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iF647 Anti-human CD269 (BCMA) Antibody

Catalog Number:	114001, 114002
Size:	25 tests, 100 tests
Target Name:	BCMA, BCM, TNFRSF17, CD269
Regulatory Status:	RUO

PRODUCT DETAILS

Clone:	Belantamab
Application:	Flow Cytometry
Reactivity:	Human
Format:	iF647
Isotype:	Human IgG1
Antibody Type:	Monoclonal
Formulation:	Phosphate-buffered solution, pH 7.2, containing 0.09% sodium azide and 0.2% (w/v) BSA
Protein Concentration:	Supplied at a lot-specific concentration.
Storage&Handling:	The antibody solution should be stored undiluted between 2°C and 8°C, and protected from prolonged exposure to light. Do not freeze.
Recommended Usage:	For flow cytometric staining, it is recommended to use 5 uL of this reagent per 0.5-1.0 million cells in a 100 µL volume. Optimal reagent performance should be determined by titration for each specific application.
Excitation Laser:	Red Laser (633 nm)
Isotype Control:	301207

BACKGROUND INFORMATION

Human :contentReference[oaicite:0]{index=0} (B cell maturation antigen, also known as TNFRSF17) is a member of the tumor necrosis factor receptor superfamily primarily expressed on plasma cells and a subset of mature B cells. BCMA plays a key role in regulating B cell survival, differentiation, and antibody production, making it essential for humoral immunity.

Structurally, BCMA is a type III transmembrane protein with a short extracellular domain, a single transmembrane region, and an intracellular tail that mediates downstream signaling. Its principal ligands are :contentReference[oaicite:1]{index=1} and :contentReference[oaicite:2]{index=2}, which bind BCMA to activate signaling pathways such as NF-κB, promoting plasma cell survival and longevity.

In disease, BCMA is highly expressed in multiple myeloma and other plasma cell malignancies, where it supports tumor cell survival and resistance to apoptosis. Elevated soluble BCMA levels in serum are also used as a biomarker for disease burden and progression.

Therapeutically, BCMA is a major target in cancer immunotherapy. Approaches include monoclonal antibodies, antibody-drug conjugates, bispecific T cell engagers, and CAR-T cell therapies designed to selectively eliminate BCMA-expressing malignant plasma cells. These strategies have shown significant clinical efficacy, positioning BCMA as one of the most important targets in multiple myeloma treatment.