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About the Cover

The background and upper-left images are Steiner stains of gastric antral biopsies from an *H. pylori*-positive patient (upper left) and an *H. pylori*-negative patient (background; photomicrographs courtesy of Zhiheng Pei, M.D., Ph.D., New York Harbor Department of Veterans Affairs Medical Center and New York University Langone Medical Center). *H. pylori*-positivity is associated with risk of gastric cancer, whereas *H. pylori*-negativity is associated with risk of esophageal adenocarcinoma. The presence of *H. pylori* (upper left) is indicated by the dark curved bacilli in the mucus layer adjacent to the epithelial cell surfaces. The *H. pylori*-positive biopsy shows deeper staining of the epithelial cells, indicating tissue reactivity, and the lamina propria shows increased mononuclear cell numbers (compared with the *H. pylori*-negative biopsy). The biopsies were formalin-fixed and paraffin-embedded. See articles by Blaser (beginning on page 308) and by Islami and Kamangar (beginning on page 329) for more information. The larger, composite image contains representative microphotographs (40x magnification) of a lung adenocarcinoma (main image; HE staining) and of immunohistochemical expression of the markers phosphorylated (p)-CREB (top inset), CXCL5 (bottom inset), and NF- κ B (upper-middle inset) in malignant lung epithelial cells and CXCR2 (lower-middle inset) in malignant lung epithelial cells and in endothelial cells within the microenvironment. See articles by Strieter (beginning on page 305) and by Sun *et al.* (beginning on page 316) for more information.

