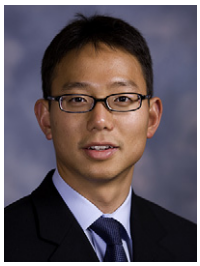
Preface



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Guest Editors

Malignant glioblastoma is the most common and lethal primary brain tumor, and arguably the most challenging disease entity encountered in the fields of neuro-oncology and neurosurgery. Currently, average survival of a patient with malignant glioma remains approximately just over one year. Malignant glioma is a grave diagnosis for patients, their families, their treating clinicians. The devastating nature of its diagnosis has come to public attention after Senator Kennedy's recent struggle with the disease.

Over the past two decades, treatment for malignant gliomas has evolved into that of a multidisciplinary approach, which includes maximal surgical resection when feasible, followed by radiation and chemotherapy. Each of these arms represent the result of many clinical trials and studies. Multiple trials are currently ongoing to determine if any variations in technique or agent in these modalities will further improve outcomes. At recurrence, few standard therapies are available, and many investigators are continuing to study the application of a number of novel modalities and agents in this setting.

This first part of a two-part issue of *Neurosurgery Clinics of North America* aims to provide for clinicians, researchers, and investigators, an organized and expansive survey with critical scientific analysis of the currently available therapies for patients with malignant gliomas, as well as the clinical evidence behind each of these modalities from a world-class assembly of leading investigators and expert clinicians. It will also focus on special considerations when the tumor is in challenging locations requiring language or motor mapping, when they are multifocal, or when they occur in the pediatric population. Novel modalities currently under active study will also be reviewed, including alternative radiation modalities such as radiosurgery, adjuvants to radiotherapy such as radiosensitizers, delivery of chemotherapeutic agents intra-arterially or directly into the surgical bed, immunotherapy, nanotechnology, and other targeted molecular therapy agents. These contributions from some of the world's foremost and leading brain tumor investigators represent some of the premiere efforts in increasing our knowledge and information on modern therapy for glioblastoma.

We hope this critical analysis and thorough survey will provide clinicians and research scientists with a comprehensive and systematic overview of modern brain tumor therapy and further stimulate future studies and investigations against glioblastoma. It is our aim that this text may be utilized effectively as a resource to neurosurgeons, neuroscientists, neuro-oncologists, experimental researchers, clinical practitioners, and all others alike who aim to further their knowledge and explore in-depth critical investigations in brain tumor therapy. Our most sincere hope is that these endeavors will continue to improve and make advances in our glioma therapies that will translate into making the lives of our brain tumor patients better.

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