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CORRECTION

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ABOUT THE COVER

There are approximately 150,000 new cases of colorectal cancer (CRC) in the United States annually. Even with improvements in screening, early detection, and treatment, CRC remains the second leading cause of cancer-related mortality in this country. Chemoprevention for many common human cancers remains an elusive goal despite substantial research efforts. Non-steroidal anti-inflammatory agents, including aspirin, do offer some protection against colorectal neoplasia, however, the risk/benefit ratio associated with these drugs argues against their regular use for chemoprevention alone. Therefore, identification of new CRC chemopreventive agents is needed. In this issue, the proposed anti-neoplastic mechanism of action for linaclotide is explored (see article by Weinberg et al.; beginning on page 345). Compared to placebo, oral linaclotide administered to healthy humans reduces colorectal crypt proliferation quantified by Ki67 immunohistochemistry (as represented in an adaptation of Figure 4). This effect was seen in endoscopically obtained colonic mucosal specimens from cecum to rectum. As linaclotide has been approved by the FDA to treat constipation, with an excellent safety record to date, this article considers future steps required to develop an optimized formulation for CRC chemoprevention.

