

Perspectives

- Improving the Vision of Colonoscopy: Does the Fine Print Really Matter?**
Ernest Hawk and Jose G. Guillem495
- Assessing Toxicity in Cancer Chemoprevention Trials: The Other Side of the Coin.**
Gary E. Goodman499

Commentary

- Pancreatic Cancer: Translating Lessons from Mouse Models and Hereditary Syndromes.**
Melanie P. Wescott and Anil K. Rustgi.....503

Research Articles

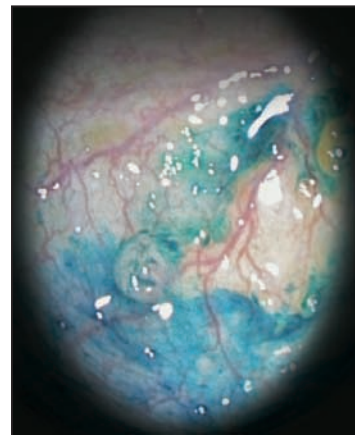
- Chromoendoscopy Detects More Adenomas than Colonoscopy Using Intensive Inspection without Dye Spraying.** Elena M. Stoffel, D. Kim Turgeon, David H. Stockwell, Daniel P. Normolle, Missy K. Tuck, Norman E. Marcon, John A. Baron, Robert S. Bresalier, Nadir Arber, Mack T. Ruffin, Sapna Syngal, and Dean E. Brenner for Great Lakes New England Clinical Epidemiology and Validation Center of the Early Detection Research Network (GLNE-EDRN).....507
- Longitudinal Assessment of Air Conduction Audiograms in a Phase III Clinical Trial of Difluoromethylornithine and Sulindac for Prevention of Sporadic Colorectal Adenomas.** Christine E. McLaren, Sharon Fujikawa-Brooks, Wen-Pin Chen, Daniel L. Gillen, Daniel Pelot, Eugene W. Gerner and Frank L. Meyskens, Jr.514
- Delphinidin Attenuates Neoplastic Transformation in JB6 Cl41 Mouse Epidermal Cells by Blocking Raf/Mitogen-Activated Protein Kinase Kinase/Extracellular Signal-Regulated Kinase Signaling.** Nam Joo Kang, Ki Won Lee, Jung Yeon Kwon, Mun Kyung Hwang, Evgeny A. Rogozin, Yong-Seok Heo, Ann M. Bode, Hyong Joo Lee and Zigang Dong.....522
- Gene Signaling Pathways Mediating the Opposite Effects of Prepubertal Low-Fat and High-Fat n-3 Polyunsaturated Fatty Acid Diets on Mammary Cancer Risk.** Susan E. Olivo-Marston, Yuelin Zhu, Richard Y. Lee, Anna Cabanes, Galam Khan, Alan Zwart, Yue Wang, Robert Clarke and Leena Hilakivi-Clarke532
- Tamoxifen Prevents Premalignant Changes of Breast, but not Ovarian, Cancer in Rats at High Risk for Both Diseases.** Alison Y. Ting, Bruce F. Kimler, Carol J. Fabian and Brian K. Petroff546
- Grape Seed Extract Inhibits Angiogenesis via Suppression of the Vascular Endothelial Growth Factor Receptor Signaling Pathway.** Wei Wen, Jianming Lu, Keqiang Zhang and Shiuan Chen554
- Identification of Mucin Depleted Foci in the Human Colon.** Angelo Pietro Femia, Augusto Giannini, Marilena Fazi, Elena Tarquini, Maddalena Salvadori, Luca Roncucci, Francesco Tonelli, Piero Dolara and Giovanna Caderni562
- Dose-Dependent Inhibition of Tobacco Smoke Carcinogen-Induced Lung Tumorigenesis in A/J Mice by Indole-3-Carbinol.** Fekadu Kassie, Ilze Matise, Mesfin Negia, Pramod Upadhyaya, and Stephen S. Hecht568
- A Novel Derivative of the Natural Agent Deguelin for Cancer Chemoprevention and Therapy.** Woo-Young Kim, Dong Jo Chang, Bryan Hennessy, Hae Jin Kang, Jakyung Yoo, Seung-Ho Han, Yoo-Shin Kim, Hyun-Ju Park, Seung-Yong Geo, Gordon Mills, Kyu-Won Kim, Waun Ki Hong, Young-Ger Suh and Ho-Young Lee577

Reviewers

- Acknowledgement to Reviewers.**.....588

About the Cover

The cover image is a photograph (courtesy of Elena M. Stoffel, M.D., M.P.H.) of a diminutive polyp (2 mm in diameter) identified during colonoscopic surveillance with chromoendoscopic enhancement in a patient with Lynch Syndrome. The polyp is the circular mound daubed with blue dye and located just below and to the left of center. During a typical chromoendoscopic examination, the colonoscope is advanced to the cecum, and upon withdrawal, the entire colorectal mucosa is sprayed with approximately 100 ml of a solution of 0.2% indigo carmine and simethicone (achieving a 20:1 ratio by volume). The mucosa is carefully examined for polyps or areas suspicious for neoplasia, which then may be biopsied for histopathologic characterization. Although dye-spraying may highlight mucosal irregularities that are less obvious with standard white-light endoscopic exams, the prevalence, character, and clinical implications of the small lesions detected during chromoendoscopy are a subject of considerable debate. See articles by Stoffel *et al.* (beginning on page 507) and Hawk and Guillem (beginning on page 495) for more information (also see Stoffel *et al.* in the November issue of *Cancer Prevention Research*, beginning on page 470).



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1 (7)

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