

**SATB2 (Clone: PRM111)
Rabbit Monoclonal Antibody**

PRODUCT INFORMATION:	PERFORMANCE CHARACTERISTICS:
MR1248 6ml Ready to use	Localization: Nucleus
MR1248 3ml Ready to use	Retrieval Buffer: Tris-EDTA, pH 9.0
MRC1248 1ml Concentrated	Incubation: 30-60 minutes
MRC1248 0.5ml Concentrated	Positive control: Colon, Colon Ca
MRC1248 0.1ml Concentrated	
MRH1248 6ml Ready to use	
MRH1248 3ml Ready to use	

INTENDED USE

For research use only
This antibody is intended for use in qualitatively identify SATB2 by light microscopy in formalin fixed, paraffin embedded (FFPE) tissue sections using immunohistochemical (IHC) detection methodology. Interpretation of any positive or negative staining must be complemented with the evaluation of proper known controls (Positive and Negative) and must be made within the context of the patient's clinical history and other diagnostic tests. A qualified and trained pathologist must perform evaluation of the test. This antibody is intended to be used after the primary diagnosis of tumor has been made by conventional histopathology using nonimmunologic histochemical stains.

SUMMARY AND EXPLANATION

DNA-binding protein SATB2, also known as Special AT-rich sequence-binding protein 2, is a nuclear matrix-associated transcription factor. SATB2 acts as a docking site for chromatin remodeling enzymes and recruits co-activators and co-repressors to control nuclear gene expression. SATB2 also regulates skeletal development, osteoblast differentiation, and modulates immunoglobulin expression. In normal tissues, strong nuclear SATB2 expression is observed in essentially all glandular cells lining the lower gastrointestinal tract, including the appendix, colon, and rectum. SATB2 is also expressed in a subset of neuronal cells from the cerebral cortex and hippocampus. In tumor tissues, SATB2 is detected in cancer cells of colorectal origin and may function as a clinically useful diagnostic marker for colorectal cancer (CRC). In a multi-cohort study with 1882 primary and metastatic CRCs, SATB2 shows high sensitivity (85%) for CRC, which is further enhanced to 93% when stained in conjunction with Cytokeratin 20. A recent study showed SATB2 expression in 89% of medullary carcinomas of the large intestine. SATB2 has been suggested as a valuable prognostic marker: high SATB2 expression was determined as an independent marker of good prognosis and sensitivity to chemotherapy and radiation in CRC while loss of SATB2 expression was correlated with poor prognosis in laryngeal carcinoma patients.

PRINCIPLE OF THE PROCEDURE

The identification of the antigen on the FFPE tissues is carried out using the above stated antibody. The antigen and antibody complex is visualized using an enzyme coupled (HRP/AP) secondary antibody with specific binding to the primary antibody, this complex is visualized by the enzymatic activation of the chromogen resulting to a visible reaction production of the antigenic site. Each and every step involves precise time and optimal temperature and the results are interpreted using a light microscope by a qualified and trained pathologist.

REAGENT PROVIDED

Concentrated format: Antibody to SATB2 is affinity purified and diluted in antibody diluent with 1% bovine serum albumin (BSA) and 0.05% of sodium azide (NaN₃).
Recommended dilutions: 1:50 – 1:100
The antibody dilution and protocol may vary depending on the specimen preparation and specific application. Optimal conditions should be determined by individual laboratory.
Pre-diluted format: PathnSitu's ready to use antibodies are pre-titrated to optimal staining conditions. Further dilution will affect the efficacy of the antibody and may yield to sub-optimal staining.
Immunogen: A peptide corresponding to the C-terminus of human DNA-binding protein SATB2
Host, Isotype: Rabbit, IgG

STORAGE AND HANDLING

Storage Recommendations: Store at 2-8°C. When stored at the appropriate conditions, the antibody is stable until expiry. Do not use the antibody after expiration date provided on the vial in any condition.
To ensure proper reagent delivery and stability, replace the dispenser cap after every use and immediately place the vial into the refrigerated conditions in an upright position. The contents of the vial should be used within 9 months from the opening of the vial.

SPECIMEN PREPARATION

Staining Recommendations:
Routinely processed, FFPE tissues are suitable for use with this primary antibody, when used PathnSitu's Poly Excel HRP/DAB detection system. The recommended tissue fixative is 10% neutral buffered formalin. Variable results may occur as a result of prolonged fixation or special processes such as decalcification. Thickness of the sections should be 2-5µm. Slides should be stained once the sections are made as antigenicity of the cut sections may diminish over a period of time. It is recommended to stain known positive and negative controls simultaneously with unknown specimens.

PRECAUTIONS

1. This product should be used by qualified and trained professional users only
2. The product contains < 0.1% of sodium azide as preservative and is not classified hazardous, refer MSDS for further details
3. As with any product derived from biological sources, proper handling procedures should be used
4. Do not use reagents after expiration date
5. Use protective clothing and gloves, while handling reagents
6. All hazardous materials should be disposed according to local state and federal regulations
7. Avoid microbial contamination of reagents as it may lead to incorrect results

STAINING PROCEDURE

Antigen Retrieval Solution: Use Tris-EDTA Buffer (Cat#PS009) as antigen retrieval solution.
Heat Retrieval Method: Retrieve sections under steam pressure for 15 minutes using PathnSitu's MERS (Multi Epitope Retrieval System) for optimal retrieval of the epitopes, allow solution to cool at the room temperature, transfer the tissue sections/slides to the distilled water prior to the primary antibody application.
Primary Antibody: Cover the tissue sections with primary antibody and incubate for 30-60 min at room temperature when used PathnSitu's PolyExcel Detection System.
Detection System: Refer to PathnSitu's PolyExcel HRP/ DAB detection system protocol for optimal staining results.

QUALITY CONTROL

The recommended positive tissue control for SATB2 is Colon and Colon carcinoma. A positive and negative tissue control must be run with every staining procedure performed for monitoring the correct performance of processed tissue and test reagents. A negative tissue controls provide an indication of non-specific background staining. If the results are not expected in positive and negative controls the test must be considered invalid and entire procedure must be cross verified. Individual laboratory must establish their own quality control to validate the process and antibody when opened a vial.

INTERPRETATION OF RESULTS

SATB2 stains the Nucleus. A qualified experienced/trained pathologist must interpret the results in the patient's sample along with the positive and negative controls.

PERFORMANCE CHARACTERISTICS

PathnSitu products will undergo a thorough quality control check before it is released to the market. The antibody showed consistent specific and sensitive staining on the multiple positive tissue controls tested, by inter run, intra run and lot based studies. The antibody is stable for the expiry mentioned on the labels which is determined by real time or accelerated methods.

TROUBLESHOOTING

1. Follow the antibody specific protocol recommendations according to data sheet provided
2. Tissue staining is dependent on the handling and processing of the tissue prior to staining. Improper fixation, tissue processing, antibody freezing and thawing, washing, drying, heating, sectioning or contamination with other tissues or fluids may produce artifacts, antibody trapping or inaccurate results
3. Do not allow the section to dry out during the entire IHC process
4. Excessive or incomplete counterstaining may compromise the interpretation of the results
5. If unusual results occur, contact PathnSitu's Technical Support at +91-40-2701 5544 or E-mail: techsupport@pathnsitu.com

LIMITATIONS AND WARRANTY

Authorized and skilled/trained personnel only may use the product. The clinical interpretation of any test results should be evaluated within the context of the patient's medical history and other diagnostic test results. A qualified trained pathologist must perform the evaluation of the test results. There are no warranties, expressed or implied, which extend beyond the description. PathnSitu is not liable for property damage, personal injury, time or effort on economic loss caused by this product.

BIBLIOGRAPHY

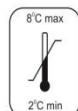
1. Kikuno R, et al. Prediction of the coding sequences of unidentified human genes. XIV. The complete sequences of 100 new cDNA clones from brain which code for large proteins in vitro. DNA Res. 1999; 6 (3): 197-205.
2. Rosenfeld JA, Ballif BC, Lucas A, et al. (2009). "Small deletions of SATB2 cause some of the clinical features of the 2q33.1 microdeletion syndrome." PLoS ONE. 2009; 4 (8): e65668.
3. Magnusson K, et al. SATB2 in combination with cytokeratin 20 identifies over 95% of all colorectal carcinomas. Am J Surg Pathol. 2011; Jul;35(7):937-48.
4. Lin F, et al. Cadherin-17 and SATB2 are sensitive and specific immunomarkers for medullary carcinoma of the large intestine. Arch Pathol Lab Med. 2014; Aug;138(8):1015-26.
5. Conner JR, et al. SATB2 is a novel marker of osteoblastic differentiation in bone and soft tissue tumors. Histopathology. 2013; Jul;63(1):36-49.
6. Dragomir A, et al. The role of SATB2 as a diagnostic marker for tumors of colorectal origin: Results of a pathology-based clinical prospective study. Am J Clin Pathol. 2014; May; 141 (5): 630-8.

EXPLANATION OF SYMBOLS

LOT- Lot number / Batch number



RUO Research use only



Storage limitation