

Heat Shock Protein 27 (G3.1)

Cervical squamous cell carcinoma makes up about 80-90% of all cervical cancer diagnoses. Cervical squamous cell carcinomas are malignancies of the squamous epithelium that line the exocervix. Cervical squamous cell carcinoma is most often associated with high-risk HPV infections, and develops from precancerous lesions called dysplasia or cervical intraepithelial neoplasia (CIN). Due to the unique method of tumor progression of CIN to squamous cell carcinoma and the course of action taken, availability of diagnostic tools for accurate subtyping is critical for pathologists.

p16 is the immunohistochemical test typically used to aid in the diagnosis of CIN and cervical squamous cell carcinoma. To improve accuracy in this diagnosis, additional antibodies are beneficial to supplement p16 reactivity. Literature cites that heat shock protein 27 is positive in 75% of CIN II, 92% of CIN III, and 100% of cervical squamous cell carcinomas, in comparison to p16 staining in 67% of CIN II, 92% of CIN III, and 75% of cervical squamous cell carcinoma.¹ Heat shock protein 27 is a novel marker that, when used with p16, improves the sensitivity of detecting CIN III and cervical squamous cell carcinoma.¹

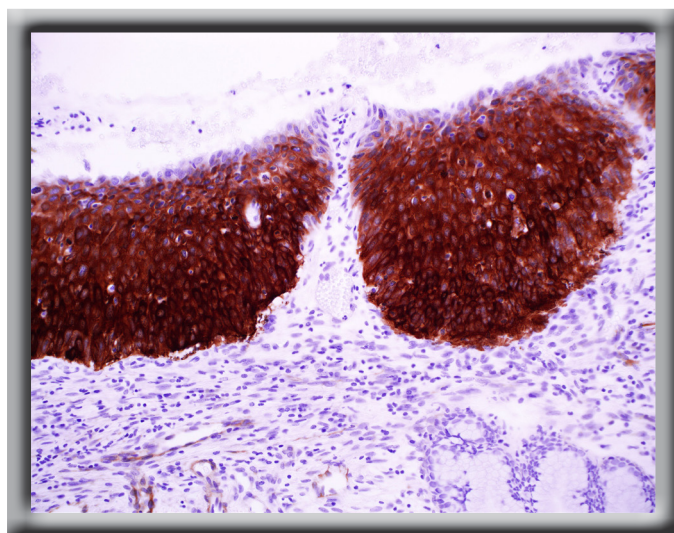
Benefits of Heat Shock Protein 27:

- *In vitro* diagnostic use
- Supplementary marker to p16 for diagnosis of CIN and cervical squamous cell carcinoma
- Increases the sensitivity in detecting cervical dysplasia and cancer when combined with the use of p16

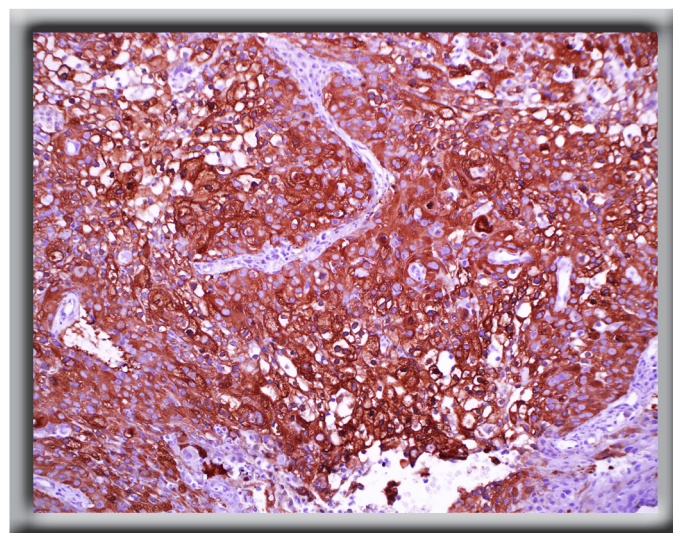
1. Tozawa-Ono A, et al. Hum Cell. 2012 Mar; 25(1):24-8.

Ordering Information

0.1 ml concentrate	398M-14
0.5 ml concentrate	398M-15
1 ml concentrate	398M-16
1 ml predilute	398M-17
7 ml predilute	398M-18
5 positive control slides	398S



Heat Shock Protein 27 is strongly expressed in cervical intraepithelial neoplasia 3.



Heat Shock Protein 27 highlights cervical squamous carcinoma strongly and diffusely.