

ATRX (POLYCLONAL)

Rabbit anti-ATRX Polyclonal Antibody (polcyclona)

REFERENCES AND PRESENTATIONS¹

 ready-to-use (manual or LabVision AutoStainer)

MAD-000782QD-3 MAD-000782QD-7 MAD-000782QD-12

concentrated

MAD-000782Q - 1:50 recommended dilution

COMPOSITION

Rabbit anti-ATRX plyclonal antibody obtained from purified ascitic fluid and prepared in 10mM PBS, pH 7.4, with 0.2% BSA and 0.09% sodium azide.

INTENDED USE Immunohistochemistry (IHC) on paraffin embedded tissues. Not tested on frozen tissues or Western-Blotting

CLONE: Polyclonal **Ig ISOTYPE:** IgG

IMMUNOGEN: Recombinant protein corresponding to the alpha thalassemia X-linked intellectual disability syndrome (ATR-X) subunit.

SPECIES REACTIVITY: In vitro diagnostics in humans.

Not tested in other species

DESCRIPTION AND APPLICATIONS:

ATRX, also known as ATP-dependent helicase ATRX, Xlinked helicase II, X-linked nuclear protein or Znf-HX, is encoded by a gene located in the chromosomal region Xq21.1, which undergoes an inactivation and encodes a nuclear and homologous NTP protein with several types of helicases II present at the membrane level. It belongs to the superfamily of proteins similar to the SNF2 subgroup and features a C-terminal region rich in glutamine similar to other nuclear transcription factors. Mutations of the gene cause a severe mental retardation syndrome linked to alphathalassemia (ATR-X syndrome) characterized by severe psychomotor retardation, characteristic facial urogenital abnormalities and features, thalassemia with H hemoglobin inclusions at the erythrocyte level. Other syndromes related to mutations of the ATRX gene have been described such as X-linked mental retardation-hypotonic facies syndrome or alpha thalassemia myelodysplastic syndrome. After interacting with the DAXX domain and potential binding with the EZH2, the ATRX protein plays several roles in mitosis, rearrangement of the chromatin and transcription as well as in the biology of the telomeric regions.

Studies on massive sequencing have shown that, along with isocitrate dehydrogenase 1 and 2 mutations, the ATRX mutations have been detected in the histogenesis of low-grade gliomas, apparently after facilitating alternative ways of enlargement of telomeric regions. The same study showed the presence of ATRX mutations only in IDH mutant tumors, related to p53 mutations and astrocytic differentiation, as well as mutually exclusive with the 1p/19Q deletions, characteristic of oligodendrogliomas.

Studies on immunohistochemistry has proved that the ATRX is expressed in the brain tissue at the level of the cortical neurons, vascular endothelia or lymphocytes that can represent internal controls of immunostaining.

The loss of ATRX expression is a maker for astrocytic tumors, being absent in 45% cases of anaplastic glioma, 27% of anaplastic oligoastrocytomas and up to 10% of anaplastic astrocytomas. These results integrated with the survival of the patients against the presence of the IDH mutations and the 1p/19q deletions has allowed, regardless of the morphology of the tumor, separating two prognostic groups of astrocytic tumors, tumors with loss of ATRX expression, showing a better prognosis. Other findings have proved that most of the glioblastomas with loss of ATRX and without IDH mutations feature H3F3A mutation, whereas all patients with 1p/19q codeletion show one of the IDH1 or IDH2 mutations. The integrated evaluation of TERT or ATRX expression in the 5 categories of brain tumors of the WHO classification of brain tumors of 2016 Oligodendroglioma, IDH-mutant and 1p/19q codeletion; (2) Astrocytoma, IDH-mutant; (3)Glioblastoma, IDH-mutant; (4) Glioblastoma, IDH-

IHC POSITIVE CONTROL: Tissue section from human

wildtype; and (5) Astrocytoma, IDH-wildtype] has

proved its usefulness in the determination of the

VISUALIZATION: Nuclear

brain.

prognosis of these neoplasms.

CE IVD

¹ These references are for presentation in vials of Low Density Polyethylene (LDPE) dropper. In case the products are used in automated stainers, a special reference is assigned as follows:

^{- /} L: Cylindrical screw-cap vials (QD-3 / L, QD-7 / L, QD-12 / L).
- / N: Polygonal screw-cap vials (QD-3 / N, QD-7 / N, QD-12 / N).
For different presentations (references / volumes) please contact the supplier.



IHC RECOMMENDED PROCEDURE:

- 4μm thick section should be taken on charged slides; dry overnight at 60°C
- Deparaffinise, rehydrate and HIER (heat induced epitope retrieval) – boil tissue in the Pt Module using Vitro S.A EDTA buffer pH8² for 20 min at 95°C. Upon completion rinse with 3-5 changes of distilled or deionised water followed by cooling at RT for 20 min
- Endogenous peroxidase block Blocking for 10 minutes at room temperature using peroxidase solution (ref. MAD-021540Q-125)
- Primary antibody: incubate for 30 minutes [The antibody dilution (when concentrated) and protocol may vary depending on the specimen preparation and specific application. Optimal conditions should be determined by the individual laboratory]
- For detection use Master Polymer Plus Detection System (HRP) (DAB included; ref. MAD-000237QK)
- Counterstaining with haematoxylin and final mounting of the slide

STORAGE AND STABILITY: ✓ Stored at 2-8°C. Do not freeze. ✓ Once the packaging has been opened it can be stored until the expiration date of the reagent indicated on the label. If the reagent has been stored under other conditions to those indicated in this document, the user must first check its correct performance taking into account the product warranty is no longer valid.

WARNINGS AND PRECAUTIONS:

- 1. Avoid contact of reagents with eyes and mucous membranes. If reagents come into contact with sensitive areas, wash with copious amounts of water.
- 2. This product is harmful if swallowed.
- 3. Consult local or state authorities with regard to recommended method of disposal.
- 4. Avoid microbial contamination of reagents.

SAFETY RECOMMENDATIONS

This product is intended for laboratory professional use only. The product is NOT intended to be used as a drug or for domestic purposes. The current version of the Safety Data Sheet for this product can be downloaded by searching the reference number at www.vitro.bio or can be requested at regulatory@vitro.bio.

BIBLIOGRAPHY

1. Picketts DJ, Higgs DR, Bachoo S, Blake DJ, Quarrell OW, Gibbons RJ. ATRX encodes a novel member of the SNF2 family of proteins: mutations point to a

- common mechanism underlying the ATR-X syndrome. Hum Mol Genet. 1996 Dec;5(12):1899-907
- 2. Stayton CL, Dabovic B, Gulisano M, Gecz J, Broccoli V, Giovanazzi S, Bossolasco M, Monaco L, Rastan S, Boncinelli E, et al. Cloning and characterization of a new human Xq13 gene, encoding a putative helicase. Hum Mol Genet. 1994 Nov;3(11):1957-64.
- 3. Kannan K, Inagaki A, Silber J, Gorovets D, Zhang J, Kastenhuber ER, Heguy A, Petrini JH, Chan TA, Huse JT. Whole-exome sequencing identifies ATRX mutation as a key molecular determinant in lower-grade glioma. Oncotarget. 2012 Oct;3(10):1194-203
- 4. Reuss DE, Sahm F, Schrimpf D, Wiestler B, Capper D, Koelsche C, Schweizer L, Korshunov A, Jones DT, Hovestadt V, Mittelbronn M, Schittenhelm J, Herold-Mende C, Unterberg A, Platten M, Weller M, Wick W, Pfister SM, von Deimling A. ATRX and IDH1-R132H immunohistochemistry with subsequent copy number analysis and IDH sequencing as a basis for an "integrated" diagnostic approach for adult astrocytoma, oligodendroglioma and glioblastoma. Acta Neuropathol. 2015 Jan;129(1):133-46.
- 5. Borodovsky A, Meeker AK, Kirkness EF, Zhao Q, Eberhart CG, Gallia GL, Riggins GJ. A model of a patient-derived IDH1 mutant anaplastic astrocytoma with alternative lengthening of telomeres. J Neurooncol. 2015 Feb;121(3):479-87
- 6. Pekmezci M, Rice T, Molinaro AM, Walsh KM, Decker PA, Hansen H, Sicotte H, Kollmeyer TM, McCoy LS, Sarkar G, Perry A, Giannini C, Tihan T, Berger MS, Wiemels JL, Bracci PM, Eckel-Passow JE, Lachance DH, Clarke J, Taylor JW, Luks T, Wiencke JK, Jenkins RB, Wrensch MR. Adult infiltrating gliomas with WHO 2016 integrated diagnosis: additional prognostic roles of ATRX and TERT. Acta Neuropathol. 2017 Jun;133(6):1001-1016
- 7. Karsy M, Guan J, Cohen AL, Jensen RL, Colman H. New Molecular Considerations for Glioma: IDH, ATRX, BRAF, TERT, H3 K27M. Curr Neurol Neurosci Rep. 2017 Feb;17(2):19.
- 8. Ballester LY, Huse JT, Tang G, Fuller GN. Molecular Classification of Adult Diffuse Gliomas: Conflicting IDH1/IDH2, ATRX and 1p/19q Results. Hum Pathol. 2017 May 23. pii: S0046-8177(17)30162-4. doi: 10.1016/j.humpath.2017.05.005. [Epub ahead of print] PubMed PMID: 28549927.

² Ref: MAD-004072R/D



CE IND



LABEL AND BOX SYMBOLS

Explanation of the symbols of the product label and hox:

	Expiration date
Å.	Temperature limit
***	Manufacturer
Σ	Sufficient content for <n> assays</n>
REF	Catalog number
LOT	Lot code
[]i	Refer to the instructions of use
IVD	Medical product for <i>in</i> vitro diagnosis.
e-SDS	Material safety data sheet