

for workers' health — often depends on the groundbreaking work of a few dedicated people.

The highly personalized approach also has its disadvantages, since most contributors take a narrative approach to presenting their opinions and conclusions. Given the many thousands of articles available on almost any topic in the asbestos debate, key issues must be derived from a systematic review of the available literature, such as the differences in carcinogenicity among fiber types, the derivation of safe occupational exposure levels, and the risk to public health posed by typical levels of environmental exposure. It is sometimes difficult to disentangle the rigid scientific conclusions from the personal viewpoints in discussions of controversial issues. In some chapters, strong convictions are presented as scientific facts, most notably in statements such as this one, from chapter 8, which asserts that mesotheliomas “occur rarely among persons exclusively exposed to ‘chrysotile’ and it is currently believed that ‘pure’ chrysotile does not cause the neoplasm,” and this one, from chapter 13, which states that malignant mesothelioma “is developing in septuagenarians and octogenarians, whose only recognized consequential documented exposure to amphibole asbestos occurred during or shortly after World War II.”

Overall, this book is a rich source of historical facts and studies on asbestos and its diseases, yet highly personalized with strong individual viewpoints. It is less authoritative as a source for risk assessment and litigation issues.

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ANTIANGIOGENIC CANCER THERAPY

Edited by Darren W. Davis, Roy S. Herbst, and James L. Abbruzzese. 841 pp., illustrated. Boca Raton, FL, CRC Press, 2008. \$199.95. ISBN 978-0-8493-2799-5.

THIS YEAR BEGAN WITH THE DEATH OF JUDAH Folkman, an enormous blow to the medical and scientific communities. It was in the *Journal*, in 1971, that Folkman published the seminal framework for his ideas about what is now known as tumor angiogenesis. The importance of angiogenesis in preclinical cancer models was repro-

duced in hundreds of laboratories worldwide, culminating in 2004 in the first antiangiogenic therapy approved by the Food and Drug Administration (FDA) to treat cancer, bevacizumab (Avastin, Genentech). Although this monoclonal antibody is the first in what we hope will be a useful class of therapeutics, antiangiogenic monotherapy has not produced the dramatic results that were once expected.

With few exceptions, solid tumors are driven by proangiogenic mediators such as vascular endothelial growth factor (VEGF) and basic fibroblast growth factor. Such factors are intricately related to tumor biology in a manner that is still not fully understood. *Antiangiogenic Cancer Therapy* is a timely and worthwhile study of the complexities of the clinical application of angiogenesis inhibitors. This book, probably the most comprehensive of its kind, is nicely tempered in its assessments of both the triumphs of antiangiogenic tumor therapy and the gaps in knowledge that impede further successful treatments. Particularly evident is the need for biomarkers and for a better understanding of the molecular mechanisms at work, as antiangiogenic therapy has its effects on both endothelial and perivascular cell lineages.

The editors and contributors of this book — including Folkman, who discusses tumor dormancy and the angiogenic switch — are leaders in the field. The chapters are divided into four parts, beginning with a comprehensive background section on angiogenic factors and tumor biology that transitions into the second section, which contains discussions of molecular targets suitable for this form of cancer therapy. The descriptions of methods for identifying new molecular targets include a nice discussion of genomic and proteomic-based techniques. Part III, which mostly highlights the drug-approval and regulatory process, includes chapters about ongoing research, including discussions of surrogate biomarkers of antiangiogenic efficacy. The last part of the book is an in-depth analysis of current issues concerning the use of antiangiogenic agents for specific malignancies.

A particular strength of this book is its “bench-to-bedside” treatment of anticancer agents. It guides the reader from each seminal finding to its relevance for the growth factor receptor, cell type, and disease. Excellent chapters deal with techniques for the identification of novel antiangiogenic targets and offer a primer on how new

therapies gain approval through FDA oversight. Also of particular interest is the discussion of the use of multimodal approaches to study the effects of anti-VEGF in normalizing the vasculature of rectal cancer. This exciting work raises questions on the role of mural cells (vascular smooth-muscle cells and pericytes) in the effect observed with antiangiogenic therapy. Although the text is thorough in the area of biologic therapies (antibodies, peptides, and viruses), less depth is afforded to the design of small-molecule inhibitors (which will probably not be missed by most readers).

The topics covered in *Antiangiogenic Cancer Therapy* are well chosen and present the reader with balanced discussions of basic principles in vascular biology and ongoing investigations in this area. This authoritative book should be required reading for anyone interested in tumor angiogenesis.

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CORRECTION

Exclusion of Patients from Pay-for-Performance Targets by English Physicians (July 17, 2008;359:274-84). The reference list was inadvertently altered during the final processing of the file before publication. The corrected reference list is available with the article on the *Journal's* Web site at www.nejm.org. We regret the error.

NOTICES

Notices submitted for publication should contain a mailing address and telephone number of a contact person or department. We regret that we are unable to publish all notices received. Notices also appear on the Journal's Web site (www.nejm.org/meetings). The listings can be viewed in their entirety or searched by location, month, or key word.

UNIVERSITY OF TORONTO

The following course will be held in Toronto: "International Interprofessional Wound Care Course" (Oct. 17–20, May 1–4).

Contact the Office of Continuing Education & Professional Development, Faculty of Medicine, University of Toronto, 500 University Ave., Suite 650, Toronto, ON M5G 1V7, Canada; or call (416) 978-2719 or (888) 512-8173; or fax (416) 946-7028; or e-mail ce.med@utoronto.ca; or see <http://www.cme.utoronto.ca>.

ALLERGY AND ASTHMA RESOURCE FOR CHOOSING BEST HEALTH PLANS

The American College of Asthma, Allergy and Immunology has developed "A Consumer Checklist for Allergy and Asthma Benefits" to advise consumers about the features to look for when they enroll in a managed care or insurance program.

The checklist is available online at <http://www.acaa.org>; or by calling the American College of Asthma, Allergy and Immunology at (800) 842-7777.

OCCUPATIONAL SAFETY AND HEALTH EDUCATION AND RESEARCH CENTER

The following courses will be offered in Chapel Hill, NC: "Comprehensive Industrial Hygiene (CIH) Review Course" (Sept. 22–26); "Building Inspection and Management Planning for Asbestos" (Oct. 6–10; refresher course, Sept. 9, Dec. 9); "Asbestos Operations and Maintenance" (Oct. 20 and 21); "Occupational Health Nursing: Introduction to Principles and Practice" (Oct. 28–30); "Supervising Asbestos Abatement Projects" (Nov. 3–7; refresher course, Sept. 8, Dec. 8); "Certified Safety Professional (CSP) Review Course" (Nov. 10–14); "30th Annual Occupational Safety and Health Update Compliance and Beyond" (Dec. 4 and 5); and "Designing Asbestos Abatement Projects" (Dec. 10).

Contact the Occupational Safety and Health Education and Research Center, University of North Carolina, P.O. Box 16248, Chapel Hill, NC 27516-6248; or call (888) 235-3320 or (919) 962-2101; or fax (919) 966-7579; or e-mail osherc@unc.edu; or see <http://osherc.sph.unc.edu>.

A COMPREHENSIVE BOARD REVIEW IN HEMATOLOGY AND MEDICAL ONCOLOGY

The review will be held in Houston, Sept. 22–27. It is jointly presented by the University of Texas M.D. Anderson Cancer Center and Baylor College of Medicine.

Contact the University of Texas M.D. Anderson Cancer Center, 1515 Holcombe Blvd., Houston, TX 77030; or call (866) 531-6627 or (713) 792-2223; or e-mail register@mdanderson.org; or see <http://www.mdanderson.org/hmobr>.

50TH ANNUAL KAISER PERMANENTE PEDIATRIC SYMPOSIUM

The symposium will be held in Palm Springs, CA, Oct. 31–Nov. 2.

Contact Kaiser Permanente/Physician Education, 100 S. Los Robles Ave., Suite 101, Pasadena, CA 91101; or call (626) 564-5338; or fax (626) 564-7774; or e-mail joyce.l.boyd@kp.org; or see <http://www.kpsymposia.com>.

NATURAL ORIFICE SURGERY AND OTHER INNOVATIONS

The conference will be held in Naples, Italy, Nov. 21 and 22.

Contact the New European Surgical Academy, Karower Str. 11/214, 13125 Berlin, Germany; or call (49) 30 9401-2403; or fax (49) 30 9401-2430; or see <http://www.nesanaples2008.com>.

HOT TOPICS IN NEONATOLOGY 2008

The conference will be held in Washington, DC, Dec. 7–9.

Contact Gail Murphy, Neonatal Research and Technology Assessment, 52 Overlake Park, Burlington, VT 05401; or call (802) 865-2283; or fax (802) 865-0241; or e-mail info@hottopics.org; or see <http://www.hottopics.org>.

BIONETWORK 2008

The 6th Annual Pharmaceutical-Biotech Partnering Conference will be held in Laguna Niguel, CA, Oct. 6–8.

Contact Worldwide Business Research, 535 5th Ave., 8th Fl., New York, NY 10017; or call (888) 482-6012; or fax (973) 256-0205; or see <http://www.bionetworkus.com>; or e-mail bionetwork@wbresearch.com.