Special Issue on
Colorectal Carcinoma Biomarkers: Current Concept and Perspective

CALL FOR PAPERS

The colorectal carcinoma was driven by a series of aberrant activation of protooncogenes and inactivation of tumor-suppressor genes, which led to the production of tumor specific biomarkers which could be applied for the diagnosis, therapeutic monitoring, and prognosis. So far, serum CEA was the only colorectal cancer biomarker recommended in current used clinically, most often for early detection of colorectal cancer recurrence. Therefore, it is imperative to identify more CRC biomarkers to fit the clinical needs. Recent studies discovered a large number of emerging CRC biomarkers that include microRNAs, snoRNAs, epigenetic alterations, and gene mutation or expression signatures which could be developed as potential clinical biomarkers for diagnostic, prognostic, and therapeutic applications in the near future.

We invite investigators to contribute original research articles as well as review articles that seek to find out reliable biomarkers and evaluate their potential role in different clinical applications of CRC diagnosis and treatment. A particular interest will be given to papers exploring or discussing novel noninvasive biomarkers in serum, plasma, or feces for early diagnosis and the use of multiple biomarkers to improve the accuracy of diagnosis, prognosis, and metastasis-predicting in CRC.

Potential topics include but are not limited to the following:

- The development and clinical application of serum or plasma biomarkers in CRC
- The development and clinical application of fecal biomarkers in CRC
- Significance and application prospect of cycling-small noncoding RNA as novel tumor biomarkers in CRC
- The epigenetic alterations that serve as biomarkers to direct the prevention and treatment of CRC
- Gene mutation or expression signature that associate with diagnosis and prognosis in CRC

Authors can submit their manuscripts through the Manuscript Tracking System at http://mts.hindawi.com/submit/journals/grp/cog/.

Lead Guest Editor

Yanlei Ma, Fudan University Shanghai Cancer Center, Shanghai, China
yanleima@live.cn

Guest Editors

Sanjun Cai, Fudan University Shanghai Cancer Center, Shanghai, China
csjfuscc@163.com

Ajay Goel, Baylor Scott & White Research Institute and Charles A. Sammons Cancer Center, Dallas, USA
ajay.goel@bswhealth.org

Wenhao Weng, Baylor Scott & White Research Institute and Charles A. Sammons Cancer Center, Dallas, USA
wengwenhao2010@163.com

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