Spotlight On:

Rev. 0.1

Stathmin (SP49)

Cervical intraepithelial neoplasia (CIN) is a premalignant condition of the cervix, most commonly caused by HPV infection. It is classified as both a.) low grade squamous intraepithelial lesion (LSIL), often referred to as CIN I, and b.) high grade squamous epithelial lesion (HSIL), often referred to as CIN II or CIN III. The preferred course of treatment for a given patient differs depending on the specific classification of CIN.

Distinguishing HSIL (CIN III and CIN II) from LSIL (CIN I) can be a challenging task since p16, the most common cervical dysplasia marker, is expressed in the majority of cases for all three grades. Stathmin is normally found in the basal cells of

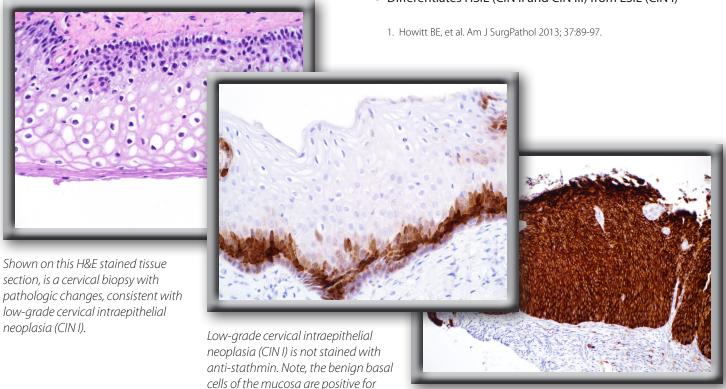
the ectocervix and strongly stains in the upper portion of CIN III and cervical carcinomas. Stathmin is negative outside the basal cell layer in the majority of CIN I cases. This ability to distinguish HSIL from LSIL makes stathmin IHC a valuable complement to the p16 IHC stain, as p16 will differentiate CIN from benign cervix and atypical squamous intraepithelial metaplasia (AIM) but cannot distinguish LSIL versus HSIL.

Benefits of Stathmin:

- For in vitro diagnostic use
- High sensitivity and specificity for CIN III¹
- Higher specificity for CIN III compared to p161
- Differentiates HSIL (CIN II and CIN III) from LSIL (CIN I)

Anti-stathmin strongly highlights full thick high-grade cervical

intraepithelial neoplasia (CIN III).



Ordering Information:

 0.1 ml concentrate
 394R-14
 1 ml concentrate
 7 ml predilute
 394R-18

 0.5 ml concentrate
 394R-15
 1 ml predilute
 5 positive control slides
 394S

anti-stathmin.