BACKGROUND
Metastasis of a primary tumor to a distant site is determined through signaling cascades that break down interactions between the cell and extracellular matrix proteins. Among the proteins mediating metastasis are serine proteases, such as neutrophil elastase. In 1985, Dr. Jim Travis and Dr. R.W. Carrell designated an emerging family of serine protease inhibitors as the serpin family, which share homology in both primary amino acid sequence and tertiary structure. Serpins contain a stretch of peptide that mimics a true substrate for a corresponding serine protease. Serine proteases bind to this substrate mimic in a 1:1 stoichiometric fashion and become catalytically inactive. Aberrant expression of serpin family members can contribute to a number of conditions, including emphysema (α-1 antitrypsin deficiency), fatal bleeding (elastase to Thrombin specificity) and thrombosis (antithrombin deficiency), and are indicators of cancer stage phenotypes (circulating levels of squamous cell carcinoma antigen, known as SCCA1, increase in advancing stages of some cervical, lung, esophageal, and head and neck cancers).

Human chromosome position 18q21.3 contains a cluster of serpins, including a tandem duplication of the SCCA gene, plasminogen activator inhibitor type 2 and maspin. SCCA is transcribed by two nearly identical genes (SCCA1 and SCCA2), and is mainly produced as SCCA1. The human SCCA1 gene encodes a 390 amino acid protein that was originally isolated from a metastatic cervical squamous cell carcinoma.

REFERENCES

CHROMOSOMAL LOCATION
Genetic locus: SERPINB4 (human) mapping to 18q21.3.

SOURCE
SCCA2 (10C12) is a mouse monoclonal antibody raised against recombinant human SCCA2.

PRODUCT
Each vial contains 200 µg IgG1 in 1.0 ml of PBS with < 0.1% sodium azide and 0.1% gelatin.

APPLICATIONS
SCCA2 (10C12) is recommended for detection of SCCA2 of human origin by Western Blotting (starting dilution 1:200, dilution range 1:100-1:1000), immunoprecipitation [1–2 µg per 100–500 µg of total protein (1 ml of cell lysate)], immunofluorescence and immunohistochemistry (including paraffin-embedded sections) (starting dilution 1:50, dilution range 1:50-1:500).

Positive Controls: human psoratic skin tissue.

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) Immunoprecipitation: use Protein A/G PLUS-Agarose: sc-2003 (0.5 ml agarose/2.0 ml). 3) 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. 4) Immunohistochemistry: use ImmunoCruz™: sc-2050 or ABC: sc-2017 mouse IgG Staining Systems.

DATA
SCCA2 (10C12): sc-21793. Immunoperoxidase staining of paraffin-embedded human psoratic skin tissue. Kindly provided by Dr. Gary Silverman of Children's Hospital, Boston.

SELECT PRODUCT CITATIONS

STORAGE
Store at 4° C, **DO NOT FREEZE**. Stable for one year from the date of shipment. Non-hazardous. No MSDS required.

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.