

AUTHORS' REPLY

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Dear Sir,

We would like to thank Dr Lange for taking time to read our article.⁽¹⁾ We agree that the traditional triad of surgical resection, radiotherapy and chemotherapy, while being essential for current care, is unlikely to result in significant breakthroughs in the future of glioblastoma multiforme (GBM) treatment.⁽²⁾ Understanding the molecular pathology of GBM is likely to hold the key to further advancement. Among many possible molecular targets, the epidermal growth factor receptor appears to hold promise.⁽³⁾ The results of ongoing trials studying the effect of using newer agents, such as nivolumab and bevacizumab, in combination with traditional treatment modalities may provide direction for further research. Recently, an entire novel treatment modality involving tumour-treating fields was shown to improve survival in GBM patients in a prospective, randomised setting.⁽⁴⁾ Stupp et al demonstrated modest but significant benefits from this treatment modality, although the exact biological mechanism is not well understood.⁽⁴⁾

While it is unlikely that a single finding will become the 'magic bullet' for GBM treatment, this type of multifaceted approach is needed to help us make small, incremental gains for a challenging disease.

Yours sincerely,

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