Napsin A

Prediluted Monoclonal Antibody
901-388-053023

BIOCARE MEDICAL

Available Product Formats				
Format	Catalog Number	Description	Dilution	Diluent
Predilute	PM 388 H	25 mL	Ready-to-use	N/A
Q Series– For Leica BOND-III	ALI 388 G7	7.0 mL	Ready-to-use	N/A

Intended Use: For In Vitro Diagnostic Use
Napsin A [TMU-Ad 02] is a mouse monoclonal antibody that is intended for laboratory use in the qualitative identification of Napsin A 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:
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.

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-step or two-step detection procedure can be applied. A one-step procedure will feature an enzyme labeled polymer that binds the primary antibody. A two-step procedure will feature a linker antibody added to bind to the primary antibody. An enzyme-labeled polymer is then added to bind 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: TMU-Ad 02
Isotype: IgG1
Protein Concentration: Call for lot specific Ig concentration.
Epitope/Antigen: Synthetic peptide of a part of the N-terminus of human Napsin A
Cellular Localization: Cytoplasmic
Positive Tissue Control: Lung adenocarcinoma
Known Applications:
Immunohistochemistry (formalin-fixed paraffin-embedded tissues)
Supplied As: Buffer with protein carrier and preservative.
Storage and Stability:
Store at 2ºC to 8ºC. 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 2ºC to 8ºC.

Protocol Recommendations (intelliPATH FLX® and manual use):
Peroxide Block: Block for 5 minutes with Peroxidazed 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.

Protocol Recommendations (intelliPATH FLX® and manual use) Cont'd:
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 (Q Series – For Leica BOND-III):
ALI388 is intended for use with the Leica BOND-III. Refer to the User Manual for specific instructions for use. Recommended protocol parameters are as follows:
Protocol Name: IHC Protocol F
Detection: Bond Polymer Refine
HIER: 20 min with ER2
Peroxide Block: 5 min
Marker (Primary Antibody): 15 min
Post Primary: 8 min.
Polymer: 8 min.
Mixed DAB Refine: 10 min.
Hematoxylin: 5 min.

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

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 (NaN_3) 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.

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

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.
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-Fourth Edition CLSI document M29-A4 Wayne, PA 2014.

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