

Human Ovarian Cancer Antigen (CA-125)

□ **Cat#** CA1251-N-10

Human Ovarian Cancer Antigen (CA-125)

Size: 10 KU

Description

Ovarian cancer Antigen (CA125) is a high molecular weight (>200kDa) mucin-like glycoprotein and is expressed by greater than 80% of nonmucinous epithelial ovarian carcinomas (EOC). This EOC is found in the most serious, endometrioid and clear cell carcinomas of ovary(1). Epithelial ovarian cancer (EOC) is the most common cause of death from gynecologic malignancy in the United States and has an over-all 5 year survival rates of less than 30% stages I diseases, 5-year survival rates of 80% to 90% are achieved. The ovarian cancer assay may have the following clinical application:

1. EOC for monitoring tumor growth serum EOC level correlate with clinical disease status in over 90% of cases in which EOC is elevated in preoperative(2) serum sample a rising serum EOC 125 level is therefore, an extremely reliable indicator of recurrent or progressive disease.
2. EOC 125 as a prognostic indicator for ovarian cancer-after cytoreductive surgery and during chemotherapy the level of EOC can provide an early indicator of prognosis(3).
3. EOC might have role as a screening test for the early detection of ovarian cancer.

Source of antigen

Human CA125 antigen was purified from Ovarian carcinoma cell line. The following contaminants were detected (CA19-9, <0.2%; CA15-3 (1%). It is supplied in PBS, pH 7.2, 0.05% azide or lyophilized in the same buffer (~150,000 units/ml (Centacor RIA) or ~125,000 units/ml (Elecsys). Lot specific conc is specified on the vial. reconstitute powder in PBS at a desired concn and store frozen at -20oC or below in suitable aliquots. Product is stable for at least 6 months.

The cell culture supernatant has tested negative for HIV 1, HIV 2, HCV antibodies, HIV antigen and HBsAg. No test guarantees a product to be non-infectious. Therefore, all material derived from human fluids or tissues should be considered as potentially infectious

Suggested uses

Suitable for use in Western blot and RIA. Each laboratory should determine an optimum working titer for use in its particular application. Other applications have not been tested but use in such assays should not necessarily be excluded.

References:

Jacob et al (1989) Human Reprod. 4, 1-12; Bast RC et al (1990) In Identification of markers for epithelial ovarian cancer, p 265-272; Hawkins RE et al (1990) Br. J. Obstet. Gynecol. 96, 1395-1399; Noel R et al (1992) In manual of Lab. Immunology 4th ed. ASM, p812

Source and properties of protein

For in vitro research use only

Related Material available for ADI

Catalog#	ProdDescription
1820	Human Ovarian Cancer (CA125) ELISA Kit, 96 tests, Quantitative
1830	Human Ovarian Cancer (CA153) ELISA Kit, 96 tests, Quantitative
1840	Human Pancreatic & GI Cancer (CA199) ELISA Kit, 96 tests, Quantitative
1820	Human Ovarian Cancer (CA125) ELISA Kit, 96 tests, Quantitative
1830	Human Ovarian Cancer (CA153) ELISA Kit, 96 tests, Quantitative
1840	Human Pancreatic & GI Cancer (CA199) ELISA Kit, 96 tests, Quantitative
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