

2. Jemal A, Thomas A, Murray T, Thun M. Cancer statistics, 2002 [published erratum appears in CA Cancer J Clin 2002;52:119]. CA Cancer J Clin 2002;52:23-47.
3. Evans DB, Lee JE, Pisters PW. Pancreaticoduodenectomy (Whipple operation) and total pancreatectomy for cancer. In: Nyhus LM, Baker RJ, Fischer JE, eds. Mastery of surgery. 4th ed. New York: Little Brown and Company; 1999. p. 1233-49.
4. Talamini G, Bassi C, Falconi M, Sartori N, Salvia R, Rigo L, et al. Alcohol and smoking as risk factors in chronic pancreatitis and pancreatic cancer. Dig Dis Sci 1999;44:1303-11.
5. Moertel CG, Frytak S, Hahn RG, O'Connell MJ, Reitemeier RJ, Rubin J, et al. Therapy of locally unresectable pancreatic carcinoma: a randomized comparison of high dose (6000 rads) radiation alone, moderate dose radiation (4000 rads + 5-fluorouracil), and high dose radiation + 5-fluorouracil: The Gastrointestinal Tumor Study Group. Cancer 1981;48:1705-10.
6. Palmer KR, Kerr M, Knowles G, Cull A, Carter DC, Leonard RC. Chemotherapy prolongs survival in inoperable pancreatic carcinoma. Br J Surg 1994;81:882-5.
7. Glimelius B. Chemotherapy in the treatment of cancer of the pancreas. J Hepatobiliary Pancreat Surg 1998;5:235-41.
8. Burris HA, Moore MJ, Andersen J, Green MR, Rothenberg ML, Modiano MR, et al. Improvements in survival and clinical benefit with gemcitabine as first-line therapy for patients with advanced pancreas cancer: a randomized trial. J Clin Oncol 1997;15:2403-13.
9. Storniolo AM, Enas NH, Brown CA, Voi M, Rothenberg ML, Schilsky R. An investigational new drug treatment program for patients with gemcitabine: results for over 3000 patients with pancreatic carcinoma. Cancer 1999;85:1261-8.
10. Goldstein D, Carroll S, Apte M, Keogh G. Clinical perspectives: modern management of pancreatic carcinoma. Intern Med J 2004;34:475-81.
11. Louvet C, Labianca R, Hammel P, Lledo G, De Braud F, Andre T, et al. Gemcitabine versus GEMOX (gemcitabine + oxaliplatin) in non resectable pancreatic adenocarcinoma: Interim results of the GERCOR/GISCAD Intergroup Phase III. Proc Am Soc Clin Oncol 2003;22:250. Abstract 1004.
12. Neoptolemos JP, Stocken DD, Friess H, Bassi C, Dunn JA, Hickey H, et al. A randomized trial of chemoradiotherapy and chemotherapy after resection of pancreatic cancer [published erratum appears in N Engl J Med 2004;351:726]. N Engl J Med 2004;350:1200-10.

Associate Professor Goldstein has acted as an advisor on several occasions for Eli Lilly and for other oncologic pharmaceutical companies, including Pharmacia/Pfizer, Roche, Merck AG and Novartis. He is on the board of the Australasian gastrointestinal clinical trials group and the executive of the Clinical Oncology Society of Australia. He is principal investigator on a number of current and recent trials in pancreatic cancer.

Self-test questions

The following statements are either true or false (answers on page 51)

7. The pain of pancreatic cancer may be resistant to opioids.
8. Adjuvant therapy does not improve survival after surgical resection of pancreatic cancer.

Book review

Therapeutic Guidelines: Dermatology. Version 2. Melbourne: Therapeutic Guidelines Limited; 2004. 410 pages. Price: \$33, students \$25.30, plus postage

Paul Buckley, General practitioner, Canberra

I had not read the first version of these guidelines previously, although I am familiar with other titles in the series. Having now reviewed these dermatology guidelines in detail, they will become an essential part of my therapeutic armamentarium.

The guidelines provide a thorough review of dermatological conditions, including an overview of basics, like morphology, types and distribution of lesions, and practical procedures like biopsies, intralesional steroid injections, dressings and patch testing. They include many useful tables, which provide an aide memoire for a variety of conditions and their management.

This volume is a comprehensive and up-to-date review, with detailed sections on cosmetic dermatology, drug reactions and particularly good contributions on nail disorders, eczema,

vasculitis, leg ulcers and wound healing. Recently approved drugs like imiquimod for actinic keratoses and superficial basal cell cancers, and pimecrolimus for eczema are included, so the guidelines are contemporaneous.

Criticisms include the alphabetic format, the inclusion of a chapter on burns, a relatively superficial review on melanoma and the frequent recommendations for referral to a dermatologist for conditions which could be managed by a general practitioner with an interest and a little training in dermatology.

Notwithstanding, the guidelines are a very thorough, up-to-date review of most things dermatological. The index is comprehensive and the tables and boxes provide a valuable resource. The fundamentals of diagnosis and treatment, including the often overlooked basics like emollient therapy, are included.

The Dermatology Guidelines provide a valuable tool for general practitioners and students, and for those experienced in dermatology.