6815

## Redox Homeostasis and Signaling Antibody Sampler Kit

1 Kit (8 x 20 microliters)



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For Research Use Only. Not for Use in Diagnostic Procedures.

Product Includes	Product #	Quantity	Mol. Wt	Isotype/Source
GPX1 (C8C4) Rabbit mAb	3286	20 µl	22 kDa	Rabbit IgG
GPX4 Antibody	52455	20 µl	20, 22 kDa	Rabbit
Thioredoxin 1 (C63C6) Rabbit mAb	2429	20 µl	12 kDa	Rabbit IgG
Thioredoxin 2 (D1C9L) Rabbit mAb	14907	20 µl	13 kDa	Rabbit IgG
TRXR1 (D1T3D) Rabbit mAb	15140	20 µl	55 kDa	Rabbit IgG
TXNIP (D5F3E) Rabbit mAb	14715	20 µl	55 kDa	Rabbit IgG
Prdx1 (D5G12) Rabbit mAb	8499	20 µl	21 kDa	Rabbit IgG
Phospho-Prdx1 (Tyr194) (D1T9C) Rabbit mAb	14041	20 µl	21 kDa	Rabbit IgG
Anti-rabbit IgG, HRP-linked Antibody	7074	100 µl		Goat

Please visit cellsignal.com for individual component applications, species cross-reactivity, dilutions, protocols, and additional product information.

	gnaling Antibody Sampler Kit provides an economical means of wolved in redox homeostasis and signaling. The kit contains enough at least two western blot experiments per antibody.
	PES (pH 7.5), 150 mM NaCl, 100 μg/ml BSA, 50% glycerol and less than 20°C. <i>Do not aliquot the antibodies.</i>
<ul> <li>(1). GPX1 is the most abundant important component in the ar conditions, such as colon cance selenoprotein glutathione percoprogrammed cell death induce hydroperoxides to non-toxic lip that selenium enhances GPX4 e addition, some therapy-resistant ferroptosis and thus prevents to GPX4 is essential for the activate the subsequent innate immune eukaryotes and prokaryotes. A oxidized to form a disulfide bort thioredoxin 2 (TRX2). Thioredox response to oxidative stress, ar disorders such as cancer, aging play a key role in cancer progrem ASK1 (12). Changes in thioredox and acute lung injury (13,14). T that is involved in redox homed (15). Together, they are involved proliferation (16,17,19), DNA re reducing a wide array of cellula (16,20) or introduction of meth possible that this effect, which (UGA) being read as a STOP cod cell proliferation and antioxidat expressed thioredoxin-interactiredox state (21-23). Research state (21-23).</li> </ul>	1) is a cytosolic selenoprotein which reduces hydrogen peroxide to water and ubiquitous among the five GPX isoforms identified so far (2). It is an nti-oxidative defense in cells and is associated with a variety of disease er (3), coronary artery disease (4), and insulin resistance (1). The oxidase 4 (GPX4) is a master regulator of ferroptosis, a form of d by the iron-dependent lipid peroxidation (5,6). GPX4 converts lipid id alcohols, therefore preventing ferroptosis (6). Research studies show expression and inhibits ferroptotic death to protect neurons (7). In nt cancer cells depend on GPX4 to survive. Loss of GPX4 leads to umor relapse in mice (8). Furthermore, redox homeostasis mediated by tion of the cytosolic DNA-sensing cGAS-STING pathway and initiation of e response (9). Thioredoxin is a small redox protein found in many pair of cysteines within a highly conserved, active site sequence can be nd that is then reduced by thioredoxin reductase (10). Multiple forms of ed, including cytosolic thioredoxin 1 (TRX1) and mitochondrial kin participates in many cellular processes, including redox signaling, nd protein reduction (10). A potential role of thioredoxin in human i, and heart disease is currently under investigation (11). Thioredoxin can ession because it acts as a negative regulator of the proapoptotic kinase xin expression have been associated with meningococcal septic shock RXR1 (thioredoxin reductase 1) is a selenocysteine-containing protein ostasis (15-20). Its canonical target is thioredoxin, another redox protein d in many functions such as antioxidant regulation (17-20), cell plication (16,17), and transcription (17,19). TRXR1 is also capable of ar proteins (15,17). Selenium deficiency, either by diet modification ylmercury (18), hinders proper expression and function of TRXR1. It is results in a higher oxidative state, is a result of the selenocysteine codon don in the absence of adequate selenium (18). The functions of TRXR1 in nt defense make it a potential therapeutic target. The ubiquitousl

	uptake directly by binding the glucose transporter Glut1 to stimulate receptor internalization or indirectly by reducing Glut1 mRNA levels (23). Additional studies indicate that TXNIP plays a role in the regulation of insulin mRNA transcription (24). Microarray analyses indicate that TXNIP acts downstream of PPAR <sub>Y</sub> and is a putative tumor suppressor that may control thyroid cancer cell progression (25). In addition, the TXNIP protein may be a potential therapeutic target for the treatment of type 2 diabetes and some disorders related to ER-stress (26). Prdx1 belongs to a family of non-seleno peroxidases that function as $H_2O_2$ scavengers. The transient phosphorylation of Prdx1 at Tyr194 leads to inactivation of Prdx1 (27).
Background References	<ol> <li>McClung, J.P. et al. (2004) <i>Proc Natl Acad Sci U S A</i> 101, 8852-7.</li> <li>Hamanishi, T. et al. (2004) <i>Diabetes</i> 53, 2455-60.</li> <li>Drew, J.E. et al. (2003) <i>Coron Artery Dis</i> 14, 149-53.</li> <li>Wenzel, S.E. et al. (2017) <i>Cell</i> 177, 1628-641.e26.</li> <li>Bersuker, K. et al. (2019) <i>Nature</i> 575, 688-92.</li> <li>Alim, I. et al. (2019) <i>Cell</i> 177, 1262-1279.e25.</li> <li>Hangauer, M.J. et al. (2004) <i>Toxicol Sci</i> 78, 3-14.</li> <li>Burke-Gaffney, A. et al. (2005) <i>Trends Pharmacol Sci</i> 26, 398-404.</li> <li>Sailor, M. et al. (2007) <i>Intensive Care Med</i> 33, 364-7.</li> <li>Callister, M.E. et al. (2007) <i>Intensive Care Med</i> 33, 364-7.</li> <li>Callister, M.E. et al. (2001) <i>Biochem J</i> 430, 285-93.</li> <li>Gadsaka, P.Y. et al. (2001) <i>Biochem J</i> 430, 285-93.</li> <li>Gadsaka, P.Y. et al. (2001) <i>Biochem Physiol B Biochem Mol Biol</i> 151, 361-72.</li> <li>Müller, M. et al. (2001) <i>J Biol Chem</i> 286, 6641-9.</li> <li>Papapa, A.C. et al. (2001) <i>Biol Chem</i> 279, 30369-74.</li> <li>Saxena, G. et al. (2010) <i>J Biol Chem</i> 279, 30369-74.</li> <li>Saxena, G. et al. (2011) <i>J Biol Chem</i> 278, 3997-4005.</li> <li>Wu, N. et al. (2013) <i>Nat Med</i> 19, 1147-55.</li> <li>Yu, N. et al. (2013) <i>Nat Med</i> 19, 1147-75.</li> <li>Xu, G. et al. (2013) <i>Nat Med</i> 19, 1147-75.</li> <li>Xu, G. et al. (2014) <i>Mol Cancer</i> 13, 62.</li> <li>Robinson, K.A. et al. (2014) <i>Mol Cancer</i> 13, 62.</li> <li>Robinson, K.A. et al. (2014) <i>J Mol Endocrinol</i> 50, 59-71.</li> <li>Woo, H.A. et al. (2010) <i>Cell</i> 140, 517-28.</li> </ol>
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