CRKL as a Lung Cancer Oncogene and Mediator of Acquired Resistance to EGFR Inhibitors: Is It All That It Is Cracked Up to Be? ............ 560
M. Ladanyi
Commentary on Cheung et al., p. 608

REVIEW PI3Kα Inhibitors in Cancer: Rationale and Serendipity Merge in the Clinic ............ 562
D.A. Fruman and C. Rommel

RESEARCH BRIEFS Durable Complete Response of Metastatic Gastric Cancer with Anti-Met Therapy Followed by Resistance at Recurrence ............ 573
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.

A Novel Platform for Detection of CK⁺ and CK⁻ CTCs ............. 580
Précis: An expanded antibody cocktail combined with a microfluidics platform directly incorporating FISH identifies nonepithelial CTCs.

IN THIS ISSUE Highlighted research articles.................................vi

NEWS IN BRIEF Important news stories affecting the community .................. 541

NEWS IN DEPTH Q&A: William Sellers on Success in Small Molecules ............... 543
Upcoming Battles in the War on Cancer .................................. 544

RESEARCH WATCH Selected highlights of recent articles of exceptional significance from the cancer literature .................. 547

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VIEWS In The Spotlight

Anti-MET Targeted Therapy Has Come of Age: The First Durable Complete Response with MetMAb in Metastatic Gastric Cancer ............. 550
Y. Feng and P.C. Ma
Commentary on Catenacci et al., p. 573

Genomic Investigation of Dedifferentiated Liposarcoma Suggests a Role for Therapeutic Targeting of the Tumor Epigenome ............. 555
P.S. Meltzer and L.J. Heilman
Commentary on Taylor et al., p. 587

A Combined Epigenetic Therapy Equals the Efficacy of Conventional Chemotherapy in Refractory Advanced Non–Small Cell Lung Cancer ............. 557
M. Rodriguez-Paredes and M. Esteller
Commentary on Juergens et al., p. 598
Complete Response of Gastric Cancer with Anti-Met Therapy

A 48-year-old woman with chemorefractory metastatic gastric cancer to the liver showed a new hypodense lesion in the right hepatic lobe measuring 50 mm × 40 mm, which was identified as a metastasis to the gallbladder. Furthermore, there were no abnormalities noted in the liver on computed tomography (CT) imaging of the chest and abdomen. The patient had received four cycles of cyclophosphamide and doxorubicin in 2000 pre-mastectomy and axillary lymph node dissection followed by resistance to chemotherapy.

Durable complete response was obtained that lasted 2 years; the cancer recurred as a peritoneal deposit invading into the retroperitoneum. The patient underwent a total gastrectomy with D2 lymphadenectomy. The final pathology was pT3, N1, M1 metastatic disease. The final pathology was pT3, N1, M1 metastatic disease. The final pathology was pT3, N1, M1 metastatic disease. The final pathology was pT3, N1, M1 metastatic disease. The final pathology was pT3, N1, M1 metastatic disease.

It is also the first to report biomarkers that predicted response to therapy with a molecularly targeted monoclonal antibody, MetMAb, to the receptor tyrosine kinase, Met, in a patient with metastatic disease. The final pathology was pT3, N1, M1 metastatic disease.


The precis of the research brief states that dedifferentiated liposarcomas harbor recurring HDACI mutations and exhibit aberrant methylomes, suggesting that epigenetic therapies may be effective in these tumors.

For more News and Research Watch, visit Cancer Discovery online at www.AACR.org/CancerJournal. Online-only News stories include the following:

- HDAC Inhibitors Show Benefits in Breast Cancer
- Phenotypic Profiling Identifies Novel Anticancer Drugs
- Automated Pathology Gives Accurate Predictions
- Triple-Acting Drug Boosts Prostate Cancer Survival
- Analyzing Intact Proteins with Mass Spectrometry
- FDA Pulls Approval for Avastin in Breast Cancer

ON THE COVER

Juergens and colleagues present results from a phase I/II trial showing that combined epigenetic therapy with azacitidine and entinostat can elicit objective responses, including one complete and one partial response, in refractory metastatic non–small cell lung cancer (NSCLC). A decreased methylation signature in response to treatment was associated with longer overall and progression-free survival, indicative of on-target epigenetic effects. Furthermore, several patients had objective responses to subsequent anticancer therapies. This combination epigenetic therapy may therefore be effective in reversing the epigenetic mechanisms driving the progression and resistance of NSCLC. For details, please see the article by Juergens and colleagues on page 598.
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