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### RESEARCH BRIEFS
Acquired MET<sup>D1228V</sup> Mutation and Resistance to MET Inhibition in Lung Cancer ............ 1334


*Précis:* A patient with NSCLC responded to a type II MET inhibitor in combination with an EGFR TKI after acquisition of a MET<sup>D1228V</sup> mutation conferred resistance to a type I MET inhibitor.  
*See commentary, p. 1306*

Genomics of Ovarian Cancer Progression Reveals Diverse Metastatic Trajectories Including Intraepithelial Metastasis to the Fallopian Tube ............ 1342


*Précis:* Multisite sequencing of high-grade serous ovarian cancers highlights genomic instability as an early event in disease progression and identifies a subset of serous tubal intraepithelial carcinomas as metastases rather than precursor lesions.  
*See commentary, p. 1309*
Phase IB Study of Vemurafenib in Combination with Irinotecan and Cetuximab in Patients with Metastatic Colorectal Cancer with BRAF V600E Mutation


Précis: Vemurafenib plus irinotecan and cetuximab was generally well tolerated and achieved a 35% response rate in patients with BRAF V600E metastatic colorectal cancer, and responses correlated with BRAF V600E cfDNA levels.

TGFβ1-Mediated SMAD3 Enhances PD-1 Expression on Antigen-Specific T Cells in Cancer


Précis: TGFβ1 promotes a SMAD3-dependent increase in PD-1 expression on TILs, suppressing antitumor immunity and increasing tumor growth in vivo.

Improved Efficacy of Neoadjuvant Compared to Adjuvant Immunotherapy to Eradicate Metastatic Disease


Précis: Neoadjuvant immunotherapy extends survival and reduces metastatic disease more effectively than adjuvant immunotherapy in mouse models of metastatic triple-negative breast cancer.

See commentary, p. 1312

Acknowledgment to Reviewers

Correction

Correction: Molecular Heterogeneity and Receptor Coamplification Drive Resistance to Targeted Therapy in MET-Amplified Esophagogastric Cancer

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Bahcall and colleagues report the case of a patient with recurrent non–small cell lung cancer (NSCLC) harboring an EGFR exon 19 deletion mutation and high-level MET amplification who initially responded to a type I MET inhibitor combined with an EGFR inhibitor but acquired a MET D1228V mutation that promoted resistance. Protein modeling predicted that MET D1228V would not alter sensitivity to type II MET inhibitors, which bind the inactive conformation of MET. Consequently, the patient was treated with a type II MET inhibitor combined with an EGFR inhibitor and achieved an ongoing response. These results indicate that MET may be therapeutically targeted in NSCLC, and type II MET inhibitor sensitivity may be maintained even in cells resistant to type I MET inhibitors. Therefore, determining MET inhibitor resistance mechanisms may guide drug selection in patients. For details, please see the article by Bahcall and colleagues on page 1334.
CANCER DISCOVERY

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