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## Clinical Treatment of Osteosarcoma

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### Message from the Guest Editor

Curative treatment for high-grade osteosarcoma consists of pre- and postoperative chemotherapy and surgery. Surgery often requires reconstruction. Most current protocols for localised disease include preoperative chemotherapy. MAP regimens with doxorubicin, cisplatin and high-dose methotrexate are the most commonly used first-line agents in paediatric and adolescent patients, but no new agents have been shown to be effective in the last 40 years. Treatment of recurrent osteosarcoma is primarily surgical in cases of solitary pulmonary metastases or local recurrence. And no standard treatment regimen has been established and chemotherapy with cytotoxic agents such as ifosfamide, cyclophosphamide, etoposide, carboplatin, gemcitabine, and docetaxel is used. More recently, novel treatment options such as chemotherapy with tyrosine kinase inhibitors such as regorafenib and cabozantinib and immunotherapy have improved survival, but clinical needs remain unmet. In this Special Issue, we welcome original or review articles that provide an overview of the latest findings and future challenges in high-grade osteosarcoma.



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# Special Issue



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## Message from the Editor-in-Chief

*Cancers* is an international online journal addressing both clinical and basic science issues related to cancer research. The journal is publishing in Open Access format, which will certainly evolve to ensure that the journal takes full advantage of the rapidly changing world of information and knowledge dissemination. It publishes high-quality clinical, translational, and basic science research on cancer prevention, initiation, progression, and treatment, as well as other related topics, particularly to capture the most seminal studies in the rapidly growing area of immunology, immunotherapy, and tumor microenvironment.

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