



## Treatment of Recurrent High Grade Glioma

Guest Editor:

### Dr. John Sinclair

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Deadline for manuscript submissions:

**closed (31 January 2022)**

### Message from the Guest Editor

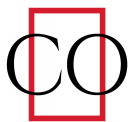
Dear Colleagues,

Given the pathology of high-grade gliomas, it is understood that they are incurable and will recur at some point through the evolution of the disease. The approach to treatment is multifactorial and there are many components influencing decisions regarding the most effective and ethical course for best care practices.

This Special Issue aims to explore all areas of treatment including:

1. Surveillance imaging and diagnostic work up to ensure accurate and timely identification of recurrence.
2. The role of surgery in first time and subsequent recurrences with the use of awake surgery and 5-ALA fluorescence-guided surgery for maximal safe resection of recurrent high-grade gliomas
3. The use of stereotactic radiosurgery as adjunct treatment to previously radiated tumours with the nuances of effective targeted treatment.
4. Current systemic treatment options with chemotherapy and immunotherapy to provide knowledge of innovative techniques in evolving therapies.
5. The role of physiological testing and rehabilitation to optimize recovery and quality of life in patients living with the diagnosis of high-grade glioma.





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## Editor-in-Chief

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## Message from the Editor-in-Chief

I am honored and enthusiastic to serve as incoming Editor-in-Chief of *Current Oncology*. Since its establishment in 1994, *Current Oncology* has been playing an important role in the advancement of cancer care by disseminating new knowledge in the cancer care continuum. *Current Oncology* is affiliated with several key cancer societies and provides a global platform to share scientific progress in oncology. We strive for high standards and work together to maintain a rigorous and unbiased peer review process to publish high-quality articles. We have an outstanding editorial team which is committed to the success of *Current Oncology*.

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