**CDH17 (M)**
Concentrated and Prediluted Monoclonal Antibody
901-3111-0522623

<table>
<thead>
<tr>
<th>Catalog Number:</th>
<th>Description:</th>
<th>ACI 3111 A, C</th>
<th>API 3111 AA</th>
<th>AVI 3111 G</th>
<th>VLTM 3111 G20</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.1, 1.0 mL, conc.</td>
<td>6.0 mL, RTU</td>
<td>6.0 mL, RTU</td>
<td>Ready-to-use</td>
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<tr>
<td>1:100</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
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<td>Diluent:</td>
<td>Van Gogh Yellow</td>
<td></td>
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</table>

**Intended Use:**
For In Vitro Diagnostic Use

**Summary and Explanation:**
CDH17 (Cadherin 17 or LI-cadherin) is a novel oncogene which is involved in tumor invasion and metastasis and is expressed in intestinal epithelium (1,2). CDH17 is a highly specific marker in colon cancer (99/99, 100%) and is a more sensitive marker than CDX2 (93/99, 94%) and CK20 (91/99, 92%) (3). Overexpression of CDH17 (and conversely, underexpression of CDX2) correlates to poor prognosis in patients with epithelial ovarian cancer (1). CDH17 may be helpful for early diagnosis of Barrett's esophagus (4). CDH17 has been shown to be a useful marker for distinguishing between primary urinary bladder adenocarcinoma and urothelial carcinoma with glandular differentiation (5). Note that it does not distinguish primary urinary bladder adenocarcinoma from colorectal adenocarcinoma secondarily involving the bladder (5).

**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; others not tested

**Clone:** 1H3

**Isotype:** IgG1/Kappa

**Protein Concentration:** Call for lot specific Ig concentration.

**Epitope/Antigen:** CDH17

**Cellular Localization:** Cytoplasmic and cell membrane

**Positive Tissue Control:** Colon 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):**

VLM31111 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-Hi pH, 5X (use at 1X).

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

**Protein Block:** Incubate for 10 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 product 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.

**Protocol Recommendations (Ventana BenchMark XT / ULTRA):**

AVI3111 is intended for use with the BenchMark XT / ULTRA. Refer to the User Manual for specific instructions for use. Recommended protocol parameters are as follows:

- Using *ultraView on XT / ULTRA:*
  - **Template/Detection:** ultraView DAB
  - **Pretreatment Protocol:** CC1 Mild
  - **Primary Antibody:** 32 minutes, 37°C
    - Using OptiView on ULTRA:
      - **Template/Detection:** OptiView DAB IHC
  - **Peroxidase:** Pre Primary Peroxidase Inhibitor
  - **Primary Antibody:** 8 minutes, 36°C

**Limitations:**
The optimum antibody dilution and protocols for a specific application can vary. These include, but are not limited to fixed, heat-retrieval method, incubation times, tissue section thickness and detection kit used. Due to the superior sensitivity of these unique reagents, the...
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Limitations Cont’d:
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:

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) (6)
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 in contact with sensitive areas, wash with copious amounts of water. (7)
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:
3. Tacha D, Zhou D. CDH17 is a highly specific marker and is a more sensitive marker than CDX2 and CK20 in colon cancers. Poster session presented at: CAP’14 The Pathologists’ Meeting; 2014 Sep 7-10; Chicago, IL.