

Introduction to the evolving landscape of the management of glioblastoma

We present a special series of *Chinese Clinical Oncology* addressing the evolving landscape of the management of glioblastoma (GBM). Over the past handful of years, the field has been witness to a tremendous number of advances in our understanding of this disease. Some, such as the incorporation of the molecular characteristics underpinning the biology of the disease have been incorporated into the World Health Organization (WHO) classification system for central nervous system tumors (1). Others such as positive phase 3 results of the trial investigating tumor treating fields (TTFields) for the treatment of newly diagnosed GBM have led to their incorporation into routine clinical care (2). In this Focused Issue we will utilize two approaches to describe this evolving landscape of GBM clinical management. The first will focus on recent advances which have translated directly into shifts in our clinical management and which impact our ongoing and near future clinical investigations. The second will provide descriptive overviews of the management of GBM from clinicians from a range of countries to allow for a clearer understanding of the similarities, discordances, and barriers to optimal care in a geographically specific manner.

Dr. Tadipatri and colleagues provide an overview of the potential for epidemiologic research to provide insight into this rare disease (3). Their work pays particular attention to concurrent medications as well as the molecular characteristics of these tumors. This ties directly to the review by Singer *et al.* which carefully considers how the still relatively recent incorporation of molecular characteristics into the formal classification impacts the interpretation of prior (and ongoing) clinical studies and more important how it will be incorporated into the upfront design of future clinical trials (4). Next Drs. Schulte, Berger, Gondi, and colleagues detail how the use of existing therapeutic modalities such as the anti-angiogenic agent bevacizumab (5), cutaneously applied arrays for delivering TTFields (6), and radiation therapy (7), have evolved over the recent past or are actively evolving. This special series should leave the reader with an in depth and practical understanding on the current field of GBM management and investigation.

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Page 2 of 2

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