



Summary

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Antiangiogenic blockage: a new treatment for glioblastoma

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Background: Angiogenesis is common in cancer and reflects the requirement for a vascular network to support continued uncontrolled growth. Two strategies of antiangiogenic therapy have emerged; one targeting VEGF (growth-factor-ligand-based antagonists) and the second targeting VEGF receptor (receptor-based antagonists, small-molecule tyrosine kinase inhibitors). **Methods:** The literature as reviewed by Reardon *et al.* [1] regarding treatment of recurrent high-grade gliomas (HGG) with antiangiogenic therapy (predominantly ligand-based and administered in conjunction with cytotoxic chemotherapy) reports response rates of 30 – 60% and 6-month progression-free survival of 25 – 50%. Problems include new antiangiogenic-class side effects and control of administration and timing in relation to surgery. **Results/conclusions:** Ligand-based antiangiogenic therapy is a compelling targeted therapy for HGG and will continue to emerge as an important anti-glioma therapy. Further studies are required to define the population of patients in whom this therapy is of benefit, identify the optimal dose and schedule, characterize the value of co-administered (cytotoxic and targeted) therapies and establish validated response measures.

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