

## Desmoglein 3

Concentrated and Prediluted Monoclonal Antibody  
901-419-102919

**BIOCARE**  
M E D I C A L

<b>Catalog Number:</b>	<b>CM 419 A, C</b>	<b>PM 419 AA</b>	<b>VLTM 419 G20</b>
<b>Description:</b>	0.1, 1.0 mL, conc.	6.0 mL, RTU	20 mL, RTU
<b>Dilution:</b>	1:100	Ready-to-use	Ready-to-use
<b>Diluent:</b>	Renoir Red	N/A	N/A

### Intended Use:

For In Vitro Diagnostic Use

Desmoglein 3 [BC11] is a mouse monoclonal antibody that is intended for laboratory use in the qualitative identification of desmoglein 3 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:

Desmoglein 3 (DSG3) is a type of desmosomal cadherin, thought to mediate calcium dependent cell-cell adhesion as part of a larger structure found in epithelia and cardiac muscle called a desmosome (1). Studies have shown DSG3 to be overexpressed in head and neck and sinonasal squamous cell carcinoma (SqCC), and overexpression was correlated with malignancy (2,3). Lung immunohistochemistry studies with DSG3 have shown a sensitivity and specificity of 98% and 99%, respectively, in detecting lung SqCC versus lung adenocarcinoma (LADC). With the advent of type-specific therapies, and associated toxicities, it is critical to differentiate non-small cell lung carcinomas (NSCLCs) by histologic type: LADC or lung SqCC (5). Additional studies have shown that DSG3 expression indicates a poor prognosis in lung cancers with a more aggressive clinical outcome (6). DSG3 may be a useful diagnostic marker to distinguish SQCC from other subtypes of lung cancers.

### 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:** BC11

**Isotype:** IgG1

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

**Epitope/Antigen:** Desmoglein 3

**Cellular Localization:** Cell membrane

**Positive Tissue Control:** Lung squamous cell 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):

VLTM419 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).

**Enzyme:** Incubate for 10 minutes with Val Zyme Pronase (1:25 mix).

**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 (preferred) or Reveal Decloaker. Refer to the Diva or Reveal Decloaker data sheet for specific instructions.

**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 MACH 4 Probe.

**Polymer:** Incubate for 10-20 minutes at RT with a MACH 4 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 Notes:

1. This antibody, for intelliPATH FLX and manual use, has been standardized with MACH 4 detection system. Use TBS for washing steps.
2. If used with PulmoPanel™ it is strongly recommended that Diva + MACH 4 detection be used.

### 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 (NaN<sub>3</sub>) 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) (7)
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. (8)
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. Chidgey M, Dawson C. Desmosomes: a role in cancer? Br J Cancer. 2007 Jun 18;96(12):1783-7.
2. Wong MP, *et al.* Loss of desmoglein 1 expression associated with worse prognosis in head and neck squamous cell carcinoma patients. Pathology. 2008 Oct; 40(6):611-6.
3. Huang CC, *et al.* Desmoglein 3 is overexpressed in inverted papilloma and squamous cell carcinoma of sinonasal cavity. Laryngoscope. 2010 Jan; 120(1):26-9.
4. Savci-Heijink CD, *et al.* The role of desmoglein-3 in the diagnosis of squamous cell carcinoma of the lung. Am J Pathol. 2009 May; 174(5):1629-37.
5. Gressett SM, Shah SR. Intricacies of bevacizumab-induced toxicities and their management. Ann Pharmacother. 2009 Mar;43(3):490-501.
6. Fukuoka J, *et al.* Desmoglein 3 as a prognostic factor in lung cancer. Hum Pathol. 2007 Feb;38(2):276-83.
7. 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."
8. 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.