Thus, during this study the authorsu found that subcutaneous xenografts can be efficiently infected with the oncolytic virus with the intravenous doses of the virus starting at 10^5 pfu. Therefore, it can be concluded that in the mouse model the intravenous administration can deliver infectious viral particles to tumor sites to initiate the process of infection of susceptible tumor cells. The destruction of the tumor under the influence of the virus is accompanied by the release of the infectious virus into the blood, which ensures a permanent presence of viral particles at a level that is sufficient for the reinfection of the remaining tumor cells. Certainly, the persistence of the virus in the mouse depends on the presence of tumor-susceptible tumor cells, since even a high virus dose introduced to non-tumor-bearing mice does not ensure the virus presence in the blood 5 days after the injection, while it was found at high titers in the blood of the tumor bearing mice. Only after the tumors completely disappear, the virus can no longer be detected in the blood.

The authors found that xenografts of human glioma cells in athymic mice are an effective and sensitive system for studying viral delivery to tumor sites. This model could be found suitable for testing other modes of administration, such as the use of cell-based carriers infected with the virus *in vitro* and then introduced into the blood stream. Such mode of virus administration would reduce the initial load of the virus and might increase the penetration efficiency into the tumor.

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