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HER2 Amplification: A Potential Mechanism of Acquired Resistance to EGFR Inhibition in EGFR-Mutant Lung Cancers That Lack the Second-Site EGFR<sup>790M</sup> Mutation .......................... 922
Précis: Increased HER2 expression confers resistance to EGFR tyrosine kinase inhibitors in non–small cell lung cancers with EGFR mutations.

Reactivation of ERK Signaling Causes Resistance to EGFR Kinase Inhibitors ......................... 934
Précis: Acquired resistance to EGFR inhibitors can occur through aberrant activation of ERK signaling via MAPK1 amplification or downregulation of ERK negative regulators.

Correction
Harbinski and colleagues performed a high-throughput screen of the human secretome to identify proteins capable of rescuing growth of receptor tyrosine kinase (RTK)-addicted cells following RTK inhibition and observed numerous potential ligand-mediated resistance mechanisms. Multiple human epidermal growth factor (HER) and fibroblast growth factor (FGF) ligands could rescue growth of hepatocyte growth factor (HGF) receptor (MET)-addicted cancer cells following MET inhibition, and FGFR-addicted cell lines treated with FGFR inhibitors could be rescued by HER ligands or HGF. Combination therapy modalities targeting the broad compensatory relationship between MET, FGFR, and HER ligands may thus have improved clinical efficacy. For details, please see the article by Harbinski and colleagues on page 948.

ON THE COVER
Harbinski and colleagues performed a high-throughput screen of the human secretome to identify proteins capable of rescuing growth of receptor tyrosine kinase (RTK)-addicted cells following RTK inhibition and observed numerous potential ligand-mediated resistance mechanisms. Multiple human epidermal growth factor (HER) and fibroblast growth factor (FGF) ligands could rescue growth of hepatocyte growth factor (HGF) receptor (MET)-addicted cancer cells following MET inhibition, and FGFR-addicted cell lines treated with FGFR inhibitors could be rescued by HER ligands or HGF. Combination therapy modalities targeting the broad compensatory relationship between MET, FGFR, and HER ligands may thus have improved clinical efficacy. For details, please see the article by Harbinski and colleagues on page 948.

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