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Epigenetic Control of Fatty-Acid Metabolism Sustains Glioma Stem Cells ............... 1161
Précis: Knockout of the PRC2 component EZH2 and activating NRAS mutations cooperate to cause MPN progression to leukemia by upregulating the BCAA-metabolism enzyme BCAT1.

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Glioma Stem Cell–Specific Superenhancer Promotes Polyunsaturated Fatty-Acid Synthesis to Support EGFR Signaling .......... 1248


Précis: Glioma stem cells upregulate the polyunsaturated synthesis enzyme ELOVL2, which alters cell-membrane properties and composition to maintain EGFR signaling.

See commentary, p. 1161

Oncogenic KRAS Induces NIX-Mediated Mitophagy to Promote Pancreatic Cancer .................. 1268


Précis: Activating Kras mutations cause upregulation of the mitophagy-promoting protein NIX, which alters mitochondrial function and enhances redox capacity to support progression of pancreatic cancer.

Innate αβ T Cells Mediate Antitumor Immunity by Orchestrating Immunogenic Macrophage Programming .................... 1288


Précis: Innate αβ T cells are a significant component of the tumor microenvironment in pancreatic ductal adenocarcinoma and delay tumor growth in mouse and human models.

See commentary, p. 1164

PTEN Methylation by NSD2 Controls Cellular Sensitivity to DNA Damage ......................... 1306


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Hundeyin, Kurz, and colleagues discovered that innate αβ T cells (αβTs) were a substantial part of the T-lymphocyte population in human and mouse pancreatic ductal adenocarcinoma (PDA) tumors. These tumor-infiltrating αβTs were highly activated, had a phenotype markedly different from those in the periphery, and were protective against PDA progression in mice. Demonstrating the relevance of these findings to human disease, treatment of patient-derived organotypic PDA tumor spheroids with autologous αβTs led to conventional T-cell activation. The mechanism involved activation of CCR5, which induced immunogenic macrophage polarization. Collectively, these findings suggest that αβT-based cell therapies should be investigated for the treatment of PDA. For details, please see the article by Hundeyin, Kurz, and colleagues on page 1288.