

Book review

Problem solving in acute oncology

Edited by E Marshall, A Young, P Clark and P Selby. Oxford: Clinical Publishing, 2014. 256pp.

It was all too familiar. Coming to the end of a long oncology clinic in a district general hospital, I would get a call from a junior doctor asking me if I could come and see a new patient on the ward. Sadly it would often be someone whose acute problem had not been managed quickly or effectively enough: an elderly man on a urology ward with known prostate cancer who could not walk and whose spinal cord compression had been missed; or a middle-aged woman with lung metastases who had had a couple of weeks of inefficient inpatient investigation for a primary. My experience would have been replicated every week up and down the country in the 1990s and 2000s, and many cancer patients with acute problems were clearly being poorly served. This was not helped by the well intentioned drive for oncologists to become more site specialised and services more centralised.

Perhaps things have changed. In 2008, the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) published its report on deaths within 30 days of receiving anticancer chemotherapy.¹ This reported that 42% of these patients had been admitted to general rather than oncology wards and 15% to a different hospital from the one where the chemotherapy had been given. In almost half the patients the care was considered to have been suboptimal. This led to the setting up of the National Chemotherapy Advisory Group (NCAG) and the publication of its report² in 2009. Among its recommendations was that acute NHS trusts with an emergency department should set up an acute oncology service, specifying the amount of consultant and specialist nurse time that should be made available. It was suggested that the remit of such a service would be much wider than just dealing with chemotherapy-related problems (especially neutropenic sepsis) and should include advice on any clinical problem in cancer patients admitted acutely to non-oncology wards.

This book has been prepared in the light of those developments. It is edited by well-known UK medical oncologists and written by a variety of specialists, mainly from the Liverpool and Leeds Cancer Centres.

It has six sections. The first 'Perspectives in the Development of Acute Oncology' summarises in 11 brief chapters the development of the concept and a range of specific different service issues and solutions, including two chapters which

summarise similar problems and initiatives in Australia and New Zealand and in Canada and the USA. These two chapters are fascinating and show how problems of rurality and fragmented healthcare create additional problems and remind us that a centrally driven NHS can still create change that other countries find more difficult.

The following five sections are clinical, addressing in turn: complications of systemic therapy, radiotherapy and the cancer itself; palliative care and pain control; and finally managing toxicity and consent in patients enrolled in clinical trials. Each chapter follows an identical format. There is an initial 'Case History' section summarising the problem of a specific patient and asking three or four key questions about their management. Then there is a 'Background' section, the meat of the chapter answering the questions posed and providing a brief summary of current knowledge and management of the topic. Finally there is a brief 'Conclusions' section which summarises the key messages of the chapter. Good use throughout is made of relevant tables and algorithms and of a few well-chosen images.

This is an excellent, well-written and well-edited book. It presents the main issues and common clinical problems clearly and succinctly, and provides sound and up-to-date advice on how to manage important and often life-threatening conditions. Although not really pocket sized, it could be usefully made easily available in emergency departments and acute admission units to guide practice. I am also sure it would be an invaluable learning resource for all medical and nursing trainees in oncology, as well as for all those involved in setting up and running acute oncology services.

I hope that the problems I used to encounter so often are now being solved more quickly. This book should certainly help. ■

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- 1 National Confidential Enquiry into Patient Outcome and Death. *For better, for worse? A review of the care of patients who died within 30 days of receiving systemic anti-cancer therapy*. London: NCEPOD, 2008.
- 2 National Chemotherapy Advisory Group. *Chemotherapy Services in England: Ensuring quality and safety. A report from the National Chemotherapy Advisory Group*. London: National Chemotherapy Advisory Group, 2009. Available online at http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH_104500 [Accessed 12 January 2015].