

Lung Carcinoma (3H225): sc-71519

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

1. Hackshaw, A.K. 1998. Lung cancer and passive smoking. *Stat. Methods Med. Res.* 7: 119-136.
2. Witschi, H. 2001. A short history of lung cancer. *Toxicol. Sci.* 64: 4-6.
3. Alberg, A.J. and Samet, J.M. 2003. Epidemiology of lung cancer. *Chest* 123: 21-49.
4. Schick, S. and Glantz, S. 2005. Philip Morris toxicological experiments with fresh sidestream smoke: more toxic than mainstream smoke. *Tob. Control* 14: 396-404.
5. Spiro, S.G. and Silvestri, G.A. 2005. One hundred years of lung cancer. *Am. J. Respir. Crit. Care Med.* 172: 523-529.
6. Eberhardt, W., Fietkau, R., Griesinger, F., Passlick, B. and Stuschke, M. 2006. Surgery and adjuvant therapy in non-small-cell lung carcinoma (NSCLC) (stage I through operable stage IIIA). *Onkologie* 2: 7-10.
7. Jeong, I.B., Kim, S.M., Lee, T.H., Im, E.H., Huh, K.C., Kang, Y.W. and Choi, Y.W. 2006. Pancreatic metastasis and obstructive jaundice in small cell lung carcinoma. *Korean J. Intern. Med.* 21: 132-135.
8. Kazawa, N., Kitaichi, M., Hiraoka, M., Togashi, K., Mio, N., Mishima, M. and Wada, H. 2006. Small cell lung carcinoma: Eight types of extension and spread on computed tomography. *J. Comput. Assist. Tomogr.* 30: 653-661.
9. Picard, C., Grenet, D., Copie-Bergman, C., Martin, N., Longchamp, E., Zemoura, L. and Stern, M. 2006. Small-cell lung carcinoma of recipient origin after bilateral lung transplantation for cystic fibrosis. *J. Heart Lung Transplant.* 25: 981-984.

SOURCE

Lung Carcinoma (3H225) is a mouse monoclonal antibody raised against lung carcinoma cells of human origin.

PRODUCT

Each vial contains 100 µg IgM in 1.0 ml PBS with < 0.1% sodium azide and 0.1% gelatin.

APPLICATIONS

Lung Carcinoma (3H225) is recommended for detection of Lung Carcinoma of human origin by solid phase ELISA (starting dilution 1:30, dilution range 1:30-1:3000).

Molecular Weight of Lung Carcinoma: 27 kDa.

STORAGE

Store at 4° C, ****DO NOT FREEZE****. Stable for one year from the date of shipment. Non-hazardous. No MSDS required.

RESEARCH USE

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

PROTOCOLS

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