

Predictive Perspectives of Disease—Transformed Protein Biomarkers

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ABSTRACT

With advancement in instrumentation, computation and understan ding of disease etiology, proteomics has been expanded to harness the knowledge of change in protein folding and misfolding, protein-protein interaction, protein modification, etc. during progression of disease which is a source of discovery for various biomarkers including predictive biomarkers. Various methodologies for disease prediction are reported using 'omics' technology; however, advancement in proteomics with discovery of protein biomarker allows for the estimation of disease risk from years to decades before any disease even manifests internally. Specifc proteins as disease biomarkers that appear in the body fuid/diseased tissues are generally measured. Recently, new proteomics technologies are also being developed in order to facilitate both the highthroughput and high-sensitivity requirements of diseaserelated applications of proteomics and possibly providing the framework for prediction of diseases. Therefore, there is a growing interest in proteomics technologies to discover processes that are involved in various diseases, to discover new biomarkers that correlates with the prediction and early detection of diseases. Now there is change in research thinking where already known biomarkers alone or in combination of others are under investigation for advanced application like in prediction and early detection of chronic diseases. In this review, we have emphasized the prediction perspective of some of the protein biomarkers like CA-125, Lp-PLA2 and tau protein for diseases like cancers, cardiovascular diseases, and Alzheimer's respectively.

Keywords: CA-125, Lp-PLA₂, Predictive biomarker, Protein biomarker, Tau protein.

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INTRODUCTION

Presently, global disease burden is showing worrying trend which is a major concern of disease management. Unfortunately, the burden of chronic diseases is rapidly increasing worldwide. The burden of the proportion of noncommunicable diseases (NCDs) is expected to increase to 57% by 2020. Recent projection on chronic diseases indicated that, by 2020 these diseases will account for almost three-quarters of all deaths worldwide. Projections on communicable diseases also indicate that these would also occupy critically important positions up to 2020° and 82% of 'premature' deaths would occur in low and middle income countries in the age group of 70 years and above. Certain diseases like cardiovascular diseases, malignancies, chronic respiratory diseases, neurological and mental disorders as well as musculoskeletal diseases shall be on the rise in those aged 60 years and above.4

Disease detection techniques has played very crucial role in disease management. Various techniques based on colorimetric, fuorescence and radiometric methods gave a baseline platform for disease detection, whereas enzymelinked immunosorbent-assay (ELISA), Biorobotic, Biochip, Biosensor, Imaging techniques, microscopy and more recently nanotechnology have supported as add on for the disease detection and has revolutionized the detection methodology in favor of effective disease management. Recently, interdisciplinary scien tifc intervention and the basic understanding of etiology of diseases have been tried for identification of several disease specific biomarkers for better disease management. However, rationalization of detection techniques at the level of early detection and prediction is still a major challenge.

Proteins, which are the principle constituents of the protoplasm of all cells, undergo transformations under different conditions of stress. The study of all the proteins expressed by the genome under stressful conditions of ageing and others, provide insights into the health of the genome. In a herd of multiple thriving cells and tissues, the conditions of change/transformation get embedded and expressed within the dynamic change of nucleotide sequences of the cell population, the



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surrounding ribonucleic acids (RNAs) and eventually within the transformations of the proteins expressed by the integrated genome pool. Not all the cells in the herd get transformed into diseased cells at a time. However, the gradual transformation of the healthy cells into the diseased ones leave several 'transformed metabolites' which can be identifed over a period of time by use of sophisticated instruments and measurements. Great insight can be had from such studies about the health conditions of the tissues by studying such 'transformed metabolites' and especially the protein pools thus expressed.

Advancement in proteomics research and technology helps for discovery of various protein biomarkers inclu ding predictive biomarker. Besides traditional ways of identification and characterization of proteins, several new techniques like matrix-assisted laser desorption/ionization time-of-fight mass spectrometry (MALDI-TOF-MS) 5,6 and surface-assisted laser desorption/ionization time-of-fight mass spectrometry (SELDI-TOF-MS) have contributed signifcantly in protein profling of various samples, and thereby the disease detecting technology. The techniques of protein-chip arrays have also been used to understand protein-protein interactions for a wide range of diseases, this made base platform for discovery of biomarkers. 8,9 The advancement in proteomics technologies have led into high-throughput and high-sensitivity assays. Nanotechnology has also offered some unique diagnostic capabilities for development of highly selective and sensitive assays in favor of discovery of certain biomarkers. This advancement in proteomics opens up an innovative platform for discovery of various protein biomarkers which will allows for the identification and prediction of various diseases on the basis of protein structure and function. Using such studies many diseases can be predicted well in advance.

Research in biomedical instrumentation is also going in high pace for development of advanced version of instruments which can fulfil the requirement of very high detection effciency and effcacy. Advancement in these instrumentations led to its application in discovery of various biomarkers and this is playing important role in effective disease management. It helps in prediction of disease, early diagnosis, disease prevention, drug target identification, drug response, etc. These biomarkers can be discovered using various OMICS platforms, such as genomics, 11 proteomics, 12,13 lipidomics, 14,15 etc.

Genomics platform using techniques, such as Northern blot, Gene expression, polyacrylamide gel electrophoresis (PAGE), deoxyribonucleic acid microarray (DNA microarray) have played impor tant role in discovery of biomarker, whereas in proteomics approach

with advancement in instru mentation has opened fne gateway for discov ery of biomarkers to diagnose disease. Secretomics, a subfield of proteomics has recently emerged as an important tool for the discovery of biomarkers¹³ that is related to secretion of proteins and secretion pathways using proteomic approaches. Multiple modern techniques like MALDI-TOF-MS and SELDI-TOF-MS, Ab microarray have been explored for discovery of biomarkers which is boosting the disease detecting technology for protein profling in various samples. Recently, matrix-assisted laser desorption/ ionization (MALDI) have been employed widely for rapid determination of proteins in particular mixtures for proteomic study. Fluorescence two-dimen sional differential gel electrophoresis (2-D DIGE) can be used to quantify variation in the 2-D DIGE process and establish statistically valid thresholds for assigning quantitative changes between samples 16 The techniques of proteinchip arrays have been extensively used to understand protein-protein interactions for a wide range of diseases. Table 1 summarizes the main advanced techniques in proteomics that are used for the discovery of biomarkers for disease detection.

Computational predictive models are also boosting the discovery of various protein biomarkers. ¹⁷ Application of this have been demonstrated in which extensive and diverse feto-maternal protein traffcking occurs during pregnancy can be readily detected non-invasively in maternal whole blood. ¹⁸ The proteomic networks contain many biomarkers that are proxies for development. It extended into potential clinical application which can be used to monitor normal and abnormal fetal development.

Recently, nanobiotechnology application has been extended to improve the discovery of biomarkers. One such example being the sensitive detection of multiple protein biomarkers by nanobiosensors for the management of cancer made most important chapter of nanomedicine. Nanobiotechnology has refned and significantly implemented to molecular diagnosis of cancer through the use of gold nanoparticles and quantum dots. Therefore, it is an expectation and hope nanobiotechnology will facilitate the combination of

Table 1: Advanced techniques in proteomics for discovery of biomarkers

Techniques

- MALDI-TOF-MS
- SELDI-TOF-MS
- Protein-chip array
- · Ab microarray
- 2D-PAGE
- Fluorescence two-dimensional differential gel electrophoresis (2D DIGE)
- Nanobiotechnology
- · Computational predictive models

diagnostics with therapeutics which is an important feature of a personalized medicine approach to cancer. For diagnosis and targeted delivery of cancer therapy monoclonal antibody nanoparticle complexes are under extensive investigation.

Disease Prediction and Protein Biomarker

In coming year, disease detection aspect is going to be key factor in disease management. Although more basic research may be needed on some important aspects of the mechanisms of disease progression, biomarker of disease detection is going to be the focal point for future disease detection. However, rationalization of disease detection at the level of prediction is major challenges of disease detection. The future of medicine's focus may potentially shift for preventing disease rather than treating existing diseases, typically late in their progression. There fore, a new philosophy in healthcare has emerged which will provide platform for perso nalized patient's treatment. Predictive diagnostics is considered as the basis for targeted preventive measures and consequent development of individualized treatment approaches. One of the best examples in this category is of diseases are mediated by mutation-induced protein a paradigm shift toward personalized cancer medicine. ¹⁹ Therefore, there are several opportunities for discovery for new predictive biomarkers for predictive diagnostics which will strengthen the platform for joint venture for R&D, regulatory and increased market share of diagnostics. Now, there are opportunities in this direction for new global and national actions which includes strengthened interaction and partnerships, regulatory, legislative and fscal approaches, etc.

There are various prediction methodologies which include genomics, proteomics, cytomics, etc. but the most commonly used method for prediction of disease is based on genetics. However, the presence of faulty genes of diseases does not necessarily mean that someone acetylation, glycosylation, oxidation and nitrosylation, will get the disease.²⁰ It is considered that lifestyle and environment has significantly played role in development of common and complex diseases in the wider population but is not affected only by heredity. Therefore, genes are not perfect predictors of future disease development and progression. However, advancement in proteomics with discovery of predictive biomarker allows for the estimation of disease risks years to decades before any disease even manifests internally which can offer lifestyle advice or medication with the aim of preventing/ delaying the predicted illness. A protein being the predictive biomarker has a number of advantages over others. Determining the body fuid's secretary proteins can be important for protein function annotation and disease biomarker discovery.²¹ This approach indicates

that the network-based prediction method is quite promising. It is anticipated that the method will beneft the relevant areas for both basic research and applied research. Knowledge on systematic configuration of protein structure may also help in discovery of biomarker and it may act as predictor of particular disease. In this direction three-dimensional (3D) structure elucidation of proteins may help improving the prediction of diseaserelated variants.²² Protein interaction is a well-known phenomenon in biological system; therefore, protein interaction background could provide important clues to help better illustrate single aminoacid polymorphisms (SAPs) functional association which is responsible for the majority of human-heritated diseases. This research will facilitate the post genome-wide association studies. Network features are found to be most important for accurate prediction and can significantly improve the prediction performance. ²³ Protein folding and misfolding have played important role in disease development and progression; therefore, harnessing the knowledge of misfolding and folding of protein during disease progression can be channelized into disease prediction. A number misfolding. 24 Unfolded protein to misfolding disease is classical example of this category.²⁵ It is found that an unstructured protein possess destructive potential during progression of disease.26 Many proteins also undergo wide variety of chemical modifications after translation. The post-translational modifications are very critical to the protein's function which is also recognized for its important role in disease development and progression. 27 One such classical example of modification of protein is phosphorylation which occurs to many enzymes and structural proteins in the process of cell signaling. In addition to phosphorylation, proteins can be subjected to other modification, such as ubiquitination, methylation, which all can contribute to diseases. Therefore, degree of protein modification and their pattern can be explored as predictor of disease progression and development. Although in many diseases enzyme is considered as biomarker still there is need to understand the kinetics pattern of respective enzyme during disease progression which may help for discovery of predictive biomarker for disease prediction.

Prediction Perspective of CA-125 Biomarker in Cancer

There are enormous changes in diagnosis of cancer from turn-around-time to automation has become a major catalyst in this growth. Tremendous support of molecular techniques like fuorescent in situ hybridization (FISH),



polymerase chain reaction (PCR) and microarrays are recorded in cancer diagnosis. In recent years, biomarkers have gained importance by oncologists. The mix and match of molecular and protein markers has given platform for the whole new generation of tests. The integration of advanced proteomics with informatics for disease-related expression profles can be used for identifying high-risk groups with much more reliability and it will allow us monitoring preventive strategies. In recent year, several proteins have been considered as biomarkers for early detection of certain types of cancer, still there is need of search for more predictive protein biomarker for various other types of cancers. During past decades several tumor markers have been enlisted that enable diagnosis, monitoring, and screening. Some biomarkers have found their way to clinical use. The most notable ones are alpha-fetoprotein (AFP) which appears in primary liver cancer and some rare forms of testicular cancer. Carcinoembryonic antigen (CEA) is another important biomarker which can help detect colorectal cancer. Cancer antigen 125, carcinoma antigen 125, or carbohydrate antigen 125 (CA-125) is also known as mucin 16. It is a well-established biomarker for ovarian cancer. Prostate-specifc antigen (PSA) appears in prostate cancers. There is hope that advanced proteomics together with accelerated informatics platform can provide disease-related expression profiles in specific combination that could identify high-risk groups with much more reliability and will allow monitoring developing preventive strategies.

Now there is change in research thinking where already known cancer biomarker alone or in combination with others is under investigation for advanced application like its prediction and early detection of disease. Recently researchers found out that CA-125 protein may help detect ovarian cancer in its early stage.²⁸ Cancer antigen 125 is an important marker in cancer detection.²⁹ Schematic diagram of the structure of CA-125 is provided in Figure 1.

OVA 1 testTM—the first blood test cleared by the US food and drug administration (FDA) can indicate the probability of cancer in an ovarian mass disease.30 Ovarian cancer is a silent killer as its symptoms are very nondescript, Under normal circumstances, a physician is unable to know the ovarian mass is either caused by cancer or something else until operates and tests it. The test utilizes fve well-established biomarkers in well define combinations and proprietary software to determine the likelihood of malignancy in women with ovarian mass for whom surgery is planned. This includes established blood tests known as tumor markers: Cancer antigen 125 (CA-125 II), Transthyretin (TT or prealbumin), apolipoprotein A-1 (Apo A-1), Beta2-microglobulin (Beta2M), and Transferrin (Tfr). The results of these blood tests are combined in an equation to produce a single numerical score. It is also found that elevated CA-125 is suffcient to detect 80 to 90% of recurrences of ovarian cancer. 30,31 It is surprising to know that menopausal females with an elevated CA-125 and without ovarian cancer are exposed to an increased risk of premature mortality. 32 Investigations tells us that high CA-125 levels (>150 U/ml) can rule in the presence of atrial fbrillation in patients with heart failure. 33Recently, potential of serum CA-125 along with L-amino acid oxidase (LAAO) also highlighted in future predictor of cancer recurrence. 34

There are several established markers of cancer, which have been validated over the years. Important among such biomarkers are tabulated in Table 2.

Prediction Perspective of Lp-PLA₂ in Cardiovascular Diseases

Several diagnostic tests have been used for detection and progression of heart disease including protein biomarkers. Of the lipid variables, the ratio of total cholesterol to high density lipoprotein (HDL) cholesterol and Apo lipoprotein B-100 were the most powerful predictors. In cardiovascular disease atherosclerosis is now recognized to be an infammatory process. Four

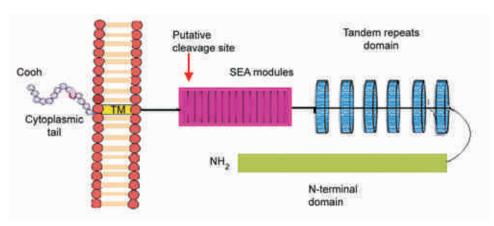


Fig. 1: Structure of CA-125 (Mucin 16) Adapted and derived from Wikipedia https://en.wikipedia.org/wiki/CA-125

Table 2: Some important biomarkers in cancer detection

Biomarkers

- Alpha-fetoprotein (AFP) of liver cancer and rare form of testicular cancer
- · Carcino-embryonic antigen (CEA) in colorectal cancer
- CA-125 for ovarian cancer
- Prostate-specifc antigen (PSA) in prostate cancer Matrix metalloproteinases (MMPs) and A disintegrin and metalloproteinases (ADAMs)

markers of infammation were found to be signifcant predictors of the risk of future heart attacks—C-reactive protein (CRP) test, Serum amyloid A, interleukin 6, and soluble intercellular adhesion molecule-I (sICAM-I). However, C-reactive protein has been identifed as one of and heart attacks. Lipoprotein-associated phospholipase A2 (Lp-PLA2) is also considered as risk factor for the development of atherosclerosis.35 Lipoprotein-associated phospholipase A2 is highly specifc biomarker for vascular infammation linked with increasing cardiovascular (CV) risk level. It is considered to be an independent risk marker, as well as an additive to the predictive value of high-sensitivity C-reactive protein in assessing myocardial infarction (MI) risk in moderate-risk populations. Increased Lp-PLA 2 level is independently associated with coronary artery disease (CAD) severity, and Lp-PLA2 level may be used to discriminate those who are at increased risk of cardiovascular disease.36

A Lp-PLA ₂ also known as platelet-activating factor acetylhydrolase (PAF-AH) is an enzyme that in humans is encoded by the phospholipase A2, group Homo sapiens VII (PLA2G7) gene. Lipoprotein-associated phospholipase A₂ is a 45-kilo Dalton (KDa) protein of 441 amino acids. It cleaves oxidized fatty acids from lipids in plasma mainly carried by low-density lipoprotein cholesterol (LDL-C). Elevated levels of Lp-PLA₂ (>200 ng/dl) predict a 40 to 400% (avg~100%) increased risk for MI and stroke (adjusted for cardiovascular disease risk factors). Further, a growing number of preclinical and genetic studies support a causal role of Lp-PLA₂ in atherosclerosis. The development of a novel therapeutic agent that directly inhibits the Lp-PLA 2 enzyme has provided a unique opportunity to directly test the hypothesis that inhibition of this infammatory enzyme will translate into improved clinical outcomes. 37

The vast majority of plasma Lp-PLA ₂ mass binds to low-density lipoprotein (LDL) while a smaller amount is associated with high-density lipoprotein (HDL). Lipoprotein-associated phospholipase A ₂ is also bound to lipoprotein (a) [Lp(a)], very low-density lipoprotein (VLDL) and remnant lipoproteins. Several lines of evidence suggest that the role of plasma Lp-PLA₂ in atherosclerosis may depend on the type of lipoprotein

particle with which this enzyme is associated. Data from large caucasian population studies have supported plasma Lp-PLA $_2$ (primarily LDL-associated Lp-PLA $_2$) as a cardiovascular risk marker independent of, and additive to, traditional risk factors. On the contrary, the HDL-associated Lp-PLA $_2$ may express antiatherogenic activities and is also independently associated with lower risk for cardiac death. 38 A schematic diagram showing the role of Lp-PLA $_2$ in developing atherosclerosis is provided at Figure 2.

predictors of the risk of future heart attacks—C-reactive protein (CRP) test, Serum amyloid A, interleukin 6, and soluble intercellular adhesion molecule-I (sICAM-I). However, C-reactive protein has been identifed as one of the most significant risk factors for cardiovascular disease the most significant risk factors for cardiovascular disease the PLAC® Test for Lp-PLA2 is a blood test cleared by and heart attacks. Lipoprotein-associated phospholipase the FDA to aid in assessing risk for both coronary heart diseases (CHD) and ischemic stroke associated with atherosclerosis.⁴⁰

A number of protein biomarkers for detecting cardiovascular diseases are in Table 3.

Alzheimer's Disease: Prediction Perspective of Amyloid 'tau'

Diagnostic tools and criteria have been developed in recent years to make a clinical diagnosis of Alzheimer's disease (AD) with an accuracy rate of 85 to 90%. The factors used to complete a diagnosis include: medical history, mental status evaluation, physical examination, neurological examination, neuropsychological evaluation, brain scans, laboratory tests, biomarkers etc. Recently

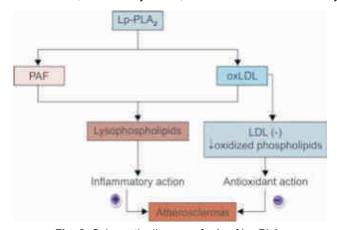


Fig. 2: Schematic diagram of role of Lp-PLA₂ (adapted and derived from reference number 39)

Table 3: Protein biomarkers in cardiovascular disease

Biomarkers

- C-reactive protein
- Serum amyloid A
- Interleukin-6
- sICAM-1
- · Surfactant protein-D
- Apolipoprotein B-100
- Lp-PLA₂



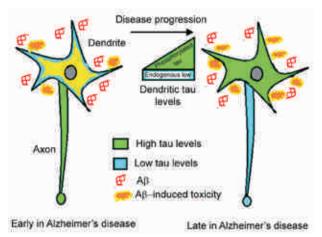


Fig. 3: Change in the content of phosphorilated tauafter the onset of AD (Adapted and derived from the article by Jim Schnabel, Date 20 May, 2013. The DANA Foundation http://dana.org/News/Details.aspx?id=43549 Date 01/01/2015 time; 17.17 PM

protein based markers have been discovered which can be found few years before the onset of symptoms, creating a new preclinical stage.41 The biomarkers include amyloids, which are abnormal proteins that accumulate in the brain of a person with AD which causes neuro-degeneration. This predictive biomarker called amyloid 'tau' accumulates inside brain cells, causing the cells to die. Biomarkers fagged in the new diagnostic criteria may be the key to predicting AD before a person exhibits any symptoms. The biomarkers include amyloid accumulation and neurodegeneration. Many scientists believe the great accumulation of amyloids plays a pivotal part in brain damage. In neurodegeneration, the biomarker called 'tau' accumulates inside brain cells, causing the cells to die.42-44 Recently, it was demonstrated that 'tau' is extensively post-translationally modifed by lysine acetylation, which impairs normal tau function and promotes pathological aggregation. The identification of 'tau' as an acetyltransferase provides a framework to further understand 'tau' pathogenesis and highlights 'tau' enzymatic activity as a potential therapeutic target. 45

It has been suggested that exogenous human P301L 'tau' induces synaptosomal distribution of 'tau' protein with a certain amount of phosphorylation. Regulating the synaptosomal 'tau' level might be a potential target for a therapeutic intervention directed at preventing neurodegeneration. Acceptorespinal fuid (CSF) levels assessment of Ab1-42 and 'tau' proteins may be accurate diagnostic biomarkers for the differentiation of preclinical AD from age-associated memory impairment, depression and other forms of dementia in patients with mild cognitive impairment (MCI). The recent results confrm the key role of CSF biomarkers in predicting patient conversion from MCI to dementia. The study suggests that CSF biomarkers may also be reliable in a real world clinical setting.

CONCLUSION

Disease detection techniques are perceived by researchers as one of the most important aspect of disease manage ment. There are enormous challenges for scientists to overcome the issues at the level of early detection and prediction of disease. Advancement in proteomics allows for the identification and discovery of various protein biomarkers. Protein-3D structure, Protein misfolding, protein-protein interaction, protein modification and kinetics of catalytic protein can be explored for discovery and design of novel predictive biomarkers. Using such studies many diseases can be predicted well in advance. In this review, we have focused mainly on predictive perspective of protein-based biomarkers in some diseases like certain types of cancer, cardiovascular diseases and AD. These markers are for identification and prediction of these diseases on the basis of presence and functionality of certain identifed specialized proteins. The review would provide useful lines and linkages for adopting further research in these areas.

REFERENCES

- 1. World health report 2002: reducing risks, promoting healthy life. Geneva: World Health Organization; 2002. p. 248.
- Murray CJL, Lopez AD. The global burden of disease: a comprehensive assessment of mortality and disability from diseases, injuries, and risk factors in 1990 and projected to 2020. Cambridge, Harvard School of Public Health on behalf of World Health Organization and the World Bank, 1996.
- Prince MJ, Wu F, Guo Y, Robledo LMG, O'Donnell M, Sullivan R, Yusuf S. The burden of disease in older people and implications for health policy and practice. The Lancet 2015;385(9967):549-562.
- 4. Media Centre: Noncommunicable diseases. Fact sheet. Updated January 2015. Geneva, World Heath Organization, 2015. (http://www.who.int/mediacentre/factsheets/fs355/en#).
- Moussaoui W, Jaulhac B, Hoffmann AM, Ludes B, Kostrzewa M, Riegel P, Prévost G. Matrix-assisted laser desorption ionization time-of-fight mass spectrometry identifes 90% of bacteria directly from blood culture vials. Clin Microbiol Infect 2010;16(11):1631-1638.
- Chibo L, Chunqin P, Jianmin S, Haibao W, Liang Y. MALDI-TOF MS combined with magnetic beads for detecting serum protein biomarkers and establishment of boosting decision tree model for diagnosis of colorectal cancer. Int J Med Sci 2011;8(1):39-47.
- Issaq HJ, Veenstra TD, Conrads TP, Felschow D. The SELDI-TOF MS approach to proteomics: protein profiling and biomarker identification. Biochem Biophys Res Commun 2002; 292(2):587-592.
- Yip TT, Cho WC, Cheng WW, Chan JW, Ma VW, Yip TT, Lau Yip CN, Ngan RK, Law SC. Application of protein chip array profling in serum biomarker discovery for patients suffering from severe acute respiratory syndrome. Methods Mol Biol 2007;382;313-331.
- 9. Lee HJ, Wark AW, Corn RM. Microarray methods for protein biomarker detection. Analyst 2008;133(8):975-983.

- Jinmyoung J, Donghoon K, Changyong Y, Sangmin J. Highly sensitive diagnostic assay for the detection of protein biomarkers using microresonators and multifunctional nanoparticles. ACS Nano 2012;6(5):4375-4381.
- 11. He YD. Genomic approach to biomarker identification and its recent applications. Cancer Biomark 2006;2(3-4):103-133.
- Jacobs JM, Adkins JN, Qian WJ, Liu T, Shen Y, Camp DG, Smith RD.
 Utilizing human blood plasma for proteomic biomarker discovery.
 J Proteome Res 2005;4(4):1073-1085.
- 13. Hathout Y. Approaches to the study of the cell secretome. Expert Rev Proteomics 2007;4(2):239-248.
- 14. Wenk MR. The emerging feld of lipidomics. Nat Rev Drug Discov 2005;4(9):594-610.
- 15. Watson AD. Thematic review series: systems biology approa ches to metabolic and cardiovascular disorders. Lipidomics: a global approach to lipid analysis in biological systems. J Lipid Res 2006;47(10):2101-2111.
- Tonge R, Shaw J, Middleton B, Rowlinson R, Rayner S, Young J, Pognan F, Hawkins E, Currie I, Davison M. Validation and development of fuorescence two-dimensional differential gel electrophoresis proteomics technology. Proteomics 2001; 1(3):377-396.
- Azuaje F, Devaux Y, Wagner D. Computational biology for cardiovascular biomarker discovery. Brief Bioinform 2009; 10(4):367-377.
- Maron JL, Alterovitz G, Ramoni M, Johnson KL, Bianchi DW. High-throughput discovery and characterization of fetal protein traffcking in the blood of pregnant women. Proteomics Clin Appl 2009;3(12):1389-1396.
- 19. La Thangue NB, Kerr DJ. Predictive biomarkers: a paradigm shift toward personalized cancer medicine. Nat Rev Clin Oncol 2011;8(10):587-596.
- Vineis P, Schulte P, McMichael AJ. Misconceptions about the use of genetic tests in populations. Lancet 2001;357(9257): 709-712.
- 21. Hu LL, Huang T, Cai YD, Chou KC. Prediction of body fuids where proteins are secreted into based on protein interaction network. PLoS One 2011;6(7):e22989.
- 22. Capriotti E, Altman RB. Improving the prediction of disease-related variants using protein three-dimensional structure. BMC Bioinformatics 2011;12(Suppl 4):S3.
- 23. Huang T, Wang P, Ye ZQ, Xu H, He Z, Feng KY, Hu L, Cui W, Wang K, et al. Prediction of deleterious non-synonymous SNPs based on protein interaction network and hybrid properties. PLoS One 2010; 5(7):e11900.
- Oláh J, Orosz F, Keserü GM, Kovári Z, Kovács J, Hollán S, Ovádi J. Triosephosphate isomerase defciency: a neurodege nerative misfolding disease. Biochem Soc Trans 2002;30(2):30-38.
- 25. Orosz F, Kovács GG, Lehotzky A, Oláh J, Vincze O, Ovádi J. TPPP/p25: from unfolded protein to misfolding disease: prediction and experiments. Biol Cell 2004;96(9):701-711.
- 26. Ovádi J, Orosz, F. An unstructured protein with destructive potential: TPPP/p25 in neurodegeneration. Bioessays 2009; 31(6):676-686.
- Olsen JV, Blagoev B, Gnad F, Macek B, Kumar C, MortensenP, Mann M. Global, in vivo, and site-specifc phosphorylation dynamics in signaling networks. Cell 2006;127(3):635-648.
- David EM, Evelyn HK. Protein biomarkers for the early detection of breast cancer. Int J Proteomics 2011;343-582.
- Teherkassova J, Abramovich C, Moro R, Chen C, Schil\(\text{Rit}\) Gerber A, Moro R. Combination of CA-125 and RECAF biomakers for early detection of ovarian cancer. Tumour Biol 2011;32(4):831-838.

- 30. Fung, ET. A re cipe for proteomics diagnostic test development: the OVA1 test, from biomarker discovery to FDA clearance. Clin Chem 2010;56:327-329.
- Marcus CS, Maxwell GL, Darcy KM, Hamilton CA, McGuire WP. Current approaches and challenges in managing and monitoring treatment response in ovarian cancer. J Cancer RD. 2014;5(1):25-30.
- 32. Terada KY, Elia J, Kim R, Carney M, Ahn HJ. Abnormal CA-125 levels in menopausal women without ovarian cancer. Gynecol Oncol Elsevier 2014;135(1):34-37.
- Kaya H, Yucel H, Zorlu A, Gunes H, Yimaz MB. Association of CA-125 levels with presence of permanent atrial fbrillation in patients with systolic heart failure. J Am Coll Cardiol 2013; 62(18):S2.
- 34. Hegde M, Chianeh YR, Fernandes DJ, Shetty J, Rao P. Serum levels of L-amino acid oxidase in ovarian cancer patients. Br Biomed Bulletin 2015;3(1):105-112.
- 35. Nambi V, Ballantyne CM. Lipoprotein-associated phos pholipase A 2: pathogenic mechanisms and clinical utility for predicting cardiovascular events. Curr Atheroscler Rep 2006; 8(5):374-381.
- 36. Cai A, Li G, Chen J, Li X, Li L, Zhou Y. Increased serum level of Lp-PLA ₂ is independently associated with the severity of coronary artery diseases: a cross-sectional study of Chinese population. BMC Cardiovasc Disord 2015;26;15(1):14.
- Dylan LS, Michelle L, O'Donoghue. Lp-PLA 2 inhibitors for the reduction of cardiovascular events. Cardiol Ther 2013; 2(2):125-134.
- 38. Manole C, Inimioara MC, Isabela S. Lipoprotein-associated phospholipase A₂ as a predictive biomarker of sub-clinical infammation in cardiovascular diseases. Maedica (Buchar) 2010;5(1):51-55.
- 39. Silva IT, Mello AP, Damasceno NR. Antioxidant and infam matory aspects of lipoprotein-associated phospholipase A₂ (Lp-PLA₂): a review. Lipids Health Dis 2011;10:170.
- 40. Yin W, Liang Y, Xiaohui W, Shujie Lou. Pathophysiological Role and Clinical Significance of Lipoprotein-Associated Phospholipase A2 (Lp-PLA2) Bound to LDL and HDL. Europe PubMed central 2014;20(40):6256-6269.
- 41. Prvulovic D, Hampel H. Amyloid (A b) and phospho-tau (p-tau) as diagnostic biomarkers in alzheimer's disease. Clin Chem Lab Med 2011;49(3):367-374.
- 42. Buchhave P, Minthon L, Zetterberg H, Wallin AK, BlennowK, Hansson O. Cerebrospifiaib levels of b -amyloid 1-42, but not of tau, are fully changed already 5 to 10 years before the onset of alzheimer dementia. Arch Gen Psychiatry 2012;69(1): 98-106.
- 43. Yong SS, John CM. Biomarkers predicting alzheimer's disease in cognitively normal aging. J Clin Neurol 2011;7(2):60-68.
- 44. Nick J. Alzheimer disease: Biomarkers predict conversion from MCI to AD. Nat Rev Neurol 2010;6(12):646.
- 45. Cohen TJ, Friedmann D, Hwang AW, Marmorstein R, Lee VMY. The microtubule-associated tau protein has intrinsic acetyltransferase activity. Nat Struct Mol Biol 2013;20(6):756-762.
- 46. Sahara N, Murayama M, Higuchi M, Suhara T, Takashima A. Biochemical distribution of tau protein in synaptosomal fraction of transgenic mice expressing human P301L tau. Front Neurol 2014;5(26):1-8.
- 47. Tondelli M, Bedin R, Chiari A, Molinari MA, Bonifacio G, Lelli N, Trenti T, Nichelli P. Role of cerebrospinal fuid biomarkers to predict conversion to dementia in patients with mild cognitive impairment: a clinical cohort study. Clin Chem Lab Med 2015; 53(3):453-460.

