Advanced Non–Small Cell Chemotherapy in Refractory equals the Efficacy of Conventional
Commentary on Taylor et al., p. 587
P.S. Meltzer and L.J. Helman

The Tumor Epigenome Suggests a Role for
with MetMAb in Metastatic
Durable Complete Response
of Metastatic Gastric Cancer
with Anti-Met Therapy Followed by Resistance
at Recurrence
D.A. Fruman and C. Rommel

CRKL as a Lung Cancer Oncogene and Mediator of Acquired Resistance
to EGFR Inhibitors: Is It All That It Is Cracked Up to Be?
M. Ladanyi
Commentary on Cheung et al., p. 608

PI3Kδ Inhibitors in Cancer: Rationale and Serendipity
Merge in the Clinic
D.A. Fruman and C. Rommel

A Novel Platform for Detection of CK⁺ and CK⁻ CTCs

Précis: An anti-MET monoclonal antibody elicited a 2-year complete response in a patient with metastatic gastric cancer with MET gene polysomy and autocrine HGF production.

Précis: An expanded antibody cocktail combined with a microfluidics platform directly incorporating FISH identifies nonepithelial CTCs.
March 5, 2007, revealed marked thickening along the lesser cycles of cyclophosphamide and doxorubicin in 2000 pre-mastectomy and axillary lymph node dissection followed by Introductions.

Oncology and 2 department of Pathology, University of Chicago, Chicago, Illinois; and 3 Genentech, Inc., South San Francisco, California.

Complete Response of Gastric Cancer with Anti-Met Therapy

This research brief is the first to describe a durable complete response obtained with significance: correlated with MetMAb treatment response initially and at the time of recurrence. A mixed response: a partial response of the two initial lesions but with development of transverse colon and a gastrohepatic ligament node. Compassionate use of MetMAb therapy at recurrence achieved an amenable completed response that lasted 2 years; the cancer recurred as a peritoneal deposit invading into the stomach. A 48-year-old woman with chemorefractory metastatic gastric cancer to the liver and 5-fluorouracil) (1), nor did she receive adjuvant chemotherapy.

Metastatic disease. The final pathology report was pT3, N1, M1. A nodule was palpated in the gallbladder that was consistent with metaplasia consistent with a primary gastric cancer. Four of 21 arose in a background of atrophic antral gastritis with intestinal metaplasia consistent with a primary gastric cancer. Four of 21 arose in a background of atrophic antral gastritis with intestinal metaplasia consistent with a primary gastric cancer. Four of 21 arose in a background of atrophic antral gastritis with intestinal metaplasia consistent with a primary gastric cancer.