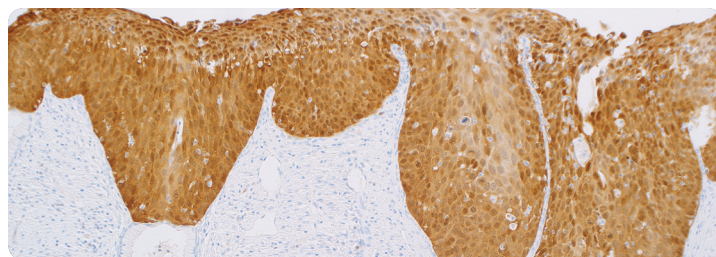


Above:
Estrogen Receptor (EP1)

View more at:
cellmarque.com/specialties



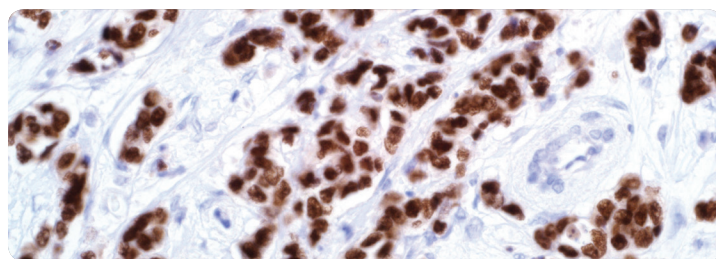
Cell Marque™ Tissue Diagnostics Breast/GYN Pathology



p16^{INK4A} (JC2) clone also known as 16P04

Cat. No. 416M-1

p16^{INK4A} is a cyclin-dependent kinase inhibitor that plays a role in the regulation of cell cycle progression, senescence, and tumor suppression. Alterations in the p16^{INK4A}-RB pathway can result in an overexpression of p16^{INK4A} in several types of cancers including high-grade ovarian serous carcinoma and squamous cell carcinoma of the cervix. In cervical intraepithelial neoplasms (CIN), p16^{INK4A} expression is grade dependent. A greater proportion of grade II and III CIN lesions exhibit strong and diffuse p16^{INK4A} staining compared to CIN I and healthy cervical tissue. While benign skin lesions, such as Spitz Nevi, show strong and diffuse staining, a loss of p16^{INK4A} expression is common in melanoma.



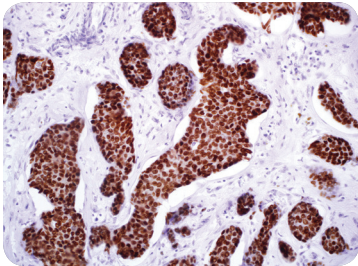
GATA3 (L50-823)

Cat. No. 390M-1

GATA3 is primarily expressed in breast carcinoma and urothelial carcinoma and is only rarely found in tumors from other organs. Anti-GATA3 stains 100% of lobular breast carcinomas and 91% of invasive ductal carcinomas (grade I, 100%; grade II, 89% and grade III, 86%). GATA3 expression is also found in urothelial carcinoma, especially in invasive and high grade tumors, making anti-GATA3 an excellent addition in combination with other antibodies for the detection of unknown primary carcinoma, when carcinomas of the breast or bladder are a possibility.



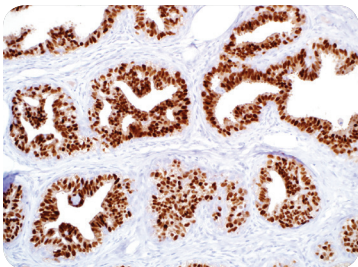
Breast/GYN Pathology



Estrogen Receptor (EP1)

Cat. No. 249R-2

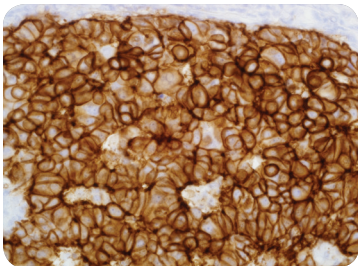
EP1, a rabbit monoclonal antibody, recognizes the epitopes of human ER alpha. This antibody stains nuclei of breast epithelial cells and carcinomas, as well as cervix, ovary, uterus, and prostate. Estrogen receptor (ER) expression has long been considered to be present in approximately two-thirds of breast cancers. It has been demonstrated that patients with ER-positive tumors have a better prognosis than patients with ER-negative tumors. In the case of anti-ER, 1% of positively labeled cells within a tumor has been established as the cut-off for tumor positivity. A recent study of 314 cases has reported that the EP1 clone shows a very strong overall agreement with the commonly used SP1 clone. The EP1 clone is a very useful rabbit monoclonal antibody in the characterization of breast carcinoma.



Progesterone Receptor (Y85)

Cat. No. 323R-1

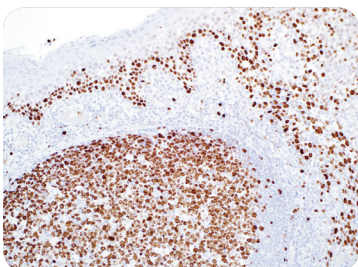
This anti-progesterone receptor antibody reacts with progesterone receptor forms alpha and beta. This antibody stains nuclei in breast, ovarian and endometrial epithelia, as well as myometrial nuclei.



Her2/Neu (EP3)

Cat. No. 237R-2

Human epidermal growth factor receptor 2 (c-erbB2) is a transmembrane glycoprotein in the epidermal growth factor receptor family. It is expressed at low levels in a variety of normal epithelia, such as breast duct epithelium. Approximately 15% to 20% of breast cancers express high levels of HER2 protein. Pathologic interpretation of HER2 testing in gastric carcinoma via immunohistochemistry involves different criteria than that in the case of breast carcinoma. Another key difference from breast cancer staining is that HER2-positive gastric carcinomas are usually of the gland-forming intestinal type and may show incomplete basolateral or lateral staining in addition to complete membrane staining and all of these are considered as a positive result with immunohistochemistry.



Ki-67 (SP6)

Cat. No. 275R-1

The Ki-67 antigen is a nuclear, non-histone protein that is present in proliferating cells. In general, Ki-67 is a good marker of proliferating cell populations. Anti-Ki-67 labeling index has been shown to be a good marker to grade neoplasms including: colon carcinoma, breast carcinoma, and lymphoma.



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