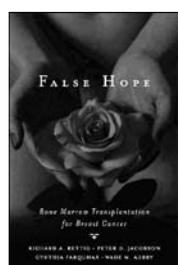


B O O K S

False Hope: Bone Marrow Transplantation for Breast Cancer. R.A. Rettig, P.D. Jacobson, C.M. Farquhar, and W.M. Aubry. New York: Oxford University Press, 2007, 341 pages, \$49.95.

   Hardcover



In *False Hope*, a political scientist, lawyer, and two physicians provide a detailed historical account of the rise and fall of high-dose chemotherapy and autologous bone marrow transplantation (HDC-ABMT) as a treatment for breast cancer. This story of the convergence of medical innovation, social and economic pressures in health care, the women's movement, and media forces is mesmerizing. The outcome, the widespread dissemination of a medical treatment prior to having data from phase III, randomized, controlled clinical trials to evaluate clinical effectiveness of the treatment, is alarming. An estimated 30,000–60,000 women with breast cancer received a medical treatment that, in the final analysis of data from four randomized, controlled, clinical trials, showed that the treatment was not only ineffective in prolonging overall survival but actually hastened death in some subjects.

In addition to telling the story from a variety of perspectives, the authors describe lessons to be learned and offer recommendations to decrease the risks of a similar situation occurring in the

future. In the first of four primary sections of the book, the authors describe the initial conditions that set the stage for the use of HDC-ABMT in breast cancer without phase III safety and effectiveness data. The growing population of women diagnosed with breast cancer, patient demand for an emerging HDC-ABMT therapy, and the media role in reporting on HDC-ABMT contributed to the outcome of an ultimately ineffective treatment being offered to the public outside of a clinical trial. In the second section, the authors explore details of litigation between patients and healthcare insurers, economic incentives to institutions and physicians for provision of the therapy, and federal and state government mandates for coverage of HDC-ABMT. In the third section, the authors describe the outcomes of decisions made on data that were not evidence-based on the health of the vulnerable population of women with breast cancer, who received HDC-ABMT. In the final section, the authors offer recommendations to ensure that

- Researchers and clinicians comply with a rational and orderly approach of moving a new therapy from clinical research to clinical use
- Conflicting values of access to new therapies are balanced with the availability of safe and effective data to support the use of the new therapies
- Institutions involved in the cancer care enterprise at the federal, state, and local levels engage in critical evaluation of new technologies based on a minimal empirical data set prior to decision making
- Education of medical journalists includes a culture of skepticism, a skill set that demands empirical data,

an understanding of the science, and questioning of the motives of key stakeholders in the area of reporting

- Patients and their representatives have evidence-based information available prior to the initiation of a cancer clinical trial.

The strengths of the book include a wide range of perspectives in telling the story of HDC-ABMT in breast cancer. The extensive reference list of published scientific and newspaper articles and interviews with key scientific, industry, legislative, healthcare, and journalistic stakeholders in the HDC-ABMT in breast cancer debate reflect this range of perspectives. In addition, the authors have been able to explain the complexities of scientific inquiry, legal deliberations, and policies in a way that is easily understood. Members of all healthcare professions, administrators who offer or anticipate offering a program of clinical cancer research, and the general public will benefit from reading this book.

The case presented in *False Hope* brings attention to a dilemma that professionals in all healthcare disciplines face in cancer care: balancing the clinical need for new cancer interventions and the need to base those interventions on evidence that supports the safety and effectiveness of the intervention for patients. One of the most disturbing aspects of the situation described in *False Hope* was the lag time between when the clinical trials became available and when enough patients were entered and followed for a sufficient period of time to determine the effectiveness of HDC-ABMT in breast cancer. When clinical trials are available to address scientifically- and clinically-significant questions in cancer care, oncology nurses have a responsibility to provide information about available trials and reinforce information provided in informed consent to enhance enrollment. Timely enrollment to trials results in empirical data on which to base decisions about the effectiveness of cancer treatments.

Ease of Reference and Usability	Content Level	Media Size
 Quick, on-the-spot resource	 Basic	 Pocket size
 Moderate time requirement	 Intermediate	 Intermediate
 In-depth study	 Advanced and complex, prerequisite reading required	 Desk reference

Digital Object Identifier: 10.1188/08.ONF.479-480

Patients, advocacy groups, the media, healthcare providers, institutions, and insurers are challenged to ask critical questions related to cancer research. We need to commit to a critical discussion of changes and action in the cancer research milieu at the federal, state, local, institutional, personal, and professional levels to avoid the grave outcomes of the experience of HDC-ABMT in breast cancer and foster the trust of the public in cancer research efforts.

Jane C. Clark, PhD, RN, AOCN®, OCN®
Independent Oncology Nursing Consultant
Decatur, GA

The One-Page Project Manager: Communicate and Manage Any Project with a Single Sheet of Paper. C.A. Campbell. Hoboken, NJ: John Wiley and Sons, Inc., 2007, 140 pages, \$19.95.

   Softcover



The One-Page Project Manager: Communicate and Manage Any Project with a Single Sheet of Paper is an extremely useful tool for summarizing and communicating the progress of a project. The book provides a novel approach to project management and how likely overall goals will be completed successfully. It is a helpful resource for any stakeholder or project staff member, as the title indicates, on a single sheet of paper. The key idea in putting everything on one page is to decrease the details that can burden project staff (in collecting and reporting) and other stakeholders (in reading and understanding); instead, communication is simplified and clarified.

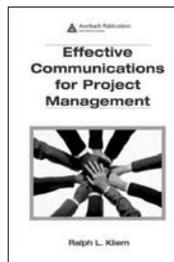
One-Page Project Manager is a template for communicating project data. It was developed within the O.C. Tanner Corporation, a company that sells employee recognition awards, but is general enough to use on all types of projects. The book, authored by an employee of the company, introduces the template (available by download from the book's Web site) and describes how to use it. It identifies five key elements of a project—tasks, objectives, time line, costs, and owners, or those responsible for each piece of the project—and shows how the relationships among them may be graphed and tracked on a single page. In addition to the templates presented in the book, examples of completed templates also are available online.

One-Page Project Manager is written in clear, direct language and is easy to read in less than two hours. The components of a project plan addressed are familiar, and application of the template will be grasped quickly. The author recognizes that the tool will not replace existing project management tools. The book is intuitive and very practical, providing a hands-on guide to project planning and communication that will benefit experienced and novice project managers and team members. For oncology nurses in particular, *One-Page Project Manager* is a good resource for managing the collection of data in clinical trials, the implementation of new evidence-based interventions, or the adoption of an electronic medical record system.

Barbara Halpenny, MA
Project Director
University of Washington School of Nursing
Seattle, WA

Effective Communications for Project Management. R.L. Kliem. Boca Raton, FL: Auerbach Publications, 2008, 217 pages, \$69.95.

   Hardcover



The aim of *Effective Communications for Project Management* is to provide a framework for systematic and comprehensive planning of a project management information system (PMIS) that encompasses many aspects of project communication. This is a structured and rather imposing formal framework; however, small projects might benefit from even a less complete or more informal communication plan than what is presented, and the book may inspire beneficial ideas.

A chapter on conducting meetings provides concrete and useful guidelines for what is identified as three key steps for successful meetings: planning the meeting, conducting the meeting, and following up on results. It includes checklists for implementing the guidelines as well as sample agendas for different types of meetings. Tips for holding effective virtual meetings (e.g., phone conferences) is very useful for anyone who facilitates them.

Developing and deploying a project Web site is the topic of another helpful chapter. The book provides guidelines and checklists for determining the contents, logical flow, and design of a project Web site, which makes information more widely accessible, gives visibility to a project, and creates a sense of identity and ownership among the project team. In addition, it suggests

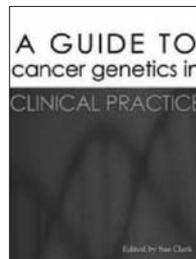
developing a maintenance schedule so that Web site content will be accurate and up-to-date.

Also provided in the book is a lengthy checklist on giving effective project presentations; it easily can be applied and is more comprehensive than other resources. On the other hand, some content of the book, such as that on active listening skills and communicating with different personality types, are already quite familiar to nurses. One drawback of this book for nurses may be its corporate tone (e.g., "building a project war room"). Another is that the author provides numerous concepts with few examples. Nonetheless, selective readers can glean useful ideas and apply them to their own situation. In addition, some of the most effective sections of this book can be read and used independently of the whole.

Barbara Halpenny, MA
Project Director
University of Washington School of Nursing
Seattle, WA

NEW RELEASES

A Guide to Cancer Genetics in Clinical Practice. Susan Clark. Shropshire, NK: TFM Publishing, September 2008, 300 pages, ISBN: 1903378540.



A Guide to Cancer Genetics in Clinical Practice covers the basic concepts of cancer genetics. The common inherited cancer syndromes are reviewed in great depth, with the current management outlined.

This book is aimed at all clinicians who may encounter these conditions in their practices. It attempts to facilitate identification of high-risk individuals and families, inform interaction with geneticists and other subspecialists, provide a basis for patient management, and stimulate interest in genetic conditions.

For more information, visit www.tfm-publishing.com.

Want to Get Involved?

Are you interested in reviewing media, including books, videos, and DVDs, for Knowledge Central?

If so, contact Knowledge Central's associate editor,
Gerald Bennett, PhD, APRN, FAAN,
at pubONF@ons.org.