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not yet known. We performed a comprehensive mutational analysis on 133 MPL-negatived patients to identify whether they harbor mutations in other genes that can contribute to pathogenesis. Mutations were found in genes encoding KIT (31%), CBL (21%), and CBL-CBL4 fusion gene (7%) and they did not affect prognosis. In addition, novel mechanisms of clonal evolution were found, i.e., BCL2-ABI2 gene rearrangement in two cases and TET2 mutation in one case. In conclusion, the pathogenetic mechanisms of sanguineous MPN are not restricted to KIT mutations and these cases may constitute a heterogeneous group of MPN. These findings provide novel insights into the pathogenesis of MPN.Scott Hansen, an engineering manager in Poughkeepsie, N.Y., says he told his superiors that he had not yet made a decision about which political party to support in the November election, but the company's support for a government role in the health-care industry may have influenced him to vote for Romney. Image Scott Hansen, an engineering manager in

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considered a tumor of older men and rarely occurred in patients younger than 40 years old. However, the past 3 decades have witnessed a dramatic increase in the incidence of CaP in younger patients, especially among black men. Although and rogen ablation is the only current treatment with proven efficacy in metastatic CaP, it does not cure this condition, and most patients ultimately relapse. More than half of such relapses are hormone-refractory, and patients with metastatic disease are treated with a systemic therapy. First-generation chemotherapeutic agents for metastatic CaP mainly consisted of orchiectomy (in combination with other agents in selected cases), androgen deprivation, and estrogens; however, none of them produced significant responses and a significant percentage of patients developed progressive or relapsing disease. During the past decade, high-dose chemotherapy with stem cell rescue has become available for patients with Ca 79a2804d6b

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