Q&A: Ned Sharpless on COVID-19 and Cancer Prevention

Leucoselect Phytosome Modulates Serum Eicosapentaenoic Acid, Docosahexaenoic Acid, and Prostaglandin E3 in a Phase I Lung Cancer Chemoprevention Study

Estimating the Breast Cancer Burden in Germany and Implications for Risk-based Screening

Interception Targets of Angelica Gigas Nakai Root Extract versus Pyranocoumarins in Prostate Early Lesions and Neuroendocrine Carcinomas in TRAMP Mice

Individual and Joint Associations of Genetic Risk and Healthy Lifestyle Score with Colorectal Neoplasms Among Participants of Screening Colonoscopy

Serum Levels of Androgens, Estrogens, and Sex Hormone Binding Globulin and Risk of Primary Gastric Cancer in Chinese Men: A Nested Case–Control Study

A Novel Biomarker Panel for the Early Detection and Risk Assessment of Hepatocellular Carcinoma in Patients with Cirrhosis

Randomized Controlled Trial of the Gastrin/CCK\textsubscript{2} Receptor Antagonist Netazapide in Patients with Barrett’s Esophagus

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Hypergastrinemia has been associated with high-grade dysplasia and adenocarcinoma in patients with Barrett’s esophagus, and experimental studies suggest proinflammatory and proneoplastic effects of gastrin on Barrett’s esophagus. This is of potential concern, as patients with Barrett’s esophagus are treated with medications that suppress gastric acid production, resulting in increased physiologic levels of gastrin. However, in a randomized placebo-controlled controlled trial in patients with Barrett’s esophagus (beginning on page 675), Abrams and colleagues showed that treatment with netazepide, a gastrin/CCK2 receptor antagonist, had no significant impact on cellular proliferation, the primary study outcome. The cover shows a Barrett’s esophagus biopsy immunostained for Ki67 (brown) and pan-cytokeratin (red), with artificial intelligence algorithms used to identify Ki67-positive epithelial nuclei (400× magnification).