

# Phospho-INSR(Y1185) Antibody

Affinity Purified Rabbit Polyclonal Antibody (Pab) Catalog # AP3554a

# **Product Information**

Application	DB, E
Primary Accession	<u>P06213</u>
Other Accession	<u>Q9PVZ4, P15127, P15208, P09208, O73798, P24062, Q60751, P08069, Q05688</u>
Reactivity	Human
Predicted	Bovine, Mouse, Rat, Xenopus, Drosophila
Host	Rabbit
Clonality	Polyclonal
Isotype	Rabbit IgG
Clone Names	RB15377
Calculated MW	156333

## **Additional Information**

Gene ID	3643
Other Names	Insulin receptor, IR, CD220, Insulin receptor subunit alpha, Insulin receptor subunit beta, INSR
Target/Specificity	This INSR Antibody is generated from rabbits immunized with a KLH conjugated synthetic phosphopeptide corresponding to amino acid residues surrounding Y1185 of human INSR.
Dilution	DB~~1:500 E~~Use at an assay dependent concentration.
Format	Purified polyclonal antibody supplied in PBS with 0.09% (W/V) sodium azide. This antibody is purified through a protein A column, followed by peptide affinity purification.
Storage	Maintain refrigerated at 2-8°C for up to 2 weeks. For long term storage store at -20°C in small aliquots to prevent freeze-thaw cycles.
Precautions	Phospho-INSR(Y1185) Antibody is for research use only and not for use in diagnostic or therapeutic procedures.

#### **Protein Information**

Name	INSR
Function	Receptor tyrosine kinase which mediates the pleiotropic actions of insulin. Binding of insulin leads to phosphorylation of several intracellular substrates, including, insulin receptor substrates (IRS1, 2, 3, 4), SHC, GAB1, CBL and other

	signaling intermediates. Each of these phosphorylated proteins serve as docking proteins for other signaling proteins that contain Src-homology-2 domains (SH2 domain) that specifically recognize different phosphotyrosine residues, including the p85 regulatory subunit of P13K and SHP2. Phosphorylation of IRSs proteins lead to the activation of two main signaling pathways: the P13K-AKT/PKB pathway, which is responsible for most of the metabolic actions of insulin, and the Ras- MAPK pathway, which regulates expression of some genes and cooperates with the P13K pathway to control cell growth and differentiation. Binding of the SH2 domains of P13K to phosphotyrosines on IRS1 leads to the activation of P13K and the generation of phosphatidylinositol-(3, 4, 5)-triphosphate (P1P3), a lipid second messenger, which activates several PIP3-dependent serine/threonine kinases, such as PDPK1 and subsequently AKT/PKB. The net effect of this pathway is to produce a translocation of the glucose transporter SLC2A4/GLUT4 from cytoplasmic vesicles to the cell membrane to facilitate glucose transport. Moreover, upon insulin stimulation, activated AKT/PKB is responsible for: anti-apoptotic effect of insulin by inducing phosphorylation of BAD; regulates the expression of gluconeogenic and lipogenic enzymes by controling the activity of the winged helix or forkhead (FOX) class of transcription factors. Another pathway regulated by P13K-AKT/PKB activation is mTORC1 signaling pathway which regulates cell growth and metabolism and integrates signals from insulin. AKT mediates insulin - Stimulated protein synthesis by phosphorylating TSC2 thereby activiting mTORC1 pathway. The Ras/RAF/MAP2K/MAPK pathway. In addition to binding insulin, the insulin receptor can bind insulin-like growth factors (IGF1 and IGF1, mod IGF1 and have a low affinity by IGF1, with low affinity by IGF2 and not significantly activated by insulin, and that hybrid receptors composed of IGF1R and INSR isoform Long and hybrid receptors composed of IGF1R and INSR isoform L
Cellular Location	Cell membrane {ECO:0000250   UniProtKB:P15208}; Single-pass type I membrane protein. Late endosome {ECO:0000250   UniProtKB:P15208}. Lysosome {ECO:0000250   UniProtKB:P15208}. Note=Binding of insulin to INSR induces internalization and lysosomal degradation of the receptor, a means for down-regulating this signaling pathway after stimulation. In the presence of SORL1, internalized INSR molecules are redirected back to the cell surface, thereby preventing their lysosomal catabolism and strengthening insulin signal reception. {ECO:0000250   UniProtKB:P15208}
Tissue Location	Isoform Long and isoform Short are predominantly expressed in tissue targets of insulin metabolic effects: liver, adipose tissue and skeletal muscle but are also expressed in the peripheral nerve, kidney, pulmonary alveoli, pancreatic acini, placenta vascular endothelium, fibroblasts, monocytes, granulocytes, erythrocytes and skin. Isoform Short is preferentially expressed in fetal cells such as fetal fibroblasts, muscle, liver and kidney. Found as a hybrid receptor with IGF1R in muscle, heart, kidney, adipose tissue, skeletal muscle, hepatoma, fibroblasts, spleen and placenta (at protein level). Overexpressed in several tumors, including breast, colon, lung, ovary, and thyroid carcinomas

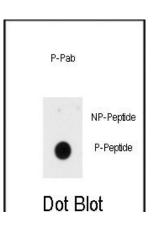
# Background

Binding of insulin to the insulin receptor (INSR) stimulates glucose uptake, thereby mediating the metabolic functions of insulin. Binding to insulin stimulates association of the receptor with downstream mediators including IRS1 and phosphatidylinositol 3'-kinase (PI3K). This protein can activate PI3K either directly by binding to the p85 regulatory subunit, or indirectly via IRS1. After removal of the precursor signal peptide, the insulin receptor precursor is post-translationally cleaved into two chains (alpha and beta) that are covalently linked.

## References

Nakamaru, K., et al., Biochem. Biophys. Res. Commun. 328(2):449-454 (2005). Diaz, E., et al., Clin. Biochem. 38(3):243-247 (2005). McGettrick, A.J., et al., J. Biol. Chem. 280(8):6441-6446 (2005). Schmitt, T.L., et al., J. Biol. Chem. 280(5):3795-3801 (2005). Denley, A., et al., Mol. Endocrinol. 18(10):2502-2512 (2004).

#### Images



Dot blot analysis of anti-Phospho-INSR-pY1185 Antibody (Cat.#AP3554a) on nitrocellulose membrane. 50ng of Phospho-peptide or Non Phospho-peptide per dot were adsorbed. Antibody working concentrations are 0.5ug per ml.

Please note: All products are 'FOR RESEARCH USE ONLY. NOT FOR USE IN DIAGNOSTIC OR THERAPEUTIC PROCEDURES'.