abcam

Product datasheet

Human PMS2 knockout HeLa cell lysate ab257142

4 Images

Overview

Product name	Human PMS2 knockout HeLa cell lysate
Product overview	Knockout cell lysate achieved by CRISPR/Cas9.
Parental Cell Line	HeLa
Organism	Human
Mutation description	Knockout achieved by using CRISPR/Cas9, 16 bp deletion in exon2 and 2 bp deletion in exon2 and Insertion of the selection cassette in exon2.
Passage number	<20
Knockout validation	Sanger Sequencing, Western Blot (WB)
Reconstitution notes	To use as WB control, resuspend the lyophilizate in 50 µL of LDS* Sample Buffer to have a final concentration of 2 mg/ml. For reducing conditions, we recommend a final concentration of 0.1 M DTT. **Usage of SDS sample buffer is not recommended with these lyophilized lysates.*
Notes	**Lysate preparation:** Our lysates are made using RIPA buffer to which we add a protease inhibitor cocktail and phosphatase inhibitor cocktail (ratio: 300:100:10). *This means that the protein of interest is denatured.* If you require a native form of the protein please use the live cell version - found here. Please refer to our lysis protocol for further details on how our lysates are prepared. **User storage instructions:** Lyophilizate may be stored at 4°C. After reconstitution, store at -20°C for short-term storage or -80°C for long-term storage. Access thousands of knockout cell lysates, generated from commonly used cancer cell lines. See here for more information on knockout cell lysates. Abcam has not and does not intend to apply for the REACH Authorisation of customers' uses of products that contain European Authorisation list (Annex XIV) substances. It is the responsibility of our customers to check the necessity of application of REACH Authorisation, and any other relevant authorisations, for their intended uses. This product is subject to limited use licenses from The Broad Institute, ERS Genomics Limited and Sigma-Aldrich Co. LLC, and is developed with patented technology. For full details of the licenses and patents please refer to our limited use license and patent pages.
Tested applications	**Suitable for:** WB

Properties

Storage instructions Store at -80°C. Please refer to protocols.

Components	1 kit
ab260877 - Human PMS2 knockout HeLa cell lysate	1 x 100µg
ab255929 - Human wild-type HeLa cell lysate	1 x 100µg

Cell type epithelial

Disease Adenocarcinoma

Gender Female

STR Analysis Amelogenin X D5S818: 11, 12 D13S317: 12, 13.3 D7S820: 8, 12 D16S539: 9, 10 vWA: 16, 18 TH01: 7 TPOX: 8,12 CSF1PO: 9, 10

Target

Function Component of the post-replicative DNA mismatch repair system (MMR). Heterodimerizes with MLH1 to form MutL alpha. DNA repair is initiated by MutS alpha (MSH2-MSH6) or MutS beta (MSH2-MSH6) binding to a dsDNA mismatch, then MutL alpha is recruited to the heteroduplex. Assembly of the MutL-MutS-heteroduplex ternary complex in presence of RFC and PCNA is sufficient to activate endonuclease activity of PMS2. It introduces single-strand breaks near the mismatch and thus generates new entry points for the exonuclease EXO1 to degrade the strand containing the mismatch. DNA methylation would prevent cleavage and therefore assure that only the newly mutated DNA strand is going to be corrected. MutL alpha (MLH1-PMS2) interacts physically with the clamp loader subunits of DNA polymerase III, suggesting that it may play a role to recruit the DNA polymerase III to the site of the MMR. Also implicated in DNA damage signaling, a process which induces cell cycle arrest and can lead to apoptosis in case of major DNA damages.

Involvement in disease Defects in PMS2 are the cause of hereditary non-polyposis colorectal cancer type 4 (HNPCC4) [MIM:600259]. Mutations in more than one gene locus can be involved alone or in combination in the production of the HNPCC phenotype (also called Lynch syndrome). Most families with clinically recognized HNPCC have mutations in either MLH1 or MSH2 genes. HNPCC is an autosomal, dominantly inherited disease associated with marked increase in cancer susceptibility. It is characterized by a familial predisposition to early onset colorectal carcinoma (CRC) and extra-colonic cancers of the gastrointestinal, urological and female reproductive tracts. HNPCC is reported to be the most common form of inherited colorectal cancer in the Western world, and accounts for 15% of all colon cancers. Cancers in HNPCC originate within benign neoplastic polyps termed adenomas. Clinically, HNPCC is often divided into two subgroups. Type I: hereditary predisposition to colorectal cancer, a young age of onset, and carcinoma observed in the proximal colon. Type II: patients have an increased risk for cancers in certain tissues such as the uterus, ovary, breast, stomach, small intestine, skin, and larynx in addition to the colon. Diagnosis of classical HNPCC is based on the Amsterdam criteria: 3 or more relatives affected by colorectal cancer, one a first degree relative of the other two; 2 or more generation affected; 1 or more colorectal cancers presenting before 50 years of age; exclusion of hereditary polyposis syndromes. The term 'suspected HNPCC' or 'incomplete HNPCC' can be used to describe families who do not or only partially fulfill the Amsterdam criteria, but in whom a genetic basis for colon cancer is strongly suspected.
Defects in PMS2 are a cause of mismatch repair cancer syndrome (MMRCS) [MIM:276300]; also

	known as Turcot syndrome or brain tumor-polyposis syndrome 1 (BTPS1). MMRCS is an autosomal dominant disorder characterized by malignant tumors of the brain associated with multiple colorectal adenomas. Skin features include sebaceous cysts, hyperpigmented and cafe au lait spots.
Sequence similarities	Belongs to the DNA mismatch repair mutL/hexB family.
Cellular localization	Nucleus.

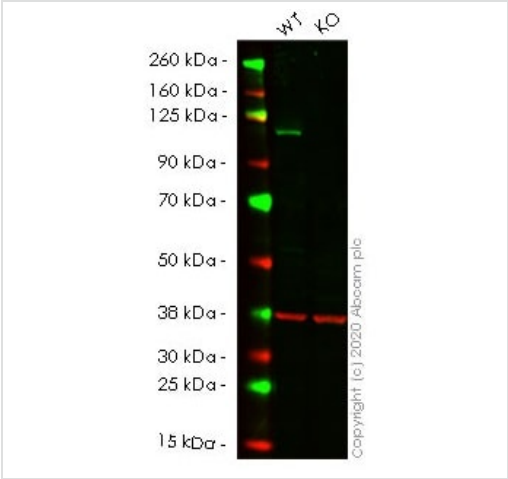
Applications

The Abpromise guarantee Our Abpromise guarantee covers the use of ab257142 in the following tested applications.

The application notes include recommended starting dilutions; optimal dilutions/concentrations should be determined by the end user.

Application	Abreviews	Notes
WB		Use at an assay dependent concentration. Predicted molecular weight: 96 kDa.

Images



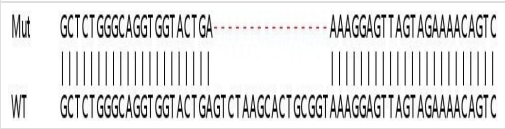
Western blot - Human PMS2 knockout HeLa cell lysate (ab257142)

Lane 1: Wild-type HeLa cell lysate (20µg)

Lane 2: PMS2 knockout HeLa cell lysate (20µg)

Lanes 1- 2: Merged signal (red and green). Green - ab110638 observed at 120 kDa. Red - loading control ab8245 observed at 37 kDa.

ab110638 Anti-PMS2 antibody [EPR3947] was shown to specifically react with PMS2 in wild-type HeLa cells in western blot. Loss of signal was observed when knockout cell line ab261776 (knockout cell lysate ab257142) was used. Wild-type and PMS2 knockout samples were subjected to SDS-PAGE. Membrane was blocked for 1 hour at room temperature in 0.1% TBST with 3% non-fat dried milk. ab110638 and Anti-GAPDH antibody [6C5] - Loading Control (ab8245) were incubated overnight at 4°C at 1 in 1000 dilution and 1 in 20000 dilution respectively. Blots were developed with Goat anti-Rabbit IgG H&L (IRDye® 800CW) preadsorbed (ab216773) and Goat anti-Mouse IgG H&L (IRDye® 680RD) preadsorbed (ab216776) secondary antibodies at 1 in 20000 dilution for 1 hour at room temperature before imaging.



Sanger Sequencing - Human PMS2 knockout HeLa cell lysate (ab257142)

Allele-1: 16 bp deletion in exon2

Sanger Sequencing - Human PMS2 knockout HeLa cell lysate (ab257142)

Allele-2: 2 bp deletion in exon2

Sanger Sequencing - Human PMS2 knockout HeLa cell lysate (ab257142)

Allele-3: Insertion of the selection cassette in exon2

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