

Preface

With the advances in cancer therapy, the survival and quality of life have markedly changed for a large number of patients with cancer. With the longer survival of these patients, late metastatic disease to the skeleton has become an increasingly common problem. It is not unusual for patients to now survive for years with metastatic disease to the bones, especially those patients with breast and prostate cancer. Keeping the patients ambulatory and independent is now the goal.

Multiple modalities are used in most patients to try to minimize bone pain and pathologic fractures. The research into metastatic skeletal disease is growing exponentially along with clinical trials of various osteoclast inhibitors to reduce pathologic fractures. Radiation therapy and surgery are coordinated to give optimal local control of disease, especially in the spine and long bones. Unfortunately, although much progress has been made in metastatic disease, we still have a long way to go. Many patients with lung cancer and gastrointestinal malignancies usually have a rapidly progressive downhill course after the advent of metastatic skeletal disease. Some of the lesions are difficult to control locally with both surgery and radiation and ultimately require amputation.

This text attempts to give the reader a broad overview of musculoskeletal metastatic disease. Authors from many of the major cancer centers across the country have contributed their knowledge, with several contributors from outside the United States. Each author brings a unique perspective that adds

to this multi-institutional approach for these patients. The chapters are organized to provide information about site-specific disease as well as information about the prognosis and treatment of specific tumors. Each lead author has assembled a multidisciplinary team to assist in writing most disease and site-specific chapters. Hopefully, oncologists, internists, radiation therapists, and orthopedic surgeons will all find the topics and discussions helpful in the daily management of these patients. As we found when assembling this book, many of the chapters have little information in the peer-reviewed literature, so it is our hope that readers will be encouraged to add to the research in the area of metastatic disease of the skeleton. This book is our initial attempt to compile a large amount of information from diverse sources to help the clinicians who care for the patient with musculoskeletal metastatic disease, and we hope the readers find the text informative and practical.

In Appreciation

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