

IT'S MORE THAN A TEST. IT'S STRATIFYING THE RISK OF OVARIAN MALIGNANCY.

Improving the patient journey through biomarker utilization in the risk assessment and disease management of epithelial ovarian cancer is crucial.



Ovarian cancer is the third most common gynecological cancer and is **most common in postmenopausal women**^{1,2}



The average **five-year survival rate** following diagnosis across all stages is **46%**³



~90% of primary ovarian malignancies originate from epithelial cells⁴



- In **2020**, ovarian cancer was attributable to more than **313,000 cancer cases and 207,000 deaths** globally²
- By **2040**, it is estimated that the global incidence and mortality of ovarian cancer will rise to over **445,000 and 313,000, respectively**⁵

Although ovarian adnexal masses are common, **up to 40% are malignant upon surgical evaluation**.³ Information determining the likelihood of malignancy of pelvic masses is crucial for proper patient referral and management.⁶⁻⁸



PATIENT PRESENTING WITH AN ADNEXAL MASS CONFIRMED VIA ROUTINE ASSESSEMENT



CLINICAL ASSESSMENT



Symptom assessment



Medical history



Imaging scan



Pelvic exam

BIOMARKER ASSESSMENT: CA 125 + HE4 = ROMA*

The combination of HE4 and CA 125 is a more accurate predictor of malignancy than either marker alone.⁹⁻¹²



HIGH-RISK PATIENT
Referred to a GYN/ONC for surgical consultation and clinical management[†]



LOW-RISK PATIENT
Referred to an OB/GYN for further consultation

* The risk of ovarian malignancy algorithm (ROMA) is used to aid in the assessment of risk of epithelial ovarian cancer in patients presenting with an adnexal mass who will undergo surgical intervention. The results must be interpreted in conjunction with other methods in accordance with standard clinical management guidelines.^{9,11}

† Appropriate referral to a GYN/ONC is associated with improved overall survival rates.¹

When ovarian cancer is diagnosed at the earliest stage, the average 5-year survival prognosis is 93%.¹³ However, **only 20% of cases are detected at an early stage.**¹⁴

DIAGNOSIS IS OFTEN HINDERED BY:^{1,6,15-17}



LACK OF
ROUTINE SCREENING



NONSPECIFIC SYMPTOMS –
EVEN IN ADVANCED DISEASE



LOW SPECIFICITY OF
IMAGING METHODS

TUMOR BIOMARKERS CAN SUPPORT WITH:^{1,9,10}

- Risk stratification in patients presenting with adnexal mass
- Tracking treatment response
- The monitoring of disease progression or recurrence



KNOW MORE WITH HE4

Although CA 125 is widely utilized to support the evaluation and management of ovarian cancer, serum levels are often elevated in benign conditions such as endometriosis and normal in up to 50% of patients with stage 1 ovarian cancer.³

Incorporating HE4 into your current clinical evaluation pathway provides additional information when pre-surgically assessing an adnexal mass, as well as monitoring disease progression and recurrence in patients with invasive epithelial ovarian cancer.⁹

HE4

- HE4 is less frequently elevated in benign gynecological conditions, such as endometriosis, than CA 125 due to its higher specificity.³
- Expressed in 20% of ovarian cancer patients even in the absence of elevated CA 125 levels.^{18,19}

The combination of HE4 and CA 125 is a more accurate predictor of adnexal mass malignancy than either marker alone.⁹⁻¹² The results must be interpreted in conjunction with other methods in accordance with standard clinical management guidelines.^{9,11}



EARLY AND APPROPRIATE REFERRAL TO GYNECOLOGICAL ONCOLOGISTS HAS THE POTENTIAL TO IMPROVE PATIENT CARE, DISEASE MANAGEMENT AND SURVIVAL RATES IN PATIENTS WITH EPITHELIAL OVARIAN CANCER.

Discover how the utilization of biomarkers can help physicians to further stratify the risk of ovarian malignancy in patients who present with an adnexal mass.



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