



مختبر فرايبورج الطبي الشرق الأوسط (ذ.م.م.)
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To estimate the risk of epithelial ovarian cancer, FML offers calculation of the ROMA value (Risk of Ovarian Malignancy Algorithm)

To better assess the risk of epithelial ovarian cancer in both pre- and post-menopausal women with pelvic mass the combination of two markers can be used in an algorithm (ROMA) to give a predictive value. These results must be interpreted in conjunction with other methods in accordance with standard clinical management guidelines. The combination of all of this information can help in determining the most appropriate course of care.

The first marker is HE4 (human epididymal protein 4), which is an early stage marker used to monitor response to therapy in patients with epithelial ovarian cancer. In conjunction with the second marker, CA 125, a tumor marker, the diagnostic sensitivity and specificity for epithelial ovarian carcinoma significantly increases. HE4 is more sensitive as a single marker; however, the combination of both markers is more sensitive than either marker alone.

The ROMA calculation for risk prediction and stratification using serum levels of CA125 + HE4 is a new differential diagnostic tool for women presenting with pelvic mass to successfully classify them into high- and low-risk groups.

Indication:	pre- and post-menopausal women presenting with a pelvic mass to estimate their risk of epithelial ovarian cancer
Material:	2 ml serum
Turnaround time:	Germany, 7-10 d
Method:	calculation in %
Reference range:	<u>pre-menopausal:</u> ROMA value \geq 11.4%, high risk of finding epithelial ovarian cancer ROMA value \leq 7.4%, low risk of finding epithelial ovarian cancer <u>post-menopausal:</u> ROMA value \geq 29.9%, high risk of finding epithelial ovarian cancer ROMA value \leq 25.3%, low risk of finding epithelial ovarian cancer
Literature:	Moore, R.G., McMeekin, D.S., Brown, A.K., et al. (2009). A novel multiple marker bioassay utilizing HE4 and CA125 for the prediction of ovarian cancer in patients with pelvic mass. <i>Gynecol Oncol.</i> 112(1): 40-46.

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