

ERG-2 (ERG + CK5)
Prediluted Multiplex Antibody Reagent
Control Number: 902-437DS-083017

Catalog Number: APR 437DS AA

Description: 6.0 ml, prediluted

Dilution: Ready-to-use

Diluent: N/A

Intended Use:

For Research Use Only. Not for use in diagnostic procedures.

Summary and Explanation:

In human prostate cancer, the ERG oncogene is frequently overexpressed due to chromosomal translocations involving ERG and regulatory sequences of the TMPRSS2 or other androgen responsive genes (1,3-6). The mouse monoclonal anti-ERG antibody shows an unprecedented 99.9% specificity for detecting prostatic adenocarcinoma (3). The report shows strong correlation between the expression of the ERG protein and the presence of TMPRSS2:ERG rearrangement and a remarkable concordance (96.5%) of ERG positive prostatic intraepithelial neoplasia (PIN) and ERG positive carcinoma in prostatectomy specimens (3).

Therefore, as a hallmark of the TMPRSS2:ERG chromosomal translocation, ERG expression offers a rare, but definitive marker of adenocarcinoma of prostatic origin, and unique opportunities to indicate oncogenic activations in PIN, to stratify prostate cancer patients for ERG oncogene status and to monitor treatment efficacy (6).

CK5 is a type II intermediate filament protein. CK5 is expressed in basal layers of most epithelia including normal prostate and normal breast tissues. CK5 stains normal basal cell layers in prostate, benign prostate hyperplasia (BPH) and prostatic intraepithelial neoplasia (PIN) (7,8).

The combination of ERG and CK5 provides a unique stain that aids in identifying the TMPRSS2:ERG chromosomal translocation in prostate cancer (brown); but also highlights PIN (red): thus helping to visualize ERG positive PINs.

Note: ERG [9FY] was developed by the Center for Prostate Disease Research in association with the Henry M. Jackson Foundation, Rockville, Maryland. U.S. Patent 8,765,916 and patents pending.

Principle of Multiplex Staining:

This product is a primary antibody cocktail of mouse and rabbit antibodies, which may be used in a Multiplex IHC staining procedure to produce a two-color stain. Following application of the primary antibody cocktail to the tissue sample, detection is performed by separate secondary antibodies specific for each species (i.e. mouse or rabbit) of the primary antibody cocktail, which are conjugated to horseradish peroxidase (HRP) or alkaline phosphatase (AP) enzymes. Visualization is accomplished by the application of chromogenic substrates (DAB and Warp Red), which are enzymatically activated (by HRP or AP, respectively) to produce a colored reaction product at the antigen site. The specimen may be counterstained and coverslipped. Results are interpreted using a light microscope.

Source: Mouse monoclonal and Rabbit monoclonal

Species Reactivity: Human, others not tested

Clone: 9FY + EP42 (previously known as EP1601Y)

Isotype: IgG1 + IgG

Epitope/Antigen: ERG and C-terminal region of human CK5

Cellular Localization:

ERG (Nuclear): Brown

CK5 (Cytoplasmic): Red

Positive Control: ERG positive prostate cancer with normal and/or PIN glands

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. Do not use after expiration date printed on vial. If reagents are stored under conditions other than those specified in the package insert, they must be verified by the user.

Staining Protocol Recommendations:

Peroxide Block:

Block for 5 minutes with Biocare's Peroxidized 1.

Pretreatment Solution (recommended): Diva

Pretreatment Protocol:

Heat Retrieval Method:

Retrieve sections under pressure using Biocare's Decloaking Chamber, followed by a wash in distilled water; alternatively, steam tissue sections for 45-60 minutes. Allow solution to cool for 10 minutes then wash in distilled water.

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

Primary Antibody: Incubate for 30 minutes at RT.

Double Stain Detection: Incubate for 30 minutes at RT using Biocare's MACH 2 Double Stain 2.

Chromogen (1): Incubate for 5 minutes at RT with Biocare's Betazoid DAB.

Chromogen (2): Incubate for 5-7 minutes at RT with Biocare's Warp Red. Rinse in deionized water.

Counterstain:

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

Technical Note:

1. ERG [9FY] is highly specific and does not stain lymphocytes.
2. ERG [9FY] has been shown to stain endothelial cells, which may serve as a convenient internal positive control in most tissue sections.
3. This antibody has been standardized with Biocare's MACH 2 Double Stain 2. It can also be used on an automated staining system. Use TBS buffer for washing steps. If the end-user desires to reverse colors, MACH 2 Double Stain 1 can be substituted; however, revalidation may be required by the end-user.

Limitations:

This product is provided for Research Use Only (RUO) and is not for use in diagnostic procedures. Suitability for specific applications may vary and it is the responsibility of the end user to determine the appropriate application for use.

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) (9)
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. (10)
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>.

Technical Support:

Contact Biocare's Technical Support at 1-800-542-2002 for questions regarding this product.

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References:

1. Petrovics G, *et al.* Frequent overexpression of *ETS* related gene-1 (*ERG1*) in prostate cancer transcriptome. *Oncogene*. 2005 May 26;24(23):3847-52.
2. Kumar-Sinha C, Tomlins SA, Chinnaiyan AM. Recurrent gene fusions in prostate cancer. *Nat Rev Cancer*. 2008 Jul; 8(7):497-511.
3. Furusato B, *et al.* ERG oncoprotein expression in prostate cancer: clonal progression of ERG positive tumor cells and potential for ERG based stratification. *Prostate Cancer Prostatic Dis*. 2010 Sep; 13(3):228-37.
4. Mohamed AA, *et al.* Ets family protein, erg expression in developing and adult mouse tissues by a highly specific monoclonal antibody. *J Cancer*. 2010 Oct 25;1:197-208.
5. Miettinen M, *et al.* ERG transcription factor as an immunohistochemical marker for vascular endothelial tumors and prostatic carcinoma. *Am J Surg Pathol*. 2011 Mar; 35(3):432-41.
6. Mohamed AA, *et al.* *ERG* oncogene modulates prostaglandin signaling in prostate cancer cells. *Cancer Biol Ther*. 2011 Feb 15; 11(4):410-7.
7. Trpkov K, Bartzak-McKay J, Yilmaz A. Usefulness of cytokeratin 5/6 and AMACR applied as double sequential immunostains for diagnostic assessment of problematic prostate specimens. *Am J Clin Pathol*. 2009 Aug; 132(2):211-20.
8. Hameed O, Humphrey PA. Immunohistochemistry in diagnostic surgical pathology of the prostate. *Semin Diagn Pathol*. 2005 Feb; 22(1):89-104.
9. 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."
10. 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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