9. Pavey S, Conroy S, Russel T, Gabrielli B. Ultraviolet radiation induces p16^{CDKN2A} expression in human skin. Cancer Res 1999;59:4185–9.
10. Pavey S, Russell T, Gabrielli B. G2 phase cell cycle arrest in human skin following UV irradiation. Oncogene 2001;20: 6103–10.
11. Nabori T, Miura K, Wu DJ, Lois A, *et al.* Deletions of the cyclin-dependent kinase-4 inhibitor gene in multiple human cancers. Nature 1994;368:753–6.
12. Raus M, Peters G. The p16INK4a/CDKN2A tumor suppressor and its relatives [review]. Biochim Biophys Acta 1998;1378: 115–77.
13. Kamb A, Gruis NA. A cell cycle regulator potentially involved in genesis of many tumor types [report]. Science 1994;264: 436–40.
14. Monzoon J, Liu L, Brill H, *et al.* CDKN2A mutations in multiple primary melanomas. N Engl J Med 1998;338:879–87.
15. Funk JO, Schiller PI, Barrett MT, Wong DJ, Kind P, Sander CA. p16INK4a expression is frequently decreased and associated with 9p21 loss of heterozygosity in sporadic melanoma. J Cutan Pathol 1998;25:291–6.
16. Keller-Melchoir R, Schmidt R, Piepkorn M. Expression of the tumor suppressor gene product p16INK4 in benign and malignant melanocytic lesions. J Invest Dermatol 1998;110:932–8.
17. Tam SW, Shay JW, Pagano M. Differential expression and cell cycle regulation of the cyclin-dependent kinase 4 inhibitor p16Ink4. Cancer Res 1994;54:5816–20.
18. Piepkorn M. The expression of p16INK4a, the product of a tumor suppressor gene for melanoma, is upregulated in human melanocytes by UVB irradiation. J Am Acad Dermatol 2000;42:741–5.
19. Drake LA, Ceilley RI, Cornelison RL. Guidelines of care for actinic keratosis. J Am Acad Dermatol 1995;32:95–8.
20. Zeigler A, Jonason AS, Leffell DJ. Sunburn and p53 in the onset of skin cancer. Nature 1994;372:773–6.
21. Rehman I, Takata M, Wu YY, Rees JL. Genetic change in actinic keratoses. Oncogene 1996;12:2483–90.

Book Review

Bick RL: Disorders of Thrombosis and Hemostasis: Clinical and Laboratory Practice, 3rd edition, 464 pp, Baltimore, Lippincott Williams & Wilkins, 2002 ($125.00).

Bleeding and thrombotic disorders are common and challenging medical problems. Health care professionals who frequently encounter these patients would welcome a reference textbook that emphasizes the practical aspects of diagnosis and treatment. This multiple-authored textbook, which is now in its 3rd edition, was written to meet this need.

The book is organized into 20 chapters. The first is an introductory chapter on the basic physiology of hemostasis, focusing on blood vessels, platelets, and plasma proteins that comprise the coagulation and fibrinolytic systems. The remainder of the book is devoted to inherited and acquired bleeding disorders (nine chapters), inherited and acquired thrombotic disorders (four chapters), prophylaxis and treatment of thrombosis (five chapters), and hemostatic factors in atherothrombotic disease (one chapter).

There are several features that will be useful for diagnosis. Two separate chapters are devoted to the initial clinical evaluation of the bleeding patient and the thrombotic patient, respectively. This information will be useful in distinguishing inherited from acquired bleeding disorders, accurately diagnosing venous thromboembolism, and prioritizing further diagnostic testing. There are numerous tables providing comprehensive lists of vascular, platelet, coagulation, and thrombotic defects. These will be useful in developing differential diagnoses. There is a comprehensive listing of drugs that cause vascular defects and platelet function defects. The medicines are listed alphabetically by both generic and brand name to allow a quick search for a particular drug of interest.

There are also several features that will be useful for treatment. Detailed treatment recommendations with references are made for disorders that are common or difficult to manage, such as immune thrombocytopenic purpura and acquired factor VIII inhibitors. The sections on anticoagulant therapy contain useful protocols for the dosing and laboratory monitoring of warfarin, unfractionated heparin, and low molecular weight heparin. The section on thrombolytic therapy contains a useful table of dosing protocols for a variety of thrombolytic agents in different clinical conditions (*e.g.*, catheter clearance, deep venous thrombosis, pulmonary embolism, acute ischemic stroke, etc.).

In summary this is a well-written, comprehensive, and extensively referenced textbook. It will be a valuable aid to pathologists, medical technologists, hematologists, and other medical specialists involved in the care of patients with hemostasis disorders.

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