SANTA CRUZ BIOTECHNOLOGY, INC.

Lung Carcinoma (MOC-32): sc-52345

SANTA CRUZ BIOTECHNOLOGY

The Power to Question

BACKGROUND

Lung cancer is defined as the malignant metamorphosis and expansion of lung tissue. The most deadly of all cancers, lung carcinoma is responsible for an average of 3 million deaths annually. Initially an illness predominantly affecting males, incidence in women continues to increase, most likely a result of the emerging ratio of female to male smokers. Lung cancer currently remains the leading cause of cancer death in women, overshadowing breast cancer, ovarian cancer and uterine cancers combined. Current research indicates that the factor with the greatest impact on risk of lung cancer is long-term exposure to inhaled carcinogens. There are two major types of lung carcinoma: non-small cell, which accounts for 80% of all cases; and small-cell, which accounts for roughly 20% of all lung cancers reported. The lung continues to be a customary place for cancer migration from tumors elsewhere in the body. Treatment depends on the specific cell type of the cancer, level of progression and status of the individual patient.

REFERENCES

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3. Tsuji, K., et al. 1997. Detection of the circulating lung cancer marker LCAP with a new monoclonal antibody TRD-L1. Int. J. Biol. Markers 12: 49-54.
4. Sher, Y.P., et al. 2005. Prognosis of non-small cell lung cancer patients by detecting circulating cancer cells in the peripheral blood with multiple marker genes. Clin. Cancer Res. 11: 173-179.
5. Xu, H., et al. 2005. Metachronous squamous cell carcinomas evolving from independent oropharyngeal and pulmonary squamous papillomas: association with human papillomavirus 11 and lack of aberrant p53, Rb, and p16 protein expression. Hum. Pathol. 35: 1419-1422.
6. Haura, E.B., et al. 2006. Autocrine interleukin-6/interleukin-6 receptor stimulation in non-small-cell lung cancer. Clin. Lung Cancer 7: 273-275.
7. Chong, I.W., et al. 2006. Great potential of a panel of multiple hMTH1, SPD, ITGA11 and COL11A1 markers for diagnosis of patients with non-small cell lung cancer. Oncol. Rep. 16: 981-988.

SOURCE

Lung Carcinoma (MOC-32) is a mouse monoclonal antibody raised against small cell lung carcinoma of human origin.

PRODUCT

Each vial contains 500 µl culture supernatant containing IgM with < 0.1% sodium azide.

RESEARCH USE

For research use only, not for use in diagnostic procedures.

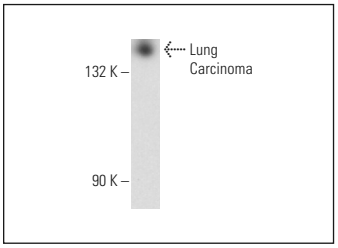
APPLICATIONS

Lung Carcinoma (MOC-32) is recommended for detection of Lung Carcinoma of human origin by Western Blotting (starting dilution to be determined by researcher, dilution range 1:10-1:200), immunoprecipitation [10-20 µl per 100-500 µg of total protein (1 ml of cell lysate)] and immunofluorescence (starting dilution to be determined by researcher, dilution range 1:10-1:200).

Molecular Weight of Lung Carcinoma: 125 kDa.

Positive Controls: SK-N-SH cell lysate: sc-2410.

DATA



Lung Carcinoma (MOC-1): sc-52342. Western blot analysis of Lung Carcinoma expression in SK-N-SH whole cell lysate.

STORAGE

For immediate and continuous use, store at 4° C for up to one month. For sporadic use, freeze in working aliquots in order to avoid repeated freeze/thaw cycles. If turbidity is evident upon prolonged storage, clarify solution by centrifugation.

PROTOCOLS

See our web site at www.scbt.com for detailed protocols and support products.