

Napsin A

Concentrated and Prediluted Monoclonal Antibody
902-388-072717

BIOCARE
M E D I C A L

Catalog Number:	ACR 388 AK, CK	APR 388 AA
Description:	0.1, 1.0 ml, concentrated	6.0 ml, prediluted
Dilution:	1:100-1:200	Ready-to-use
Diluent:	Renoir Red	N/A

Intended Use:

For Research Use Only. Not for use in diagnostic procedures.

Summary and Explanation:

Napsin A is a pepsin-like aspartic proteinase. It is expressed in type II pneumocytes and in adenocarcinomas of the lung and kidney (2). Studies have shown that Napsin A is both more sensitive and specific than TTF-1. When compared to TTF-1, Napsin A showed a higher specificity (94.3%) for adenocarcinoma in non-small cell lung carcinoma as compared to TTF-1 (76.1%) (4). Unlike TTF-1, Napsin A is positive in some renal cell carcinomas (RCC). Several studies have shown that Napsin A was positive in 83%-90.7% of primary lung adenocarcinomas (1-3). Other neoplastic tissues such as ovarian cancers show low expression with different staining patterns from that of primary lung cancer which shows granular cytoplasmic staining in tumor cells. In studies comparing TTF-1 and SP-A, Napsin A stained more tumor cells and a higher percentage of lung adenocarcinomas than either of these antibodies. Napsin A is useful for distinguishing primary lung adenocarcinoma from adenocarcinoma of unknown origin and is therefore a promising marker for the diagnosis of primary lung adenocarcinoma (3).

Principle of Procedure:

Antigen detection in tissues and cells, is a multi-step immunohistochemical process. The initial step binds the primary antibody to its specific epitope. After labeling the antigen with a primary antibody, a secondary antibody is added to bind to the primary antibody. An enzyme label is then added to bind to the secondary antibody; this detection of the bound antibody is evidenced by a colorimetric reaction.

Source: Mouse monoclonal

Species Reactivity: Human, others not tested

Clone: TMU-Ad 02

Isotype: IgG1

Epitope/Antigen: Synthetic peptide of a part of the N-terminus of human Napsin A

Cellular Localization: Cytoplasmic

Positive Control: Lung adenocarcinoma

Total Protein Concentration: ~10 mg/ml. Call for lot specific Ig concentration.

Known Applications:

Immunohistochemistry (formalin-fixed paraffin-embedded tissues)

Supplied As: Buffer with protein carrier and preservative.

Renoir Red (BRR904)

Storage and Stability:

Store at 2°C to 8°C. Do not use after expiration date printed on vial. If reagents are stored under conditions other than those specified in the package insert, they must be verified by the user. Diluted reagents should be used promptly; any remaining reagent should be stored at 2°C to 8°C.

Staining Protocol Recommendations:

Peroxide Block: Block for 5 minutes with Biocare's Peroxidized 1.

Pretreatment Solution (recommended): Diva

Pretreatment Protocol:

Heat Retrieval Method:

Retrieve sections under pressure using Biocare's Decloaking Chamber, followed by a wash in distilled water; alternatively, steam tissue

Staining Protocol Recommendations Cont'd:

sections for 45-60 minutes. Allow solution to cool for 10 minutes then wash in distilled water.

Protein Block (Optional): Incubate for 5-10 minutes at RT with Biocare's Background Punisher.

Primary Antibody: Incubate for 30 minutes at RT.

Probe: Incubate for 10 minutes at RT with a secondary probe.

Polymer: Incubate for 10 minutes at RT with a tertiary polymer.

Chromogen:

Incubate for 5 minutes at RT with Biocare's DAB - OR - Incubate for 5-7 minutes at RT with Biocare's Warp Red.

Technical Note:

This antibody has been standardized with Biocare's MACH 4 detection system. It can also be used on an automated staining system and with other Biocare polymer detection kits. Use TBS buffer for washing steps.

Limitations:

This product is provided for Research Use Only (RUO) and is not for use in diagnostic procedures. Suitability for specific applications may vary and it is the responsibility of the end user to determine the appropriate application for its use.

Precautions:

1. This antibody contains less than 0.1% sodium azide. Concentrations less than 0.1% are not reportable hazardous materials according to U.S. 29 CFR 1910.1200, OSHA Hazard communication and EC Directive 91/155/EC. Sodium azide (NaN₃) used as a preservative is toxic if ingested. Sodium azide may react with lead and copper plumbing to form highly explosive metal azides. Upon disposal, flush with large volumes of water to prevent azide build-up in plumbing. (Center for Disease Control, 1976, National Institute of Occupational Safety and Health, 1976) (5)

2. Specimens, before and after fixation, and all materials exposed to them should be handled as if capable of transmitting infection and disposed of with proper precautions. Never pipette reagents by mouth and avoid contacting the skin and mucous membranes with reagents and specimens. If reagents or specimens come into contact with sensitive areas, wash with copious amounts of water (6).

3. Microbial contamination of reagents may result in an increase in nonspecific staining.

4. Incubation times or temperatures other than those specified may give erroneous results. The user must validate any such change.

5. Do not use reagent after the expiration date printed on the vial.

6. The MSDS is available upon request and is located at <http://biocare.net/support/msds/>.

Technical Support:

Contact Biocare's Technical Support at 1-800-542-2002 for questions regarding this product.

References:

1. Hirano T, *et al.* Usefulness of TA02 (Napsin A) to distinguish primary lung adenocarcinoma from metastatic lung adenocarcinoma. Lung Cancer. 2003 Aug; 41 (2):155-62.

2. Ueno T, Linder S, Elmberger G. Aspartic proteinase napsin is a useful marker for diagnosis of primary lung adenocarcinoma. Br J Cancer. 2003 Apr 22; 88(8):1229-33.



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References Cont'd:

3. Suzuki A, *et al.* Napsin A is useful to distinguish primary lung adenocarcinoma from adenocarcinomas of other organs. *Pathol Res Pract.* 2005;201 (8-9):579-86.
4. Dejmek A, *et al.* Napsin A (TA02) is a useful alternative to thyroid transcription factor-1 (TTF-1) for the identification of pulmonary adenocarcinoma cells in pleural effusions. *Diagn Cytopathol.* 2007 Aug;35(8):493-7.
5. Center for Disease Control Manual. Guide: Safety Management, NO. CDC-22, Atlanta, GA. April 30, 1976 "Decontamination of Laboratory Sink Drains to Remove Azide Salts."
6. Clinical and Laboratory Standards Institute (CLSI). Protection of Laboratory workers from occupationally Acquired Infections; Approved guideline-Third Edition CLSI document M29-A3 Wayne, PA 2005



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