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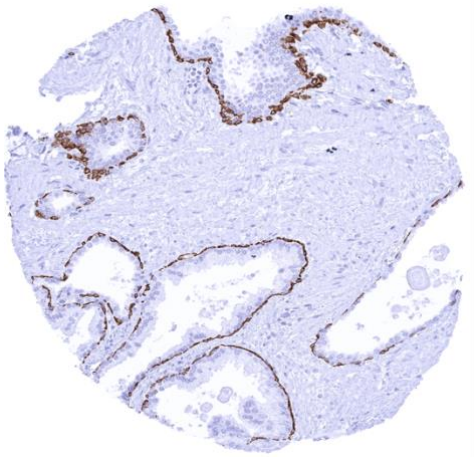
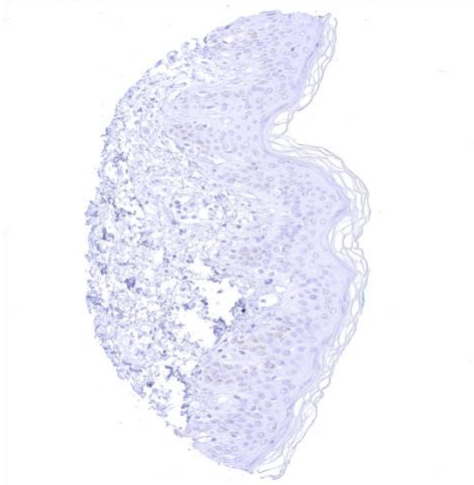
Anti- Cytokeratin 17 Antibody
MSVA-117R / Recombinant Rabbit monoclonal

Human SwissProt	Q04695
Human Gene Symbol	KRT17
Synonyms	Keratin-17; KRT17; PCHC1, K17; Keratin Type I Cytoskeletal 17
Specificity	Cytokeratin 17
Immunogen	Recombinant human KRT17 fragment
Isotype	Rabbit / IgG
Species Reactivity	Human

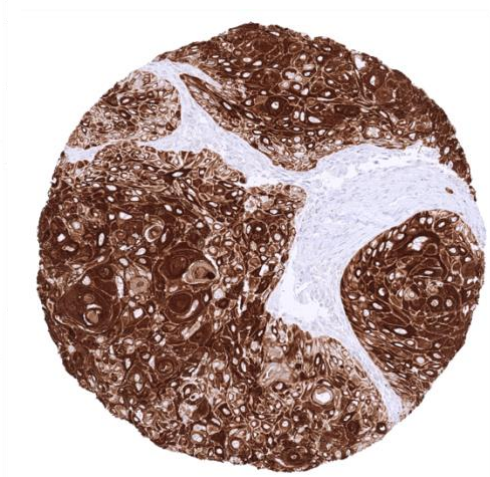
Localization	Cytoplasmic
Storage & Stability	Antibody with azide – store at 2 to 8 C. Antibody without azide – store at -20 to -80 C. Antibody is stable for 24 months. Non-hazardous. No MSD required.
Supplied As	200ug/ml of Ab Purified from Bioreactor Concentrate by Protein A/G. Prepared in 10mM PBS with 0.05% BSA & 0.05% azide. Also available without BSA
Positive Control	Prostate: A strong CK17 staining should be seen in basal cells while acinar cells remain negative.
Negative Control	Colon: CK17 staining should be absent in all cells.



Basal cells show strong CK17 positivity



CK17 is usually absent in normal squamous epithelium



Squamous cell carcinoma of the skin with strong CK17 staining of all tumor cells

Biology

Keratin 17 (CK17), also termed keratin 17 (KRT17) is an 48 kDa type I cytokeratin. CK17 is part of the cytoskeletal scaffold within epithelial cells, which contributes to the cell architecture and provides the cells with the ability to withstand mechanical stress. CK17 is strongly expressed in basal cells of various organs including the prostate, seminal vesicles, corpus epididymis, respiratory epithelium, endocervix, as well as in myoepithelial cells of salivary glands and of the breast. CK17 also occurs in urothelium, hair follicles and sebaceous glands, thymic epithelial cells, tonsil crypt epithelium, amnion and chorion cells of the placenta, intermediate sized excretory ducts of the pancreas, and (occasionally) in some renal tubular cells. CK17 is usually absent in squamous epithelium but is inducible under stressful conditions such as skin injury, viral infections or other inflammatory diseases. Mutations in CK17 are associated with pachyonychia congenita type 2 and steatocystoma multiplex. Among cancers, CK17 is primarily expressed in squamous cell carcinomas of various organs of origin and in urothelial carcinomas. CK17 expression is also seen in various other tumors including adenocarcinomas of the gastrointestinal tract.

Potential Research Applications

The diagnostic and prognostic relevance of CK17 expression in tumors and in preneoplastic disease needs to be investigated.

Protocol Suggestions

Dilution: 1:150. pH 7,8 is optimal. Freshly cut sections should be used (more than 10 days between cutting and staining deteriorates staining intensity for most antibodies in IHC).

Limitations

This antibody is available for **research use only** and is not approved for use in diagnostics.

Warranty

There are no warranties, expressed or implied, which extend beyond this description. MSVA is not liable for any personal injury or economic loss resulting from this product.

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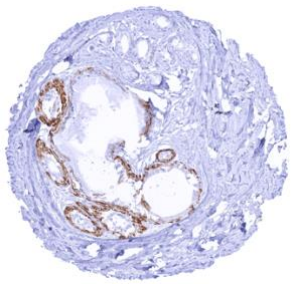
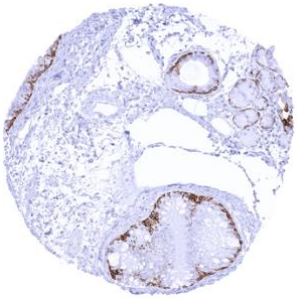
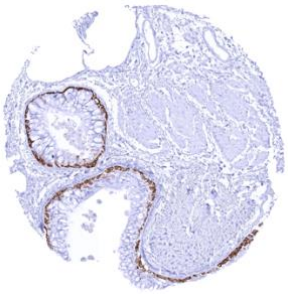


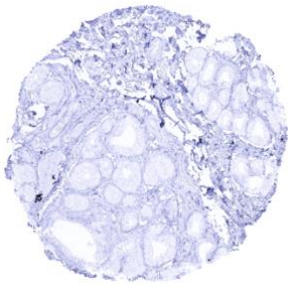
Breast – CK17 staining of basal-myoepithelial cells is more prominent in excretory ducts than in small glands.



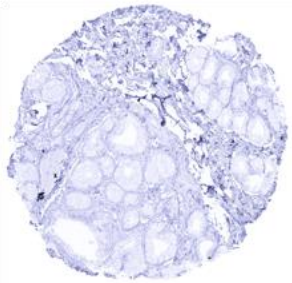
Bronchus, glands – Basal cells of the respiratory epithelium and myoepithelial cells of bronchial glands are CK17 positive.



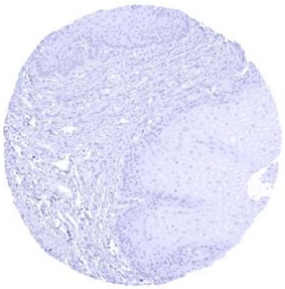
Bronchus, mucosa – Basal cells of the respiratory epithelium exhibit strong CK17 staining.



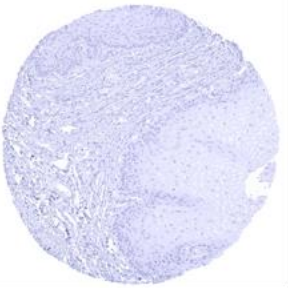
Duodenum, Brunner gland



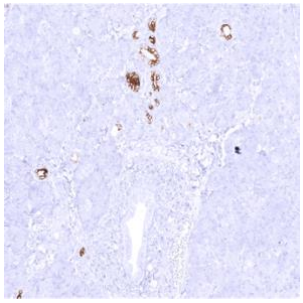
Epididymis – Basal cells in the caput epididymis exhibit strong CK17 staining.



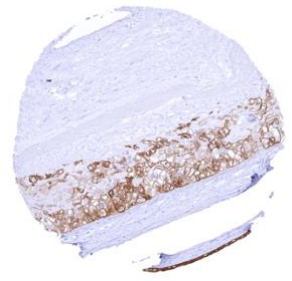
Esophagus, squamous epithelium



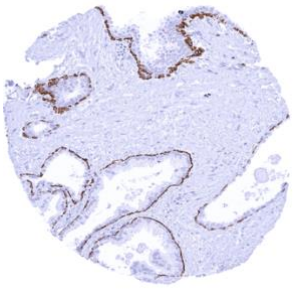
Kidney, medulla – Absence of CK17 staining in this sample.



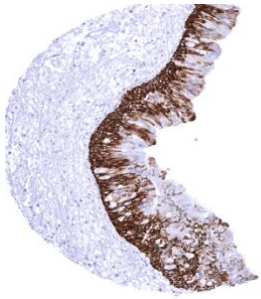
Pancreas – Strong CK17 staining of a subset of small excretory ducts while intercalated ducts and large excretory ducts are CK17 negative.



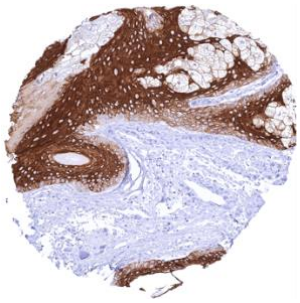
Placenta (amnion and chorion) – Strong CK17 staining of amnion cells while the staining of chorion cells is somewhat less intense but still strong.



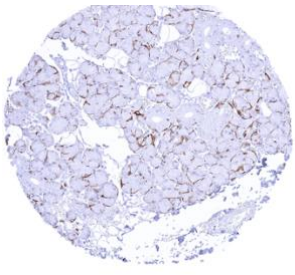
Prostate – Basal cells show strong CK17 positivity.



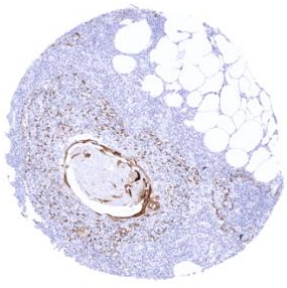
Sinus paranasales – CK17 staining predominates in the basal cell layers.



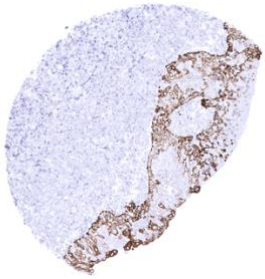
Skin, hairfollicel and sebaceous glands – Strong CK17 staining of hair follicles and of sebaceous glands.



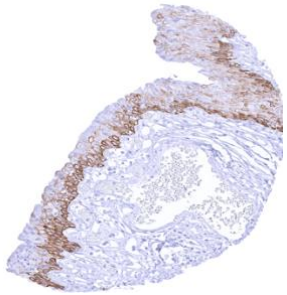
Submandibular gland – Strong CK17 staining of basal cells of excretory ducts and of myoepithelial cells. Glandular cells are not stained.



Thymus – A large subset of thymic epithelial cells (including corpuscles of Hassall's) show significant CK17 staining. Lymphocytes are negative.



Tonsil – Strong CK17 staining of basal and suprabasal cells of crypt squamous epithelium.



Urinary bladder, urothelium – Strong CK17 staining of basal cells while staining is much less intense in the upper cell layers of the urothelium.