

COMMENTARY

- 755 | **Chemoprevention of Endometrial Cancer in Lynch Syndrome: A Step Forward**
Elena M. Stoffel and Christine Walsh
See article, p. 774

PERSPECTIVE

- 760 | **Benzyl Isothiocyanate: Double Trouble for Breast Cancer Cells**
Chinthalapally V. Rao
See article, p. 782

REVIEW

- 764 | **The Invisible Arm of Immunity in Common Cancer Chemoprevention Agents**
Edmond Marzbani, Carol Inatsuka, Hailing Lu, and Mary L. Disis

RESEARCH ARTICLES

- 774 | **Prospective Multicenter Randomized Intermediate Biomarker Study of Oral Contraceptive versus Depo-Provera for Prevention of Endometrial Cancer in Women with Lynch Syndrome**
Karen H. Lu, David S. Loose, Melinda S. Yates, Graciela M. Nogueras-Gonzalez, Mark F. Munsell, Lee-may Chen, Henry Lynch, Terri Cornelison, Stephanie Boyd-Rogers, Mary Rubin, Molly S. Daniels, Peggy Conrad, Andrea Milbourne, David M. Gershenson, and Russell R. Broaddus
See commentary, p. 755

- 782 | **Dietary Chemopreventative Benzyl Isothiocyanate Inhibits Breast Cancer Stem Cells *In Vitro* and *In Vivo***
Su-Hyeong Kim, Anuradha Sehrawat, and Shivendra V. Singh
See commentary, p. 760

- 791 | **DACT2 Is a Candidate Tumor Suppressor and Prognostic Marker in Esophageal Squamous Cell Carcinoma**
Jian Hou, Lian-Di Liao, Yang-Min Xie, Fa-Min Zeng, Xia Ji, Bo Chen, Li-Yan Li, Meng-Xiao Zhu, Cui-Xia Yang, Qing-Zhao, Tao Chen, Xiu-E Xu, Jian Shen, Ming-Zhou Guo, En-Min Li, and Li-Yan Xu

- 801 | **Inhibition of Lung Tumorigenesis by Metformin Is Associated with Decreased Plasma IGF-I and Diminished Receptor Tyrosine Kinase Signaling**
Brendan J. Quinn, Matthew Dallos, Hiroshi Kitagawa, Ajaikumar B. Kunnumakara, Regan M. Memmott, M. Christine Hollander, Joell J. Gills, and Phillip A. Dennis

- 811 | **Genital Powder Use and Risk of Ovarian Cancer: A Pooled Analysis of 8,525 Cases and 9,859 Controls**
Kathryn L. Terry, Stalo Karageorgi, Yurii B. Shvetsov, Melissa A. Merritt, Galina Lurie, Pamela J. Thompson, Michael E. Carney, Rachel Palmieri Weber, Lucy Akushevich, Wei-Hsuan Lo-Ciganic, Kara Cushing-Haugen, Weiva Stieh, Kirsten Moysich, Jennifer A. Doherty, Christina M. Nagle, Andrew Berchuck, Celeste L. Pearce, Malcolm Pike, Roberta B. Ness; Penelope M. Webb, for the Australian Cancer Study (Ovarian Cancer), and the Australian Ovarian Cancer Study Group; Mary Anne Rossing, Joellen Schildkraut, Harvey Risch, and Marc T. Goodman, on behalf of the Ovarian Cancer Association Consortium

- 822 | **Predictive Value of Dysplasia Grading and DNA Ploidy in Malignant Transformation of Oral Potentially Malignant Disorders**
Marcelo Sperandio, Amy L. Brown, Claire Lock, Peter R. Morgan, Victoria H. Coupland, Peter B. Madden, Saman Warnakulasuriya, Henrik Møller, and Edward W. Odell

- 832 | **Dietary Soy Effects on Mammary Gland Development during the Pubertal Transition in Nonhuman Primates**
Fitriya N. Dewi, Charles E. Wood, Cynthia J. Lees, Cynthia J. Willson, Thomas C. Register, Janet A. Tooze, Adrian A. Franke, and J. Mark Cline

- 843 | **Garcinol, a Polyisoprenylated Benzophenone Modulates Multiple Proinflammatory Signaling Cascades Leading to the Suppression of Growth and Survival of Head and Neck Carcinoma**
Feng Li, Muthu K. Shanmugam, Luxi Chen, Snehajyoti Chatterjee, Jeelan Basha, Alan Prem Kumar, Tapas K. Kundu, and Gautam Sethi

Simple Clinical Risk Score Identifies Patients with Serrated Polyps in Routine Practice

Mariëlle W.E. Bouwens, Bjorn Winkens, Eveline J.A. Rondagh, Ann L. Driessen, Robert G. Riedl, Ad A.M. Masclee, and Silvia Sanduleanu

A Prospective Analysis of Body Size during Childhood, Adolescence, and Adulthood and Risk of Non-Hodgkin Lymphoma

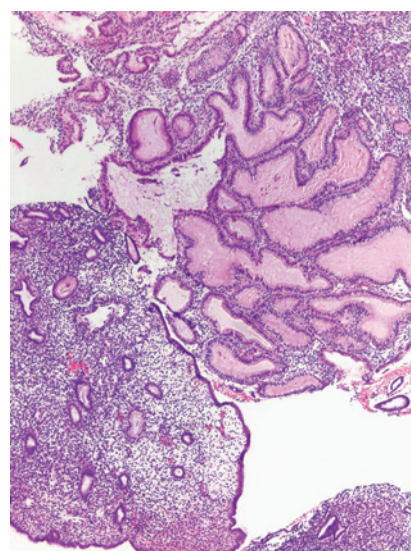
Kimberly A. Bertrand, Edward Giovannucci, Shumin M. Zhang, Francine Laden, Bernard Rosner, and Brenda M. Birmann

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ABOUT THE COVER

Women with Lynch syndrome have a 40% to 60% lifetime risk for developing endometrial cancer, a cancer associated with estrogen imbalance. Progestins inhibit estrogen-driven proliferation, and epidemiologic studies have demonstrated that progestin-containing oral contraceptives (OCP) reduce the risk of endometrial cancer by 50% in women at general population risk, though it is unknown if they are effective in women with Lynch syndrome. In the present study, the short-term effects of progestin-containing OCP or depo-medroxyprogesterone acetate (depoMPA) on the endometrium in women with Lynch syndrome were examined using endometrial proliferation as the primary endpoint. The cover micrograph depicts a focus of complex endometrial hyperplasia in a post-treatment endometrial biopsy of a nonresponder (H&E; 4×). In most of the women, both depoMPA and OCP induced a dramatic decrease in endometrial epithelial proliferation and microscopic changes in the endometrium characteristic of progestin action, demonstrating that women with Lynch syndrome do show an endometrial response to short-term exogenous progestins and suggesting that OCP and depoMPA may be reasonable chemopreventive agents in this high-risk patient population. See the article by Lu et al. (beginning on page 774) for more information.



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6 (8)

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