

Product datasheet

Recombinant Human MSH2 protein ab114351

1 Image

Description

<b>Product name</b>	Recombinant Human MSH2 protein
<b>Expression system</b>	Wheat germ
<b>Accession</b>	<a href="#">P43246</a>
<b>Protein length</b>	Full length protein
<b>Animal free</b>	No
<b>Nature</b>	Recombinant
<b>Species</b>	Human

Sequence

MAVQPKETLQLESAAEVGFVRRFFQGMPEKPTTTVRLFDR  
 GDFYTAHGEDA  
 LLAAREVFKTQGVIKYMGPAGAKNLQSVVLSKMNFESEV  
 KDLLLVRQYRV  
 EVYKNRAGNKASKENDWYLAYKASPGNLSQFEDILFGNN  
 DMSASIGVVGV  
 KMSAVDGGQRQVGVGYVDSIQRKLGLCEFPDNDQFSNLE  
 ALLIQIGPKECV  
 LPGGETAGDMGKLRQIIQRGGILITERKKADFSTKDIYQDLN  
 RLLKGKKG  
 EQMNSAVLPEMENQVAVSSLSAVIKFLELLSDDSNFGQF  
 ELTTDFDSQYM  
 KLDIAAVRALNLFQGSVEDTTGSQSLAALLNKCKTPQGQR  
 LVNQWIKQPL  
 MDKNRIEERLNLVEAFVEDAELRQTLQEDLLRRFPDLNRL  
 AKKFQRQAAN  
 LQDCYRLYQGINQLPNVIQALEKHEGKHQKLLLAVFVTPLT  
 DLRSDFSKF  
 QEMIETTLMDQVENHEFLVKPSFDPNLSELREIMNDLEK  
 KMQSTLISAA  
 RDLGLDPGKQIKLDSSAQFGYYFRVTCKEEKVLRNNKNFS  
 TVDIQKNGVK  
 FTNSKLTSLNEEYTKNKTEYEEAQDAMKEIVNISSGYVEPM  
 QTLNDVLA  
 QLDAVVSFAHVSNGAPVPYVRPAILEKGQGRILKASRHAC  
 VEVQDEIAF  
 IPNDVYFEKDKQMFHITGPNMGGKSTYRQTGVVILMAQIG  
 CFVPCESA

EVSIVDCILARVGAGDSQLKGVSTFMAEMLETASILRSATK  
DSLIIIDEL  
GRGTSTYDGFGLAWAISEYIATKIGAFCMFATHFHELTALA  
NQIPTVNNL  
HVTALTTEETLTMLYQVKKGVCDQSFGIHVAELANFPKHVI  
ECAKQKALE  
LEEFQYIGESQGYDIMEPAAKKCYLEREQGEKIIQEFLSKV  
KQMPFTEMS EENITIKLKLKAEVIAKNNNSFVNEIISRIKVT

**Predicted molecular weight** 129 kDa including tags

**Amino acids** 1 to 934

## Specifications

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Our [Abpromise guarantee](#) covers the use of **ab114351** in the following tested applications.

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

**Applications** ELISA  
SDS-PAGE  
Western blot

**Form** Liquid

## Preparation and Storage

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**Stability and Storage** Shipped on dry ice. Upon delivery aliquot and store at -80°C. Avoid freeze / thaw cycles.  
pH: 8.00  
Constituents: 0.3% Glutathione, 0.79% Tris HCl

## General Info

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**Function** Component of the post-replicative DNA mismatch repair system (MMR). Forms two different heterodimers: MutS alpha (MSH2-MSH6 heterodimer) and MutS beta (MSH2-MSH3 heterodimer) which binds to DNA mismatches thereby initiating DNA repair. When bound, heterodimers bend the DNA helix and shields approximately 20 base pairs. MutS alpha recognizes single base mismatches and dinucleotide insertion-deletion loops (IDL) in the DNA. MutS beta recognizes larger insertion-deletion loops up to 13 nucleotides long. After mismatch binding, MutS alpha or beta forms a ternary complex with the MutL alpha heterodimer, which is thought to be responsible for directing the downstream MMR events, including strand discrimination, excision, and resynthesis. ATP binding and hydrolysis play a pivotal role in mismatch repair functions. The ATPase activity associated with MutS alpha regulates binding similar to a molecular switch: mismatched DNA provokes ADP-->ATP exchange, resulting in a discernible conformational transition that converts MutS alpha into a sliding clamp capable of hydrolysis-independent diffusion along the DNA backbone. This transition is crucial for mismatch repair. MutS alpha may also play a role in DNA homologous recombination repair. In melanocytes may modulate both UV-B-induced cell cycle regulation and apoptosis.

**Tissue specificity** Ubiquitously expressed.

**Involvement in disease** Defects in MSH2 are the cause of hereditary non-polyposis colorectal cancer type 1 (HNPCC1) [MIM:120435]. 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. 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. MSH2 mutations may predispose to hematological malignancies and multiple cafe-au-lait spots. Defects in MSH2 are a cause of Muir-Torre syndrome (MuToS) [MIM:158320]; also abbreviated MTS. MuToS is a rare autosomal dominant disorder characterized by sebaceous neoplasms and visceral malignancy.

Defects in MSH2 are a cause of susceptibility to endometrial cancer (ENDMC) [MIM:608089]. Defects in MSH2 are a cause of hereditary non-polyposis colorectal cancer type 8 (HNPCC8) [MIM:613244]. HNPCC is a disease associated with marked increase in cancer susceptibility. It is characterized by a familial predisposition to early-onset colorectal carcinoma (CRC) and extra-colonic tumors 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. Clinically, HNPCC is often divided into two subgroups. Type I is characterized by hereditary predisposition to colorectal cancer, a young age of onset, and carcinoma observed in the proximal colon. Type II is characterized by 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. Note=HNPCC8 results from heterozygous deletion of 3-prime exons of EPCAM and intergenic regions directly upstream of MSH2, resulting in transcriptional read-through and epigenetic silencing of MSH2 in tissues expressing EPCAM.

**Sequence similarities**

Belongs to the DNA mismatch repair mutS family.

**Post-translational modifications**

Phosphorylated by PRKCZ, which may prevent MutS alpha degradation by the ubiquitin-proteasome pathway.

Phosphorylated upon DNA damage, probably by ATM or ATR.

**Cellular localization**

Nucleus.

**Images**



ab114351 analysed on a 12.5% SDS-PAGE gel stained with Coomassie Blue.

SDS-PAGE - Recombinant Human MSH2 protein  
(ab114351)

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

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