**Product datasheet**

**Anti-p40 - DeltaNp63 antibody ab167612**

******** 1 Abreviews 2 References 1 Image

### Overview

**Product name**  
Anti-p40 - DeltaNp63 antibody

**Description**  
Rabbit polyclonal to p40 - DeltaNp63

**Host species**  
Rabbit

**Specificity**  
ab167612 detects a short form of Tumor protein 63 (UniProt ID Q9H3D4) - p40 - DeltaNp63.

**Tested applications**  
Suitable for: WB, IHC-P

**Species reactivity**  
Reacts with: Human

**Immunogen**  
Synthetic peptide corresponding to Human p40 - DeltaNp63 aa 5-17.

**Sequence:**  
ENNAQTQFSEPQY

**Database link:**  
Q9H3D4

**Positive control**  
IHC-P: Human lung squamous cell carcinoma tissue.

### Properties

**Form**  
Liquid

**Storage instructions**  

**Storage buffer**  
Preservative: 0.09% Sodium azide

**Clonality**  
Polyclonal

**Isotype**  
IgG

### Applications

Our Abpromise guarantee covers the use of ab167612 in the following tested applications.

The application notes include recommended starting dilutions; optimal dilutions/concentrations should be determined by the end user.
Differentiating between lung adenocarcinoma and squamous cell carcinoma is an important distinction with therapeutic implications. Although the most frequently recommended squamous marker p63 is extremely sensitive, it suffers from low specificity due to its reactivity in a substantial proportion of lung adenocarcinomas and other tumor types, particularly lymphomas. p40 is a relatively unknown marker that recognizes \( \Delta Np63 \)-a p63 isoform suggested to be highly specific for squamous/basal cells. p40 is equivalent to p63 in sensitivity for squamous cell carcinoma, but it is markedly superior to p63 in specificity, which eliminates a potential pitfall of misinterpreting a p63-positive adenocarcinoma or unsuspected lymphoma as squamous cell carcinoma. These findings strongly support the routine use of p40 in place of p63 for the diagnosis of pulmonary squamous cell carcinoma.

<table>
<thead>
<tr>
<th>Application</th>
<th>Abreviews</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>WB</td>
<td></td>
<td>Use at an assay dependent concentration. PubMed: 29637001</td>
</tr>
<tr>
<td>IHC-P</td>
<td>🌟🌟🌟🌟🌟</td>
<td>1/100 - 1/200. Perform heat mediated antigen retrieval before commencing with IHC staining protocol.</td>
</tr>
</tbody>
</table>

**Target**

**Relevance**

Differentiating between lung adenocarcinoma and squamous cell carcinoma is an important distinction with therapeutic implications. Although the most frequently recommended squamous marker p63 is extremely sensitive, it suffers from low specificity due to its reactivity in a substantial proportion of lung adenocarcinomas and other tumor types, particularly lymphomas. p40 is a relatively unknown marker that recognizes \( \Delta Np63 \)-a p63 isoform suggested to be highly specific for squamous/basal cells. p40 is equivalent to p63 in sensitivity for squamous cell carcinoma, but it is markedly superior to p63 in specificity, which eliminates a potential pitfall of misinterpreting a p63-positive adenocarcinoma or unsuspected lymphoma as squamous cell carcinoma. These findings strongly support the routine use of p40 in place of p63 for the diagnosis of pulmonary squamous cell carcinoma.

**Images**

![Immunohistochemical analysis of formalin-fixed, paraffin-embedded human lung squamous cell carcinoma tissue labeling p40 - DeltaNp63 with ab167612 at 1/100 dilution.](image)

**Please note:** All products are "FOR RESEARCH USE ONLY. NOT FOR USE IN DIAGNOSTIC PROCEDURES"

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