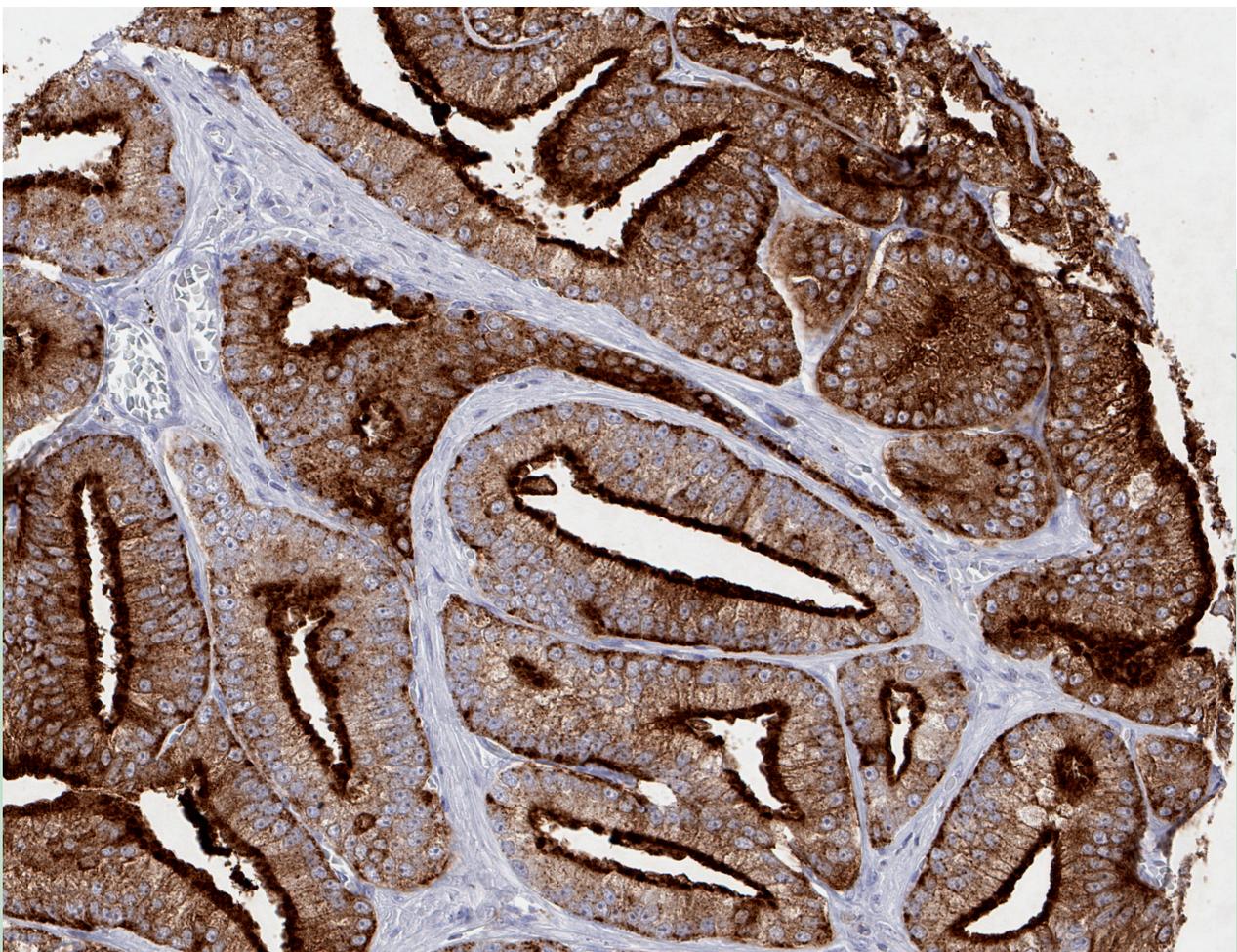


## **DIA-PSA HAM18**

### **Anti-PSA Antibody Clone HAM18**

*Sets new standards in the immunohistochemical analysis of prostate cancer*



**Validated on 21.000 tissues**

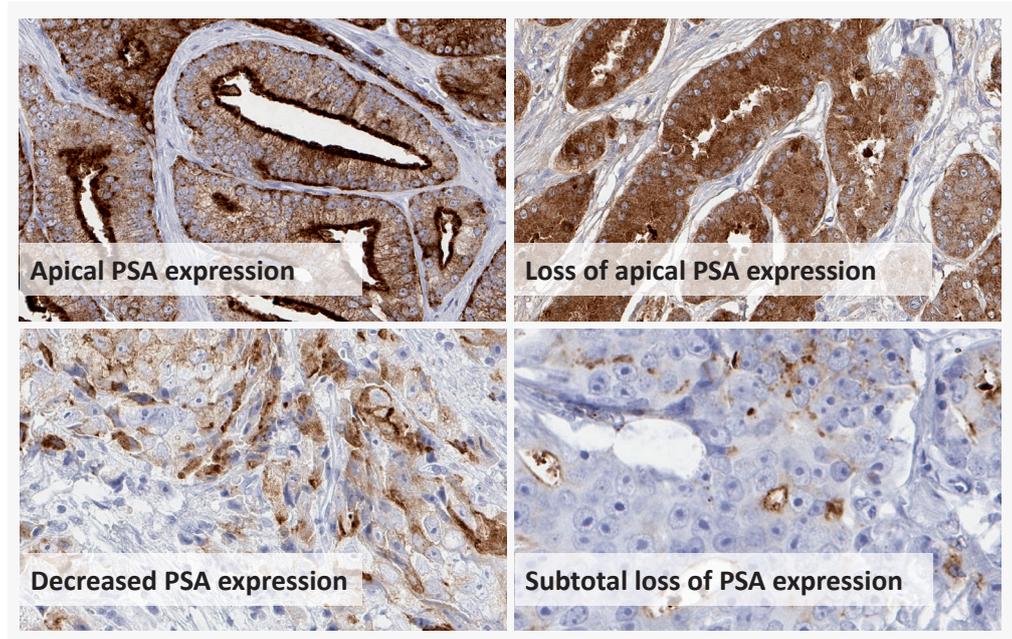
*Combines highest specificity and sensitivity*

## Antibody clone HAM18 sheds new light on the benefits of PSA immunohistochemistry: Loss of apical staining and decreased staining intensity corresponds with unfavorable tumor phenotype

Derived from an unparalleled validation on more than 21.000 tissues, the new anti-PSA antibody clone HAM18 combines the highest specificity with outstanding sensitivity. These properties allow the background-free detection of very high but also low tissue levels of PSA in prostate cancer. Better than previous PSA antibodies, HAM18 still allows detection of low levels of PSA even in very advanced and higher-grade prostate cancer.

### Staining pattern and staining intensity of PSA in prostate carcinoma with decreasing degree of differentiation.

FFPE tumor tissue sections after HIER (pH 7.8) with DIA-PSA (HAM18) at 1:800.



### PSA-staining with HAM18 is particularly effective at:

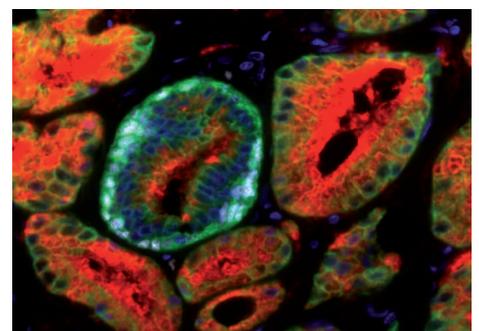
- Advanced high-grade prostate cancer with relatively low serum levels of PSA: in poorly differentiated cancer, low PSA expression in the tumor tissue suggests that serum PSA levels may underestimate the patient's total tumor mass.
- A carcinoma of unknown origin: detection or exclusion of a prostate carcinoma.
- Muscle-invasive bladder tumor of a male patient without histological evidence of an urothelial precursor lesion: exclusion of ingrowth of a prostate cancer into the urinary bladder.

Antibody	Dilution	Cat-No.	Size
Anti-PSA, Clone HAM18	1:100-1:800	DIA-PSA	0,1 ml

HAM18 has been developed for the detection of prostate-specific antigen (PSA) in routinely processed, formalin fixed and paraffin embedded (FFPE) prostate tissues. The antibody is optimized for usage in immunohistochemical brightfield microscopy and multiplex immunofluorescent staining.

### Fluorescence-Multiplex-IHC, normal and neoplastic prostate glands.

White: basal cell marker p63 (only in the normal gland). Green: epithelial cell marker AE1/3. Red: apical in the normal gland, cytoplasmic in the tumor glands.



## Literature

Bonk S. et al.  
Prognostic and diagnostic role of PSA immunohistochemistry: A tissue microarray study on 21,000 normal and cancerous tissues. *Oncotarget* 10(52):5439-5453 (2019).

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+44 (0) 1638 782600  
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