CPTC-ANXA1-4 (CAB080414)

Uniprot ID: P04083

Protein name: ANXA1_HUMAN Full name: Annexin A1

Tissue specificity: Detected in resting neutrophils (PubMed:10772777). Detected in peripheral blood T-cells (PubMed:17008549). Detected in extracellular vesicles in blood serum from patients with inflammatory bowel disease, but not in serum from healthy donors (PubMed:25664854). Detected in placenta (at protein level)

(PubMed:2532504). Detected in liver.

Function: Plays important roles in the innate immune response as effector of glucocorticoid-mediated responses and regulator of the inflammatory process. Has antiinflammatory activity (PubMed:8425544). Plays a role in glucocorticoid-mediated down-regulation of the early phase of the inflammatory response (By similarity).

Contributes to the adaptive immune response by enhancing signaling cascades that are triggered by T-cell activation, regulates differentiation and proliferation of
activated T-cells (PubMed:17008549). Promotes the differentiation of T-cells into Th1 cells and negatively regulates differentiation into Th2 cells (PubMed:17008549).

Has no effect on unstimulated T cells (PubMed:17008549). Negatively regulates hormone exocytosis via activation of the formyl peptide receptors and reorganization of
the actin cytoskeleton (PubMed:19625660). Has high affinity for Ca(2+) and can bind up to eight Ca(2+) ions (By similarity). Displays Ca(2+)-dependent binding to
phospholipid membranes (PubMed:2532504, PubMed:8557678). Plays a role in the formation of phagocytic cups and phagosomes. Plays a role in phagocytosis by
mediating the Ca(2+)-dependent interaction between phagosomes and the actin cytoskeleton (By similarity). [Annexin Ac2-26]: Functions at least in part by activating the
formyl peptide receptors and downstream signaling cascades (PubMed:22879591, PubMed:15187149, PubMed:25664854). Promotes chemotaxis of granulocytes and
monocytes via activation of the formyl peptide receptors (PubMed:15187149). Promotes rearrangement of the actin cytoskeleton, cell polarization and cell migration
(PubMed:15187149). Promotes resolution of inflammation and wound healing (PubMed:25664854). Acts via neutrophil N-formyl peptide receptors to enhance the release
of CXCL2 (PubMed:22879591).

Subcellular location:

Nucleus (experimental evidence)

Cytoplasm (experimental evidence)

Cell projection > Cilium (by similarity)

Cell membrane (experimental evidence)

Membrane (experimental evidence) (Topo: Peripheral membrane protein (experimental evidence))

Endosome membrane (by similarity) (Topo: Peripheral membrane protein (by similarity))

Basolateral cell membrane (by similarity)

Apical cell membrane (by similarity)

Lateral cell membrane (by similarity)

Secreted (experimental evidence)

Secreted > Extracellular space (experimental evidence)

Cell membrane (experimental evidence) (Topo: Peripheral membrane protein (experimental evidence); Orientation: Extracellular side (experimental evidence))

Secreted > Extracellular exosome (experimental evidence)

Cytoplasmic vesicle > Secretory vesicle lumen (experimental evidence)

Cell projection > Phagocytic cup (by similarity)

Early endosome (by similarity)

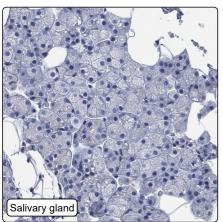
Cytoplasmic vesicle membrane (by similarity) (Topo: Peripheral membrane protein (by similarity))

NOTE: Secreted, at least in part via exosomes and other secretory vesicles. Detected in exosomes and other extracellular vesicles (PubMed:25664854). Alternatively, the secretion is dependent on protein unfolding and facilitated by the cargo receptor TMED10; it results in the protein translocation from the cytoplasm into ERGIC (endoplasmic reticulum-Golgi intermediate compartment) followed by vesicle entry and secretion (PubMed:32272059). Detected in gelatinase granules in resting neutrophils (PubMed:10772777). Secretion is increased in response to wounding and inflammation (PubMed:25664854). Secretion is increased upon T-cell activation (PubMed:17008549). Neutrophil adhesion to endothelial cells stimulates secretion via gelatinase granules, but foreign particle phagocytosis has no effect (PubMed:10772777). Colocalizes with actin fibers at phagocytic cups (By similarity). Displays calcium-dependent binding to phospholipid membranes (PubMed:2532504, PubMed:8557678).

Protein existence: Experimental evidence at protein level

Comment:

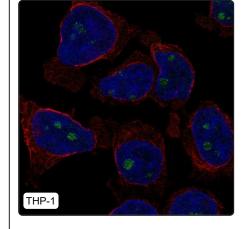
Immunohistochemistry



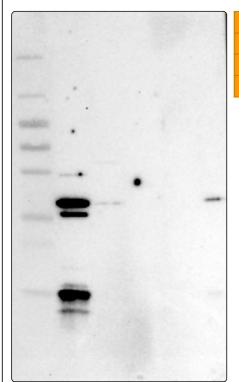
| IHC protocol: | HIER pH6, Dilution 1:150 |
|--------------------------|--|
| IHC test staining: | No positivity was observed. |
| Literature conformance: | Not consistent with gene/protein characterization data |
| Literature significance: | |
| RNA similarity: | Very low consistency between antibody staining and RNA expression data |
| RNA tissue specificity: | Tissue enhanced (esophagus) |
| RNA tissue distribution: | Detected in all |
| IHC Sibling similarity: | Other antibody shows dissimilar IHC staining pattern |

Immunofluorescence

| IF Overlay: | antibody (green), anti-tubulin (red) and DAPI (blue) |
|-------------------------------------|--|
| IF main location: | Nucleoli fibrillar center - 3: Supportive (auto) Nucleoplasm - 3: Supportive (auto) |
| IF additional location: | |
| IF approved for publication on HPA: | No |
| IF in THP-1: | Nucleoli Fibrillar center |
| IF in U2OS: | Nucleoplasm |



Western blot



| WB Size markers (kDa): | 250, 130, 100, 70, 55, 35, 25, 15, 10 | |
|-------------------------|---|--|
| WB Lanes: | Marker (1), RT-4 (2), U-251MG (3), Plasma (4), Liver (5), Tonsil (6) | |
| WB Target weight (kDa): | 13, 23, 39, 39 | |
| WB Validation: | Supported (Band of predicted size in kDa (+/-20%) with additional bands present.) | |