

# Pathology and Surgical Pathology

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## Surgical and non-surgical management and treatment of glioblastomas

**Alain L Fymat**

International Institute of Medicine & Science, USA

**G**lioblastoma is the common brain tumor in adults. It remains an unmet need in oncology. To gauge the difficulties encountered in devising treatment lines, I will first review the morphology of brain cancers, their different biological types and their associated risks. It is important to grasp how a diagnosis of a suspected such tumor could be arrived at in both the initial and the very often recurring case, and what are the prognoses in these several instances. I will also detail the various treatments that have been devised so far for primary tumors and their metastases in both cases of monotherapies or combination therapies and for recurring tumors after treatment. For each such therapy, the treatment results obtained in clinical trials and other reported practices will also be discussed and summarized. At the outset, however, it must be recalled that the use of cytotoxic drugs (chemotherapy) is essentially an educated trial-and-error approach with one approved drug or a combination of a number of such drugs. It does not rely on the deep understanding of the tumor biology nor does it consider the

braiding of both normal and cancerous cells that is embedded in our genome. As a result, it has historically provided little durable benefit with tumors recurring within several months, even in the case of more accessible tumors located outside the brain; for brain tumors, the access is even more difficult because of the presence of the brain protective barriers, compounding the difficulties. More effective therapies involving other options are required either in isolation or more likely in combination. Of these other options, the following will be considered: Surgery, conformal radiotherapy, boron neutron therapy, intensity modulated proton beam therapy, antiangiogenic therapy, alternating electric field therapy, without neglecting palliative therapies. Research conducted in these and other options will also be reviewed to include microRNA, immunotherapy, adjuvant therapy, gene therapy, stem cell therapy and intra-nasal drug delivery.

e: [alain.fymat@fiimas.org](mailto:alain.fymat@fiimas.org)