

### 【学会通信 No. 71】2011. 8. 4

【日本プロテオーム学会通信】は、日本プロテオーム学会会員の皆様に配信しています。

日本プロテオーム学会の皆さま

新潟朱鷺メッセにおける日本プロテオーム学会 2011 大会(大会長山本格教授)は 国際色豊かに大盛況のうちに終了し、皆様ご多忙の日々に戻られていることと思います。

このたび International Journal of Proteomics では「Proteomics and Metabolomics in Gastrointestinal, Hepatobiliary, and Pancreatic Disorders」と題する Special Issue を企画・刊行することになりました。

疾患プロテオミクスでは方法論が急速に進歩し、かつ多様化しています。その技術の臨床応用にあたっては、一つの方法に固執することなく、集学的に考える必要があると思われます。そこで消化器・肝胆膵領域を例として、プロテオミクス、ペプチドミクス、メタボロミクス的アプローチにより、病態の解明、バイオマーカー・治療標的の探索などに関わっておられる様々な立場の方々から広く研究成果を寄せていただくことが企画されました。

Call for Papers を添付いたしましたので、是非ご検討いただきたく、よろしくお願い申し上げます。

平成 23 年 8 月 3 日

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野村 文夫

日本プロテオーム学会通信】に対するご意見をメールにてお寄せ下さい (宛先は hirano@yokohama-cu.ac.jp または tomonaga@nibio.go.jp) ご意見を【日本プロテオーム学会通信】に掲載希望の場合はその旨お知らせ下さい。

【アドレス変更/配信中止】【ご質問・お問合せ】は、日本プロテオーム学会事務局 (cljhupo@secretariat.ne.jp)にお願いいたします。

## **International Journal of Proteomics**

## **Special Issue on**

# Proteomics and Metabolomics in Gastrointestinal, Hepatobiliary, and Pancreatic Disorders

### **Call for Papers**

Mortality due to hepatobiliary and pancreatic malignancies is high. This is partly because of the late diagnosis of tumors. Colorectal cancer mortality remains one of the highest among all cancers. Although most screening programs include colonoscopy, it is a general view that use of colonoscopy alone is not practical for a mass screening. Gastric cancer is the second most common malignancy in the world.

There is a need for simple and robust risk and tumor biomarkers for the early identification of people at increased risk and the early detection of the presence of these tumors, respectively. With the continuing evolution of proteomics and bioinformatics technologies, clinical proteomics and metabolomics have shown their potential as a powerful tool for biomarker discovery.

We invite investigators to contribute original research articles as well as review articles that deal with development of appropriate disease biomarkers for gastrointestinal, hepatobiliary, and pancreatic disorders by using proteomic, peptidomic, metabolomic, and modificomic approaches. Proteome analysis of bile, pancreatic fluid would be of interest as well. In addition to direct expression, proteome analyses of various clinical samples, secretome in cultures and immunoproteomic analysis of the serum antibody repertoire are welcomed as well.

It should be noted that biomarker discovery by "omic" approaches is not fruitful without stringent quality controls of specimens to be analyzed. Therefore, clear and detailed description on specimen acquisition, handling, and storage is mandatory. Potential topics include, but are not limited to:

- Proteome-, peptidome-, and metabolome-based biomarkers for the prediction, early detection, and the evaluation of therapeutic efficacy of cancers, including potential disease-specific posttranslational modifications of proteins
- Proteome, peptidome, and metabolome findings leading to diagnosis of nonmalignant gastrointestinal, hepatobiliary, and pancreatic diseases

- Application of the latest technologies for the elucidation protein signatures of disease, including autoantibodies
- Recent progress in the proteomic analyses of human bile, pancreatic fluid, and liver tissue interstitial fluid
- Proteome, peptidome, and metabolome findings dealing with animal models of gastrointestinal, hepatobiliary, and pancreatic diseases
- Secretome profiling of human malignant cells

Before submission authors should carefully read over the journal's Author Guidelines, which are located at http://www.hindawi.com/journals/ijpro/guidelines/. Prospective authors should submit an electronic copy of their complete manuscript through the journal Manuscript Tracking System at http://mts.hindawi.com/ according to the following timetable:

Manuscript Due	Friday, 3 February 2012
First Round of Reviews	Friday, 4 May 2012
Publication Date	Friday, 3 August 2012

### **Lead Guest Editor**

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