

β-Catenin

Concentrated and Prediluted Monoclonal Antibody
901-406-040819

BIOCARE
M E D I C A L

Catalog Number:	CM 406 A, C	PM 406 AA	VLTM 406 G20
Description:	0.1, 1.0 mL, conc.	6.0 mL, RTU	20 mL, RTU
Dilution:	1:200	Ready-to-use	Ready-to-use
Diluent:	Da Vinci Green	N/A	N/A

Intended Use:

For In Vitro Diagnostic Use

β-Catenin [14] is a mouse monoclonal antibody that is intended for laboratory use in the qualitative identification of β-Catenin protein by immunohistochemistry (IHC) in formalin-fixed paraffin-embedded (FFPE) human tissues. The clinical interpretation of any staining or its absence should be complemented by morphological studies using proper controls and should be evaluated within the context of the patient's clinical history and other diagnostic tests by a qualified pathologist.

Summary and Explanation:

Beta-catenin is involved in cell adhesion through catenin-cadherin complexes and as a transcriptional regulator in the Wnt signaling pathway. Its deregulation is important in the genesis of a number of human malignancies, particularly colorectal cancer. The β-Catenin adhesion complex is crucial for intercellular adhesiveness and maintenance of tissue architecture. Its impairment is associated with poorly differentiated phenotype and increased invasiveness of carcinomas. Dysregulation of these pathways allow β-Catenin to accumulate and translocate to the nucleus, where it may activate oncogenes. Such nuclear accumulation can be detected by immunohistochemistry, which may be useful in diagnosis. Catenins link E-cadherin to other integral membrane or cytoplasmic proteins and are modulated by Wnt1 proto-oncogene. The central core region of β-Catenin is involved in mediation of cadherin complex interaction with EGFR. β-Catenin signaling has been shown to have a role in the regulation of angiogenesis and cytoplasmic localization of β-Catenin has been demonstrated as a marker of poor outcome in breast cancer patients.

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 one-, two- or three-step detection procedure can be employed. The one-step procedure will feature an enzyme-labeled polymer that binds to the primary antibody. A two-step procedure will feature a secondary antibody added to bind to the primary antibody. An enzyme-labeled polymer is then added to bind to the secondary antibody. The three-step detection procedure will feature a secondary antibody added to bind to the primary antibody followed by a linker antibody step for maximum binding. An enzyme-labeled polymer is then added to bind to the linker antibody. These detections of the bound antibodies are evidenced by a colorimetric reaction.

Source: Mouse monoclonal

Species Reactivity: Human

Clone: 14

Isotype: IgG1

Protein Concentration: Call for lot specific Ig concentration.

Epitope/Antigen: Mouse β-Catenin aa. 571-781

Cellular Localization: Cytoplasm, membrane and nucleus

Positive Tissue Control: Colon or breast carcinoma

Known Applications:

Immunohistochemistry (formalin-fixed paraffin-embedded tissues)

Supplied As: Buffer with protein carrier and preservative

Storage and Stability:

Store at 2°C to 8°C. The product is stable to the expiration date printed on the label, when stored under these conditions. Do not use after expiration date. Diluted reagents should be used promptly; any remaining reagent should be stored at 2°C to 8°C.

Protocol Recommendations (VALENT® Automated Slide Staining Platform):

VLTM406 is intended for use with the VALENT. Refer to the User Manual for specific instructions for use. Protocol parameters in the Protocol Manager should be programmed as follows:

Deparaffinization: Deparaffinize for 8 minutes with Val DePar.

Pretreatment: Perform heat retrieval at 98°C for 60 minutes using Val AR-Lo pH, 5X (use at 1X).

Peroxidase Block: Block for 5 minutes with Val Peroxidase Block.

Protein Block (Optional): Incubate for 10-20 minutes at RT with Val Background Block.

Primary Antibody: Incubate for 30 minutes.

Secondary: Incubate for 10 minutes with Val Mouse Secondary.

Linker: Incubate for 10 minutes with Val Universal Linker.

Polymer: Incubate for 10 minutes with Val Universal Polymer.

Chromogen: Incubate for 5 minutes with Val DAB.

Counterstain: Counterstain for 5 minutes with Val Hematoxylin.

Protocol Recommendations (intelliPATH FLX® and manual use):

Peroxide Block: Block for 5 minutes with Peroxidized 1.

Pretreatment: Perform heat retrieval using Diva Decloaker. Refer to the Diva Decloaker data sheet for specific instructions.

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

Primary Antibody: Incubate for 30 minutes at RT.

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

Polymer: Incubate for 10-20 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 Warp Red.

Counterstain:

Counterstain with hematoxylin. Rinse with deionized water. Apply Tacha's Bluing Solution for 1 minute. Rinse with deionized water.

Technical Note:

This antibody, for intelliPATH FLX and manual use, has been standardized with MACH 4 detection system. Use TBS for washing steps.

Limitations:

The optimum antibody dilution and protocols for a specific application can vary. These include, but are not limited to fixation, heat-retrieval method, incubation times, tissue section thickness and detection kit used. Due to the superior sensitivity of these unique reagents, the recommended incubation times and titers listed are not applicable to other detection systems, as results may vary. The data sheet recommendations and protocols are based on exclusive use of Biocare products. Ultimately, it is the responsibility of the investigator to determine optimal conditions.

Quality Control:

Refer to CLSI Quality Standards for Design and Implementation of Immunohistochemistry Assays; Approved Guideline-Second edition (I/LA28-A2) CLSI Wayne, PA USA (www.clsi.org). 2011

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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 SDS is available upon request and is located at <http://biocare.net>.

Troubleshooting:

Follow the antibody specific protocol recommendations according to data sheet provided. If atypical results occur, contact Biocare's Technical Support at 1-800-542-2002.

References:

1. Kikuchi A. Regulation of beta-catenin signaling in the Wnt pathway. *Biochem Biophys Res Commun*. 2000 Feb 16; 268(2):243-8.
2. Blaker H, *et al*. Beta-catenin accumulation and mutation of the CTNNB1 gene in hepatoblastoma. *Genes Chromosomes Cancer*. 1999 Aug; 25(4):399-402.
3. Montgomery E, Folpe AL. The diagnostic value of beta-catenin immunohistochemistry. *Adv Anat Pathol*. 2005 Nov; 12(6):350-6.
4. Burford H, *et al*. E-cadherin/beta-catenin and CD10: a limited immunohistochemical panel to distinguish pancreatic endocrine neoplasm from solid pseudopapillary neoplasm of the pancreas on endoscopic ultrasound-guided fine-needle aspirates of the pancreas. *Am J Clin Pathol*. 2009 Dec; 132(6):831-9.
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-Fourth Edition CLSI document M29-A4 Wayne, PA 2014.