

Make the Right Connection

ERG

NKX3.1

Over 220,000 men are diagnosed in the United States each year with prostate cancer, and over 27,000 deaths occur annually as a result.¹ Early detection and definitive diagnosis is important! Scientific advancements in cancer detection have developed rapidly to keep up with the prevalence of this disease. Recent detection advancements include the development of antibodies NKX3.1 and ERG. These transcription factors aid in the immunohistochemical diagnosis of prostate cancer. These nuclear immunostains allow pathologists to connect the dots to give a more accurate diagnosis of prostate carcinoma.

Novel Nuclear Transcription Factors for Prostate:

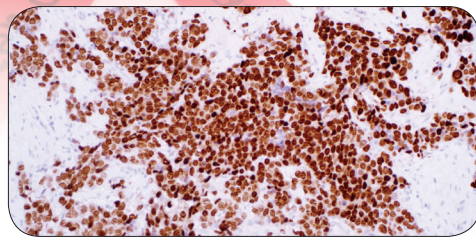
- NKX3.1 - Differentiates neoplastic prostate tissue from non-prostate such as bladder, lung, and liver²
- ERG - Highest specificity for prostate carcinoma versus benign prostate³

Cell Marque NKX3.1 and ERG antibodies are labeled as IVD in the United States as well as other geographies where registered, available in multiple volumes, and are compatible with several automated platforms.

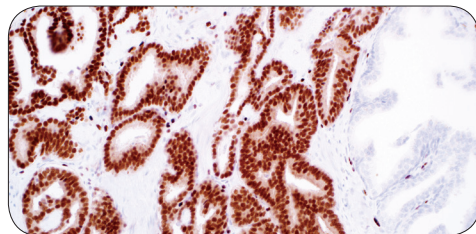
References:

1. <http://bit.do/prostatecancer> (www.cancer.org)
2. Gurel B, et al. Am J Surg Pathol. 2010; 34: 1097-105
3. Tomlins SA, et al. Arch Pathol Lab Med. 2012; 136:935-46

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High-grade prostatic adenocarcinoma is strongly positive for NKX3.1 with a nuclear visualization.



Rabbit monoclonal anti-ERG highlights malignant cells of prostatic adenocarcinoma. Note: Hyperplastic acini are negative for ERG.



NKX3.1 and ERG are part of the Cell Marque genitourinary (GU) pathology portfolio

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