**SOURCE**

Lung Carcinoma (MOC-31) is a mouse monoclonal antibody raised against small cell Lung Carcinoma of human origin.

**PRODUCT**

Each vial contains 500 µl culture supernatant containing IgG1 with < 0.1% sodium azide.

**APPLICATIONS**

Lung Carcinoma (MOC-31) is recommended for detection of Lung Carcinoma of human origin by Western Blotting (starting dilution to be determined by researcher, dilution range 1:10-1:200), immunofluorescence and immunohistochemistry (including paraffin-embedded sections) (starting dilution to be determined by researcher, dilution range 1:10-1:200).

**RECOMMENDED SECONDARY REAGENTS**

To ensure optimal results, the following support (secondary) reagents are recommended: 1) Western Blotting: use goat anti-mouse IgG-HRP: sc-2005 (dilution range: 1:2000-1:32,000) or Cruz Marker™ compatible goat anti-mouse IgG-HRP: sc-2031 (dilution range: 1:2000-1:5000), Cruz Marker™ Molecular Weight Standards: sc-2035, TBS Blotto A Blocking Reagent: sc-2333 and Western Blotting Luminol Reagent: sc-2048. 2) Immunofluorescence: use goat anti-mouse IgG-FITC: sc-2010 (dilution range: 1:100-1:400) or goat anti-mouse IgG-TR: sc-2781 (dilution range: 1:100-1:400) with UltraCruz™ Mounting Medium: sc-24941. 3) Immunohistochemistry: use ImmunoCruz™: sc-2050 or ABC: sc-2017 mouse IgG Staining Systems.

**STORAGE**

For immediate and continuous use, store at 4° C for up to one month. For sporadic use, freeze in working aliquots in order to avoid repeated freeze/thaw cycles. If turbidity is evident upon prolonged storage, clarify solution by centrifugation.

**RESEARCH USE**

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

**PROTOCOLS**

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

**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**