HRP conjugated Monoclonal Anti-SN38 Antibody, Mouse IgG1

Catalog # SN8-PLS223



Source

HRP conjugated Monoclonal Anti-SN38 Antibody, Mouse IgG1 is produced from a hybridoma resulting from fusion of SP2/0 myeloma and B-lymphocytes obtained from a mouse immunized with SN38.

Isotype

Mouse IgG1/kappa

Specificity

Specifically recognizes the target-SN38.

Purity

>90% as determined by SDS-PAGE.

Endotoxin

Less than 1.0 EU per µg by the LAL method.

Formulation

Lyophilized from $0.22 \mu m$ filtered solution in PBS, pH7.4 with trehalose as protectant.

Contact us for customized product form or formulation.

Reconstitution

Please see Certificate of Analysis for specific instructions.

For best performance, we strongly recommend you to follow the reconstitution protocol provided in the CoA.

Storage

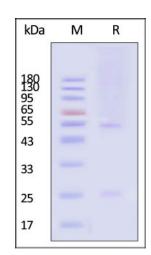
For long term storage, the product should be stored at lyophilized state at -20°C or lower.

Please avoid repeated freeze-thaw cycles.

This product is stable after storage at:

- -20°C to -70°C for 12 months in lyophilized state;
- -70°C for 3 months under sterile conditions after reconstitution.

SDS-PAGE



HRP conjugated Monoclonal Anti-SN38 Antibody, Mouse IgG1 on SDS-PAGE under reducing (R) condition. The gel was stained with Coomassie Blue. The purity of the protein is greater than 90% (With <u>Star Ribbon Pre-stained Protein Marker</u>).

Background

SN-38 is an antineoplastic drug. It is the active metabolite of irinotecan (an analog of camptothecin - a topoisomerase I inhibitor) but has 1000 times more activity than irinotecan itself. In vitro cytotoxicity assays show that the potency of SN-38 relative to irinotecan varies from 2- to 2000-fold. SN38 is formed via hydrolysis of irinotecan by carboxylesterases and metabolized via glucuronidation by UGT1A1. The variant of UGT1A1 in ~10% of Caucasians which leads to poor metabolism of SN-38 predicts irinotecan toxicity, as it is then less easily excreted from the body in its SN-38 glucuronide form. SN-38 and its glucuronide are lost into the bile and intestines. It can cause the symptoms of diarrhoea and myelosuppression experienced by ~25% of the patients administered irinotecan.

Clinical and Translational Updates



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