

## BG8 LewisY Antibody

### Datasheet

For Research Use Only

Description	Catalog No.	Size
BG8 LewisY Concentrate	FP-A052-01	0.1 ml
BG8 LewisY Concentrate	FP-A052-10	1 ml
BG8 LewisY Predilute	FP-A052-70	7 ml

### Description

BG8 Lewisy , also known as Lewisy Blood Antigen or simply BG8, is a blood group antigen that has been identified in many studies as a potential marker for differentiation between pulmonary adenocarcinoma (PACA) and epithelioid mesothelioma (EM). It has been reported that sensitivity of non-mesothelial antigens for adenocarcinoma is organ-dependent. When attempting to differentiate epithelioid mesothelioma from adenocarcinoma, BG8 Lewisy performed at a sensitivity of 98% in the breast cancer group, and 100% in the lung cancer group.

### Specifications

Clone	IHC517
Source	Mouse Monoclonal
Applications	IHC (P)
Formulation	Tris Buffer, pH 7.3 - 7.7, with 1% BSA and <0.1% Sodium Azide

### IHC Procedure\*

Positive Control Tissue	Lung Adenocarcinoma
Dilution Range	1:50 – 1:200
Pretreatment	Perform heat-induced epitope retrieval (HIER) at pH for 10 to 30 minutes
Incubation Time and Temp	10 to 30 minutes at room temperature
Detection	Refer to the corresponding user manual for detection system

### Result

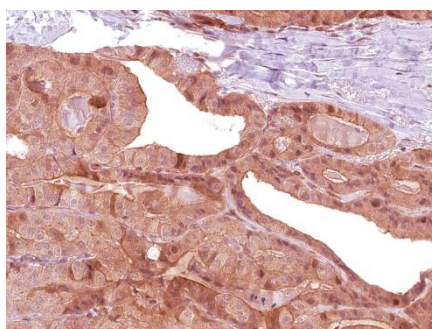


Figure. BG8 LewisY on Thyroid Cancer

## Storage and Handling

Must store the reagent at 2-8 °C. Do not freeze. Do not use the reagent after expiration date on vial. To ensure proper stability and delivery of the antibody after each run, replace the cap and immediately place the bottle in a refrigerator in an upright position. Positive and negative controls should be simultaneously run with unknown specimens, as there are no conclusive characteristics to suggest instability of the antibody.

## Precautions

**The product is for research use only.** Do not use for diagnosis purpose. Ensure proper handling procedures are used with all reagents. Always wear laboratory coats, disposable gloves, and other appropriate laboratory equipment when handling reagents. Do not ingest reagents, and avoid contact with eyes and mucous membranes. Wash eyes with copious amounts of water if contact occurs.

## References

1. **Sheibani K**, et al “Ber-EP4 antibody as a discriminant in the differential diagnosis of malignant mesothelioma versus adenocarcinoma.” *Am J Surg Pathol*. 1991 Aug;15(8):779-84.
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3. **Davidson B**, et al. “Detection of cancer cells in effusions from patients diagnosed with gynaecological malignancies. Evaluation of five epithelial markers.” *Virchows Arch*. 1999 Jul;435(1):43-9.
4. **Ordonez NG**. “The immunohistochemical diagnosis of mesothelioma: a comparative study of epithelioid mesothelioma and lung adenocarcinoma.” *Am J Surg Pathol*. 2003 Aug;27(8):1031-51.
5. **Ordonez NG**. “Value of thyroid transcription factor-1, E-cadherin, BG8, WT1, and CD44S immunostaining in distinguishing epithelial pleural mesothelioma from pulmonary and nonpulmonary adenocarcinoma.” *Am J Surg Pathol*. 2000 Apr;24(4):598-606.
6. **Ordonez NG**. “Value of the Ber-EP4 antibody in differentiating epithelial pleural mesothelioma from adenocarcinoma. The M.D. Anderson experience and a critical review of the literature.” *Am J Clin Pathol*. 1998 Jan;109(1):85-9.
7. **King JE**, et al. “Sensitivity and specificity of immunohistochemical markers used in the diagnosis of epithelioid mesothelioma: a detailed systematic analysis using published data.” *Histopathology*. 2006 Feb;48(3):223-32.
8. **Kao SC**, et al. “Validation of a minimal panel of antibodies for the diagnosis of malignant pleural mesothelioma.” *Pathology*. 2011 Jun;43(4):313-7.
9. **Yaziji H**, et al. “Evaluation of 12 antibodies for distinguishing epithelioid mesothelioma from adenocarcinoma: identification of a three-antibody immunohistochemical panel with maximal sensitivity and specificity.” *Mod Pathol*. 2006 Apr;19(4):514-23.



## Technical Support

Contact FemtoPath Technical Support at +886232338585 or email to [femtopath@hongjing.com.tw](mailto:femtopath@hongjing.com.tw) for assistance with more questions regarding this product.