

Patient surveillance after cancer treatment by Johnson et al.

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As cancer diagnosis and treatment have become more complicated and specialized, so too have the methods of posttreatment surveillance and follow-up. Patient surveillance is essential to assess for recurrence of the index cancer, secondary malignancies, and treatment-related toxicities. Currently, most posttreatment surveillance practices in developed nations are based on fellowship training or dogma, as there is a paucity of evidence-based literature on this topic. The number of chapters in the textbook *Patient Surveillance After Cancer Treatment* attests to this complexity and attempts to cohesively summarize the guidelines generated by multiple governmental agencies, professional societies, and academic medical centers across the world. The authors of this book have extensively searched available guidelines as well as amassed a multidisciplinary team of world-renowned leaders hailing from North America, Europe, Australia, and Japan to draw from evidence-based literature as well as professional experience to answer an ever-burning question, “How should I be following my patient?”

The format of this book is very organized and follows a predictive pattern. There are 106 chapters covering every single disease site in oncology from glioma to cervical carcinoma to cutaneous melanoma to multiple myeloma. There are approximately three to four chapters dedicated to each disease site with one chapter for each sub-site focusing on concisely listing tables generated by organizations such as the Nation Comprehensive Cancer Network, American Society of Clinical Oncology, European Society of Medical Oncology, European Society of Surgical Oncology, National Guideline Clearinghouse, the Cochrane Collaboration, and the Society of Surgical Oncology regarding specific

recommendations about how frequently the available surveillance modality should be utilized. Additionally, for each disease site, there are multiple “counterpoint” chapters written by experts in the field of oncology regarding institution-specific recommendations for surveillance based on best available literature and institutional practices. Although these counterpoint chapters provide valuable insight into the follow-up practice patterns of leading academic institutions across the world, the specific practices at times are lost in the verbose writing of some of the authors as well as the repetition of the epidemiology and natural history of the cancer sub-site in question.

Overall, *Patient Surveillance After Cancer Treatment* is a well-written, well-organized reference designed to speak to any practicing oncologist or primary care provider that follows cancer patients after treatment for curative intent. The authors do a wonderful job covering the history of cancer patient surveillance, discussing rationale, current and past methodologies, and goals for the future. As residents in radiation oncology, we found this book to be a useful resource in guiding our thought process when considering and discussing patient surveillance following curative treatment. This is a great text and reference to any clinically practicing oncologist, primary care provider, survivorship program, and training physician of any level. *Patient Surveillance After Cancer Treatment* will continue to prove itself useful and will be readily available in our library.

Conflict of interest Nima Nabavizadeh and David Elliott declare that they have no conflict of interest.

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