BACKGROUND
Renal cell carcinoma, also referred to as a gynostical tumor, is the most common form of kidney cancer in adults. Renal cell carcinoma tumor cells tend to form cords, papillae, tubules or nests, and are atypical, polygonal and large. These cells accumulate glycogen and lipids, causing their cytoplasm to appear clear. Renal cell carcinoma causes an increased secretion of vasoactive substances such as Renin, which may cause arterial hypertension; Renin leads to the release of erythropoietin, which may lead to polycythemia. Renal cell carcinoma arises from the renal tubule and is resistant to radiation therapy and chemotherapy, although some cases respond to immunotherapy. Medications such as α-interferon and interleukin-2 are somewhat successful in reducing the growth of some renal cell carcinomas, including some that metastasized. The glycoprotein gp200 is expressed by 93% of primary and 84% of metastatic renal cell carcinomas and localizes along the brush border of the proximal tubule and luminal surface of Bowman’s capsule. It is commonly expressed on the plasma membrane. Apart from renal cell carcinoma, this antigenic expression is noted in relatively few carcinomas, including mammary carcinomas, teratocarcinomas and parathyroid adenomas.

REFERENCES

SOURCE
Renal Cell Carcinoma (66.4.C2) is a mouse monoclonal antibody raised against renal cortical tissue of human origin.