

Molecular Cancer Therapeutics

A Journal of the American Association for Cancer Research

Volume 6, Number 9

September 2007

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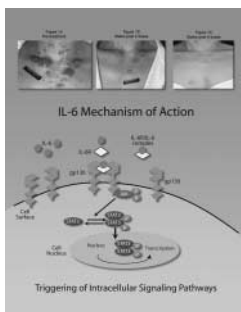
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On the Cover

A patient with cutaneous Castleman’s disease shows multiple erythematous nodules and plaques on the lower face and neck (pre-treatment) (left panel). There is a marked decrease in the size and number of lesions (after two doses of anti-IL6 antibody CNTO328) (middle panel) and almost complete clearing of the lesions (after six doses of anti-IL6 antibody CNTO328) (right panel). Castleman’s disease is known to be driven by IL-6. Per the schematic diagram (lower figure), IL-6 functions by binding to either its membrane-bound receptor or its soluble receptor. The binding of IL-6/sIL-6R to the gp130 signaling subunit induces the homodimerization of gp130. This, in turn, triggers an intracellular signaling cascade through several pathways. For details, see Ahmed et al. in this issue.