of the problems which remain to be solved, including the place of surveillance in patients with Stage 1 tumours of the testis and the problems of administering effective chemotherapy to patients with invasive bladder cancer many of whom are in poor general health. It also explores the increasing possibilities offered by reconstructive surgical techniques and attempts to assess both the cost of treatment and the quality of life for the patient.

If it encourages those interested in these conditions to think regularly beyond the confines of their own speciality its main aim will have been achieved.

Leeds
June 1988

Philip H. Smith

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Contributors

N. K. Aaronson, PhD
The Netherlands Cancer Institute, Plesmanlaan 121, 1066 CX
Amsterdam, The Netherlands

R. Ackermann, MD
Department of Urology, University of Dusseldorf Medical School,
Moorenstrasse 5, D-4000 Dusseldorf, FRG

W. W. Bonney, MD
Department of Urology, University of Iowa Hospital, Iowa City, Iowa
52240, USA

S. A. Brosman, MD
Kaiser-Permanente, 4900 Sunset Boulevard, Los Angeles, California
90027, USA

F. Calais da Silva, MD
Consultant Urologist, Hospital Desterro, Lisbon, Portugal

T. Ebert, MD
Department of Urology, University of Dusseldorf Medical School,
Moorenstrasse 5, D-4000 Dusseldorf, FRG

Sophie D. Fosså, MD, PhD
Consultant, the Norwegian Radium Hospital, Department of Medical
Oncology and Radiotherapy, 0310 Oslo 3, Norway

F. S. Freiha, MD, FACS
Stanford University School of Medicine, Division of Urology, Stan-
ford University Medical Center, Stanford, California 94305, USA

B. Goldwasser, MD

Acting Chairman, Department of Urology, Chaim Sheba Medical Center and Senior Lecturer, Sackler School of Medicine, Tel-Aviv University, Department of Urology, Chaim Sheba Medical Center, Tel-Hashomer 52621, Israel

A. Horwich, PhD, MRCP, FRCP

The Royal Marsden Hospital and Institute of Cancer Research, Academic Unit of Radiotherapy and Oncology, The Royal Marsden Hospital, Downs Road, Sutton SM2 5PT, UK

J. Hutton, BSc, BPhil

Senior Research Fellow, Centre for Health Economics, University of York, Heslington, York YO1 5DD, UK

W. G. Jones, MB, ChB, FRCR, DMRT

Senior Lecturer in Radiotherapy and Honorary Consultant, University Department of Radiotherapy, Tunbridge Building, Cookridge Hospital, Leeds LS16 6QB, UK

O. Nativ, MD

Consultant, Department of Urology, Chaim Sheba Medical Center, Tel-Hashomer 52621, Israel

D. W. W. Newling, MB, BChir, FRCS

Consultant Urological Surgeon, Department of Urology, Princess Royal Hospital, Salthouse Road, Hull HU8 9HE, UK

M. Pavone-Macaluso, MD

University of Palermo, Institute of Urology, Polyclinico P. Giaccone, Via Del Vespro 129, 90127 Palermo, Italy

D. Raghavan, MB, BS, PhD, FRACP

Research Director, Urological Cancer Research Unit and Oncologist, Royal Prince Alfred Hospital, Missenden Road, Camperdown, New South Wales 2050, Australia

J. Ramon, MD

Resident in Urology, Department of Urology, Chaim Sheba Medical Center, Tel-Hashomer 52621, Israel

C. J. Rodenburg, MD, PhD

Department of Medical Oncology, Rotterdam Cancer Institute, Groene Hilledijk 301, 3075 EA Rotterdam. The Netherlands

H. I. Scher, MD

Assistant Attending Physician, Memorial Sloan-Kettering Cancer Center and Assistant Professor of Medicine, Cornell University Medical College, Memorial Sloan-Kettering Cancer Center, 1275 York Avenue, New York, New York 10021, USA

W. U. Shipley, MD

Harvard Medical School and Massachusetts General Hospital Cancer Center, Department of Radiation Medicine, Massachusetts General Hospital Cancer Center, Boston, Massachusetts, USA

Cora N. Sternberg, MD

Clinical Assistant Attending Memorial Sloan-Kettering Cancer Center and Clinical Instructor, Department of Medicine, Cornell University Medical College, Memorial Sloan-Kettering Cancer Center, 1275 York Avenue, New York, New York 10021, USA

G. Stoter, MD

Medical Oncologist, Rotterdam Cancer Institute, Groene Hilledijk 301, 3075 EA Rotterdam, The Netherlands

I. F. Tannock, MD, PhD

Princess Margaret Hospital and University of Toronto, 500 Sherbourne Street, Toronto, Ontario M4X 1K9, Canada