










Key Antibodies For Cervical Cancer



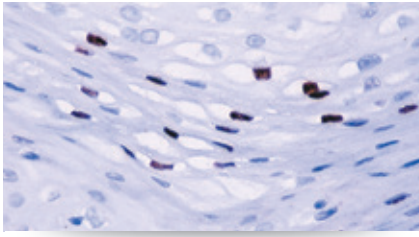
Cervical cancers are a relatively rare diagnosed cancer in the United States, with about 0.8% of new cancer cases classified as cervical, contributing approx. 0.7% of cancer deaths yearly. As of 2013, there were approximately 250,000 women living with cervical cancer in the United States. Those with cervical cancer have a 5 year survival rate of 67.5%. Over the last 10 years, both the new cancer case rate and the death rate have dropped 0.9% and 0.8% per year, respectively. Biocare Medical is proud to offer key cervical antibodies that may aid in the identification of their respective proteins by IHC in FFPE tissues.

SEER Cancer Statistics Factsheets: Cervix Uteri Cancer. National Cancer Institute. Bethesda, MD <http://seer.cancer.gov/statfacts/html/cervix.html>

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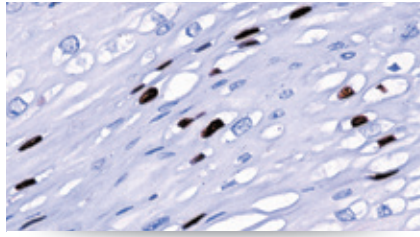
Product Name	Source	Clone	Catalog Number
HPV-16 [CAMVIR-1]		CAMVIR-1	CM 186
HPV Cocktail Broad Spectrum		BPV-1/1H8 + CAMVIR-1	CM 177; PM 177
CA 125		OC125	CM 101; PM 101
Carcinoembryonic Antigen (CEA) (M)		COL-1	CM 058; PM 058
Carcinoembryonic Antigen (CEA) (P)		Polyclonal	CP 009; PP 009; IP 009
p63		4A4	CM 163; PM 163; IP 163; OAI 163; VP 163
CD117/c-kit		EP10	CME 296; PME 296; IP 296; OAI 296
Topoisomerase II alpha		31	ACI 3045; API 3045
CD11c (Leu-M5)		5D11	ACI 3122; API 3122

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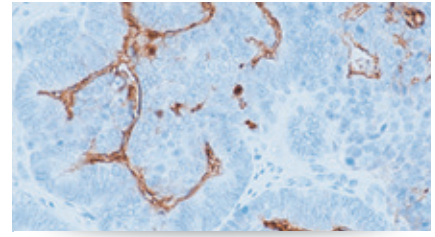
HPV-16 [CAMVIR-1]

HPV-16 [CAMVIR-1] detects the HPV-16 L1 antigen in formalin-fixed, paraffin embedded biopsy specimens and on routine cervical smears. It reacts consistently strong with HPV-16 or HPV-33 specimens, but very weak reactions were observed with HPV-6 or HPV-11 biopsy specimens or smears.



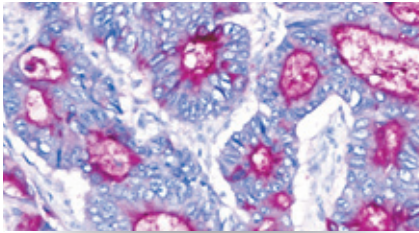
HPV Cocktail Broad Spectrum

HPV Cocktail Broad Spectrum detects HPV-1, 6, 11, 16-16, 18 and 31 in formalin-fixed, paraffin embedded biopsy specimens. It was found to be reactive with purified major capsid protein (MCP), protein in cells infected with L1-vaccinia virus and the protein present in HPV16.



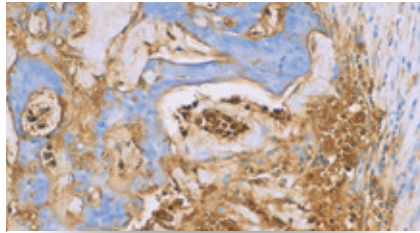
CA 125

CA 125 reacts with epithelial ovarian neoplasms or serous, endometrioid, clear cell and undifferentiated types along with normal tissues and neoplasms of fallopian tube, endometrium, endocervix and mesothelioma. No reactivity has been shown for mucinous ovarian tumors, germ cell or hematopoietic tumors.



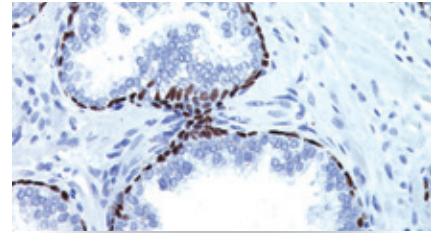
Carcinoembryonic Antigen (CEA) (M)

Carcinoembryonic Antigen (CEA) may be useful in aiding the detection of early foci of gastric carcinoma and distinguishing pulmonary adenocarcinomas from mesothelioma. It has been shown to stain many types of adenocarcinoma, but does not stain benign glands, stroma, or malignant prostatic cells.



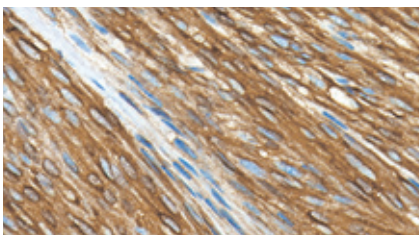
Carcinoembryonic Antigen (CEA) (P)

Carcinoembryonic Antigen (CEA) is reactive with the NCA of neutrophil granulocytes and has been reported to mark adenocarcinoma of the stomach, colon, lung and pancreas. No reactivity has been found for squamous cell carcinoma of the skin and esophagus, mesothelioma, lymphoma, melanoma and sarcoma.



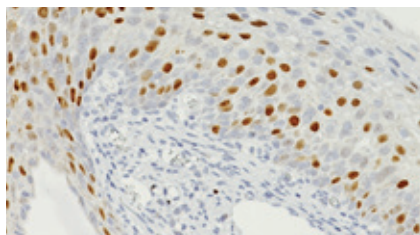
p63

p63 gene defects are a cause of cervical, colon, head and neck, lung and ovarian cancers. It may be a suitable marker for cervical stem cell identification, as p63 expression was observed in the reserve cells and the basal layer of the ectocervical epithelium.



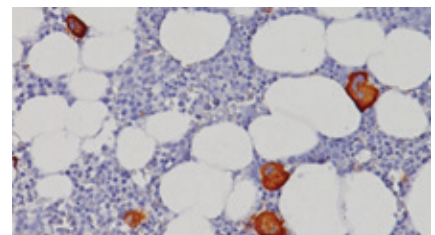
CD117/c-kit

CD117/c-kit is expressed by a variety of normal and abnormal cell types. This includes testicular germ cells, endometrial carcinomas, papillary and follicular thyroid carcinomas, small cell carcinomas, melanomas and ovarian epithelial carcinomas.



Topoisomerase II alpha

Topoisomerase II alpha is a sensitive and specific marker of late S-, G2 & M-phases in transformed and developmentally regulated normal cells. Expression in cervical cancer may correlate with defense reaction and complement the assessment of cervical cancer prognosis.



CD11c (Leu-M5)

CD11c (Leu-M5) is expressed in tissue macrophages, dendritic cells, monocytes, NK cells & granulocytes. In high-grade cervical intraepithelial neoplasia, specimens with higher rates of CD4+ T-cells, CD11c+ dendritic cells & T-bet+ transcription factors showed a strong correlation with favorable clinical outcomes.

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