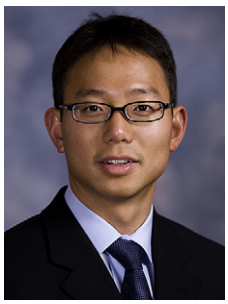
Preface

Modern Management of High Grade Glioma, Part II



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Guest Editors

Malignant glioblastoma is the most common primary brain tumor and has a poor prognosis. On average, overall survival is about one year and remains one of the most difficult challenges for the patients, families, treating clinicians, and scientific investigators in neuroscience, neurosurgery, radiation oncology, and neuro-oncology.

Despite the advances in research, knowledge, refinement of microsurgical neurosurgery, imaging, chemotherapy, and radiation, malignant glioma continues to pose a difficult challenge for those afflicted with this disease and those caregivers, family, and clinicians taking care of these patients. Recently, malignant glioma has gained an increase in public awareness as former Senator Ted Kennedy and late baseball great Gary Carter were stricken with this horrible disease. This year, over 13,000 Americans will also succumb to this affliction.

With this as the background, clinicians, investigators, and patients are courageously utilizing information, resources, and technology to improve the treatment and quality of life for patients with malignant glioma. The number of investigators and clinicians fighting brain cancer is increasing as evidenced by their growing numbers at the annual meetings for the Society of Neuro-Oncology and the AANS/CNS Section on Tumors. The work being done in clinical trials and research laboratories with novel therapies and the refinement of current strategies is moving us in the right direction.

This second half of a two-part issue of *Neurosurgery Clinics of North America* aims to provide a critical review of the modern management of malignant glioblastoma with contributions from leading researchers and world class clinicians in the field of neuro-oncology. We highlight the recent advances and evolving achievements in this rapidly developing field. There is a focus on increasingly targeted methods of immunotherapy and clinical trials, radiosensitizers, and small molecule chemotherapy for gliomas. Our issue also touches on improvements in surgical therapies with ALA, language mapping, and maximizing the quality of life in our glioma patients. Novel markers such as IDH1 and CD133 are also covered. Finally, on the cutting edge of nanotechnology, there is a focus on highlighting the potential implications of this technology for use in treating malignant glioma. These contributions are from some of the most cutting edge experts who are among the

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foremost brain tumor scientists investigating novel methods and improving our modern therapy against malignant glioblastoma.

As we improve our research, therapies, and understanding of malignant gliomas, we become better investigators and doctors trying to help our patients who are courageously fighting this formidable disease. Although we have made recent strides in our investigations, understanding, and clinical trials for this disease, there is still much research required and many advancements are yet to be made.

It is our sincere hope that our critical survey of the modern therapy for malignant glioma will spread knowledge in the field of neuro-oncology and inspire future research endeavors that will make a difference in the lives of our patients.

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