Challenging cytomegalovirus data in glioblastoma

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Dear Editor,

The trial of add-on valganciclovir in glioblastoma therapy published by the authors did not provide evidence for activity of the anti-cytomegalovirus therapy. Why do the presented data differ substantially from the data of the controlled trial?

The authors created a long-term benefiting subgroup of patients mixed from both arms of the original trial and patients from compassionate use. This cohort was heterogeneous and not protected from selection bias. By selecting for patients with valganciclovir exposure of 6 months, it is deliberately enriched for favorable outcome. A comparison with a cohort with dismal outcome and unknown prognostic factors is not justified.

How was low- or high-grade cytomegalovirus infection assessed? Expression of the immediate early antigen does not prove an infection; high- and low-grade “infection” is not defined. The status of benefiting patients is unclear. Is there a valganciclovir effect in the tissue at recurrence, especially considering potential off-target effects? With the limitations outlined, this report is undue publicity for a concept that so far has failed in a controlled trial.

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References

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