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
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, Xi-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, Ajakumar B. Kunnamakkara, Regan M. Memmott, M. Christine Hollander, Joell J. Gillis, 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, Stato Karageorgi, Yuri 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 Sieh, Kirsten Maysich, 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 Moller, 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, Mithu K. Shanmugam, Luxi Chen, Snehalojit Chatterjee, Jeelan Basha, Alan Prem Kumar, Tapas K. Kundu, and Gautam Sethi
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.
Cancer Prevention Research

6 (8)


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