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About the Cover
The background and upper-left images are Steiner stains of gastric antral biopsies from an \textit{H. pylori}-positive patient (upper left) and an \textit{H. pylori}-negative patient (background; photomicrographs courtesy of Zhiheng Pei, M.D., Ph.D., New York Harbor Department of Veterans Affairs Medical Center and New York University Langone Medical Center). \textit{H. pylori}-positivity is associated with risk of gastric cancer, whereas \textit{H. pylori}-negativity is associated with risk of esophageal adenocarcinoma. The presence of \textit{H. pylori} (upper left) is indicated by the dark curved bacilli in the mucus layer adjacent to the epithelial cell surfaces. The \textit{H. pylori}-positive biopsy shows deeper staining of the epithelial cells, indicating tissue reactivity, and the lamina propria shows increased mononuclear cell numbers (compared with the \textit{H. pylori}-negative biopsy). The biopsies were formalin-fixed and paraffin-embedded. See articles by Blaser (beginning on page 308) and by Islami and Kamangar (beginning on page 329) for more information. The larger, composite image contains representative microphotographs (40x magnification) of a lung adenocarcinoma (main image; HE staining) and of immunohistochemical expression of the markers phosphorylated (p)-CREB (top inset), CXCL5 (bottom inset), and NF-κB (upper-middle inset) in malignant lung epithelial cells and CXCR2 (lower-middle inset) in malignant lung epithelial cells and in endothelial cells within the microenvironment. See articles by Strieter (beginning on page 305) and by Sun \textit{et al.} (beginning on page 316) for more information.