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## **Evolving Chemotherapies in Glioblastomas(GBM)—Present and Future**

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### **Message from the Guest Editors**

Glioblastomas (GBM) have remained challenging to treat despite the innovative and revolutionary research taking place worldwide. The current standard of care for GBM, which includes surgery, radiation and chemotherapy with the blood–brain barrier (BBB)-permeable drug temozolomide (TMZ), has not been shown to be capable of extending the median survival time of GBM patients beyond 14.5 months. The response to TMZ is further dampened in O6-methylguanine-DNA methyltransferase (MGMT)-unmethylated patients. The results of various large-scale clinical trials using immune-checkpoint blockades have predicted depressing outcomes for GBM patients. An almost 100% recurrence rate, a highly immunosuppressive environment, heterogeneity and an intact BBB in the peritumoral region of the brain makes most of the therapies ineffective. Various emerging chemotherapy regimens are under development and/or in clinical trials which have shown promise in preclinical models by overcoming the uncondusive GBM environment. In this Special Issue, we want to discuss all such chemotherapy-based studies that give hope to patients and to the field of GBM and are the path forward for research into GBM.



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**Special** Issue



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## Message from the Editor-in-Chief

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