COMMENTARY

735 Tobacco Treatment Program Implementation at NCI Cancer Centers: Progress of the NCI Cancer Moonshot-Funded Cancer Center Cessation Initiative
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741 Thermally Processed Oil Exaggerates Colonic Inflammation and Colitis-Associated Colon Tumorigenesis in Mice
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751 Intermittent Dosing Regimens of Aspirin and Naproxen Inhibit Azoxymethane-Induced Colon Adenoma Progression to Adenocarcinoma and Invasive Carcinoma
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763 The NCCN Criterion “Young Age at Onset” Alone is Not an Indicator of Hereditary Breast Cancer in Iranian Population
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771 Racial/Ethnic Patterns of Young-Onset Noncardia Gastric Cancer
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781 Differences in Genome-wide DNA Methylation Profiles in Breast Milk by Race and Lactation Duration
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791 Autofluorescence Imaging to Monitor the Progression of Oral Potentially Malignant Disorders
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801 Risk versus Benefit of Chemoprevention among Roloxifene and Tamoxifen Users with a Family History of Breast Cancer
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809 Effect of Intermittent Versus Continuous Low-Dose Aspirin on Nasal Epithelium Gene Expression in Current Smokers: A Randomized, Double-Blinded Trial

821 Efficacy of Difluoromethylornithine and Aspirin for Treatment of Adenomas and Aberrant Crypt Foci in Patients with Prior Advanced Colorectal Neoplasms
ABOUT THE COVER

Aspirin, naproxen, and other nonsteroidal anti-inflammatory drugs (NSAIDs) are promising chemopreventive agents for individuals at high risk for colorectal cancer (CRC). However, uptake of chronic and continuous NSAID administration to reduce CRC risk is limited by unwanted side effects. Employing novel dosing regimens and an azoxymethane-induced rat colon cancer model, Mohammed and colleagues found that intermittent use of either aspirin or naproxen was highly effective in preventing the progression of colonic adenoma to adenocarcinoma without serious side effects (see the study beginning on page 751). These findings could ultimately impact the standard of preventive care for patients at the adenoma stage (i.e., in high-risk cohorts) to protect against advancement to invasive adenocarcinoma with intermittent NSAID use. The micrograph on the cover depicts hematoxylin and eosin staining of rat colon crypt, hyperplasia, adenoma, and adenocarcinomas that recapitulate the histological progression of human sporadic CRC.