

# TiMaScan™

Most accurate detection and characterization of tumour associated macrophages in blood.



Consensus markers and independent of the stage of monocyte maturation.

**PRODUCT**  
TiMaScan

**REFERENCE**  
Scan-0103

**FORMAT**  
Liquid

**SIZE**  
25 test



CF-Blue OC515™

HLA-DR CD45

PerCP-Cyanine5.5 PE-Cyanine7 FITC PE

CD14 CD300e \* Tissue protein fragment specific antibodies

APC-C750

CD16

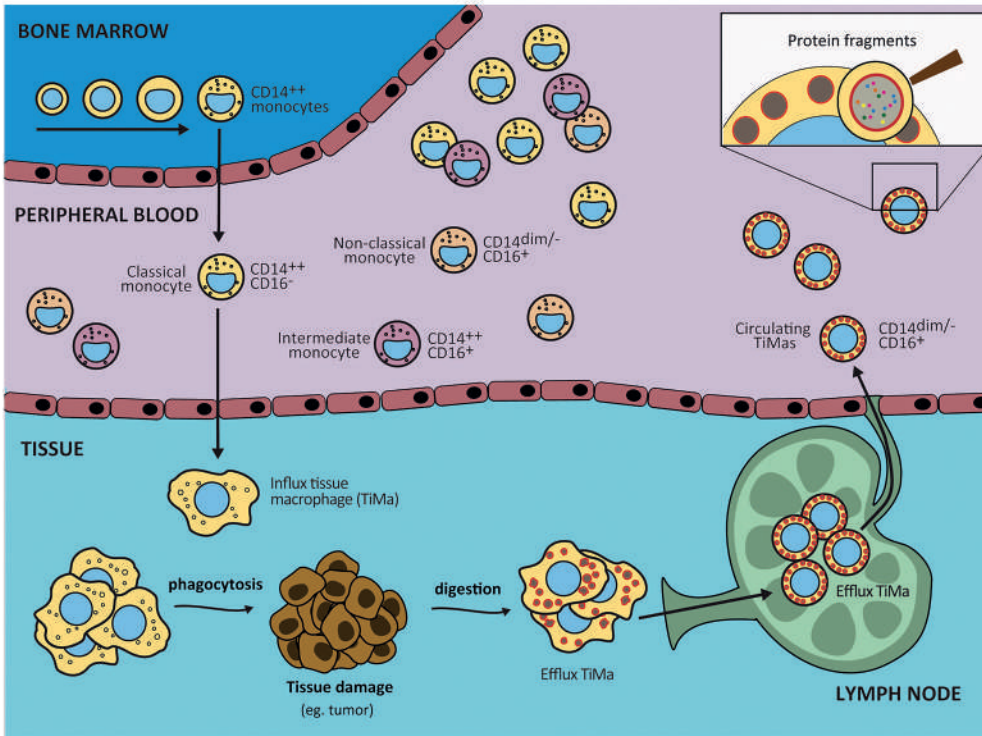
\*Select a tumour marker from those currently available: CEA, APF, CA125, SSC, CA 19.9, B-hCG.

TiMaScan consists of a panel of pre-mixed antibodies and fluorochromes in liquid format, including backbone markers for the screening of different stages of monocytes and tumour associated macrophages in blood.

## ADVANTAGES

- 1 Easy, fast and reliable tool
- 2 Most informative and relevant markers included
- 3 Customisable pre-mixed combination ready to use
- 4 Minimally invasive tool for tumour associated macrophage detection
- 5 Tissue damage specific disruptive "all-in-one" combination
- 6 Applications in cancer screening programs

## > Characteristics of blood monocytes and tissue macrophages



Monocytes are produced by the bone marrow from precursors. Monocytes circulate in the bloodstream for about one to three days and then typically migrate into tissues throughout the body where they differentiate into macrophages which have the function of phagocytosing bacteria and damaged tissue.

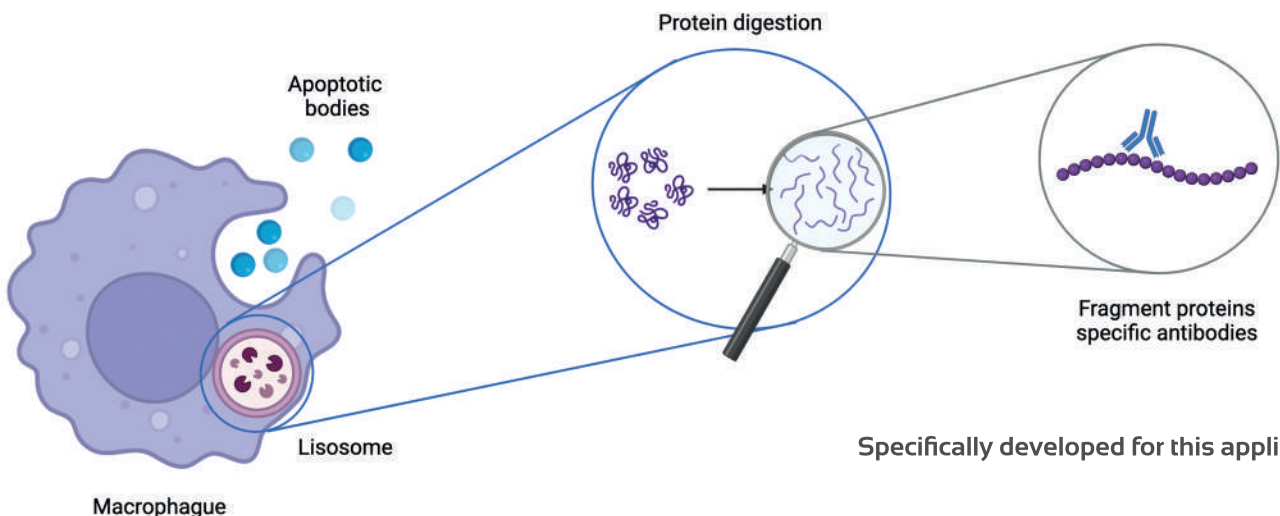
Therefore the vast majority of monocytes (90-95%) in human blood are CD14<sup>++</sup>/CD16<sup>-</sup>/dim "classical monocytes", whereas macrophages in human tissues are generally CD14<sup>dim</sup>/CD16<sup>+/++</sup>. Interestingly, in human lymph most monocytes/macrophages (65-95%) have the "non-classical" CD14<sup>dim</sup>/CD16<sup>++</sup> phenotype. This suggests that the small population (5-10%) of CD14<sup>dim</sup>/CD16<sup>++</sup> "non-classical monocytes" in blood

are most likely Tissue macrophages (TiMas), which have returned from their patrolling and scavenger tasks in the body tissues.

Different studies have identified changes in the absolute and relative numbers of circulating monocytes and TiMas in clinical conditions with significant tissue disruption, such as in case of inflammation, sepsis, autoimmune disease, and cancer. Therefore, accurate detection and definition of blood monocyte & TiMa subset represent a novel tool for early diagnosis and treatment monitoring in oncology and tissue homeostasis.

## > Tissue protein fragment specific antibodies

Immunostep has developed a unique antibodies library to protein fragments derived from lysosome digested tissue proteins (skin, lung, brain, etc.).

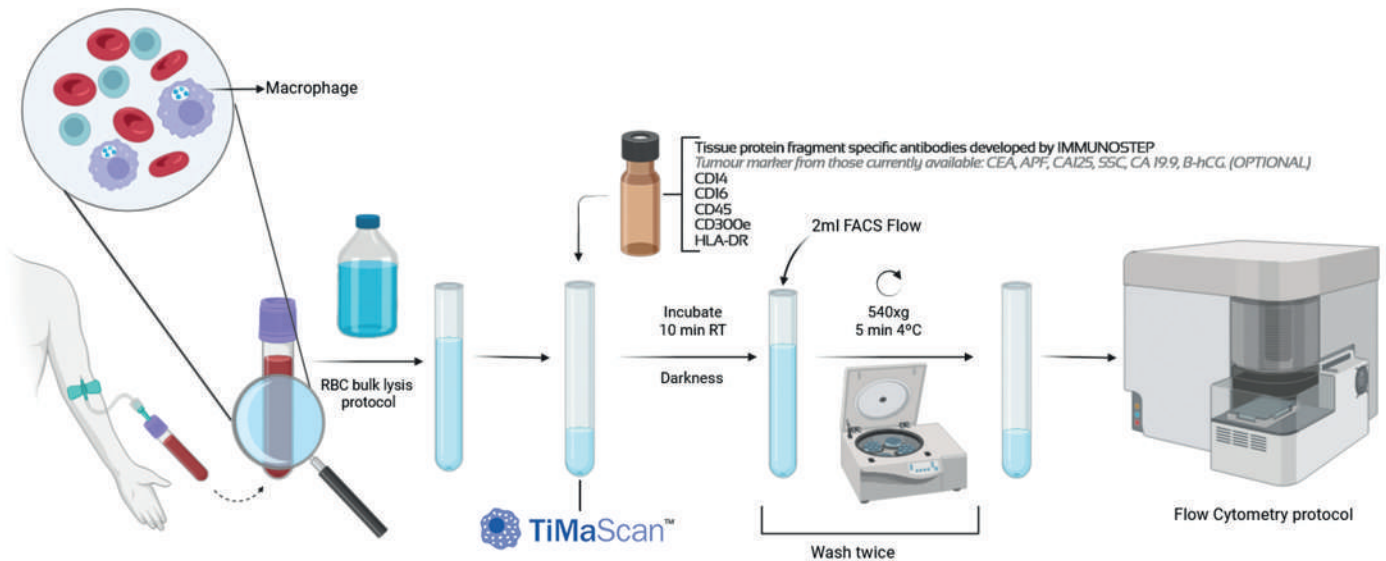


Specifically developed for this application.



## > Protocol

Bulk lysing or Lyse / Stain / Wash (LSW) protocol recommended to increase monocyte and TiMa subset concentration. In order to reach a high sensitivity > 10 million total events must be acquired.



## > References

1. van den Bossche WBL, et al. Monocytes carrying GFAP detect glioma, brain metastasis and ischaemic stroke, and predict glioblastoma survival. *Brain Communications* 2020;3(1):fcaa215.
2. van den Bossche WBL, et al. Flow cytometric assessment of leukocyte kinetics for the monitoring of tissue damage. *Clinical Immunology*. 2018 Dec; 197:224-30.
3. Damasceno D, et al. Distribution of subsets of blood monocytic cells throughout life. 2019 Jul; 144(1):320-3.e6.
4. Kapellos TS, et al. Human Monocyte Subsets and Phenotypes in Major Chronic Inflammatory Diseases. *Frontiers in Immunology*. 2019 Aug. 10:2035.
5. Talati, T, et al. Monocyte subset analysis accurately distinguishes CMML from MDS and is associated with a favorable MDS prognosis. *Blood*. 2017 Mar. 129(13): 1881-3.
6. Sampath P, et al. Monocyte Subsets: Phenotypes and Function in Tuberculosis Infection. *Frontiers in Immunology*. 2018 Jul. 9:1726.

## > USA Distribution



Sapphire North America  
 795 Highland Dr  
 Ann Arbor, MI 48108  
 Toll Free: 855-256-9433  
[www.sapphire-usa.com](http://www.sapphire-usa.com)



Avda. Universidad de Coimbra, s/n  
 Cancer Research Center (C.I.C.)  
 Campus Miguel de Unamuno  
 37007 Salamanca (Spain)  
 +34 923 294 827  
[info@immunostep.com](mailto:info@immunostep.com)  
[www.immunostep.com](http://www.immunostep.com)