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BOOKS

***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.*

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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 economical 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

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