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Clinical Treatment of Osteosarcoma

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Deadline for manuscript submissions:
31 December 2024

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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Message from the Editor-in-Chief

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Journal Rank: JCR - Q2 (*Oncology*) / CiteScore - Q1 (*Oncology*)

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