



# Malignancy Risk Assessment, Pelvic Mass, OVA1 Plus

LABORATORIES

Patient: [REDACTED]  
DOB: [REDACTED] Age: 36 Sex: F  
Patient Identifiers: [REDACTED]  
Visit Number (FIN): [REDACTED]

Client:  
Physician:

ARUP Test Code: 3002309  
Collection Date: 07/25/2023  
Received in lab: 07/28/2023  
Completion Date: 08/01/2023

## Test Information

Test performed at: ASPIRA Labs, 12117 Bee Caves Road Building III, Suite 100, Austin, TX 78738, [www.aspiralab.com](http://www.aspiralab.com)

## Patient Report

Patient's report from ASPIRA Labs continues on following page(s).



Patient: [REDACTED]  
ARUP Accession: 23-207-400763

**Pelvic Mass Risk Assessment**

**PATIENT AND ORDERING INFORMATION**

Name: [REDACTED] Accession No: [REDACTED]  
 MRN: [REDACTED] Client No: [REDACTED]  
 DOB: [REDACTED] Age: 36 Sex: FEMALE Final Report Date: 07/31/2023 14:37  
 Date Specimen Collected: 07/25/2023 13:34 Released By:  
 Date Specimen Received: 07/29/2023 12:30 Menopausal Status: Unknown

**CLIENT INFORMATION**

ARUP LABS  
500 S CHIPETA WAY  
SALT LAKE CITY, UT 84108

Tel: 801-583-2787  
Fax: 801-584-5132

**PHYSICIAN INFORMATION**

Ordering Physician: REFERRAL Copy-to-Physician:  
Fax:

**OVA1 TEST RESULT**

Test Name	Value	Status	Cut-Off
OVA1	3.1	Low Risk	Premenopausal Low Risk < 5.0; Elevated Risk ≥ 5.0 Postmenopausal Low Risk < 4.4; Elevated Risk ≥ 4.4

In studies, OVA1 demonstrated a negative predictive value of up to 98%. NPV is the percent of patients with a negative test result who had a benign mass.<sup>1</sup>

In a study of 269 subjects with a pelvic mass, in which 72 subjects were found to have ovarian cancer, the OVA1 performance data was: Sensitivity=87.5% and Specificity=50.8%

CA 125 II\* 13 U/mL Premenopausal 0 - 63 U/mL Postmenopausal 0 - 35 U/mL

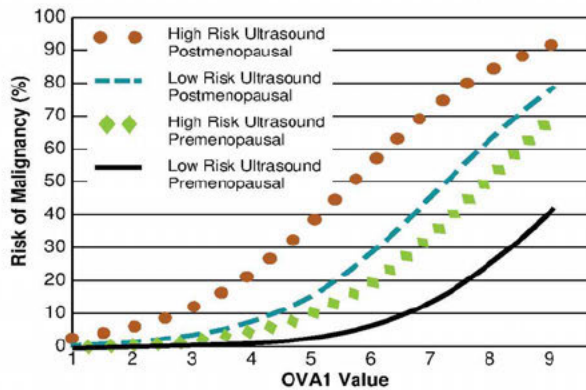
The results cannot be interpreted as absolute evidence of the presence or absence of malignant disease.

**Notes:**

\*CA 125 II is a component of the OVA1 Test. The CA 125 II assay method used is manufactured by Roche Diagnostics. Values obtained with different assay methods or kits cannot be used interchangeably. The diagnostic sensitivity and specificity of the Roche Diagnostics CA 125 II test was calculated by comparing ovarian carcinoma patients at primary diagnosis (FIGO stage I to IV) with patients suffering from benign gynecological diseases. At a cutoff value of 65 U/ml, the sensitivity is 79% (at a low specificity of 82%). The optimal clinical value is reached at 150 U/ml (sensitivity 69%, specificity 93%).

**Combining the OVA1 score with ultrasound results can help further define Risk of Malignancy (ROM)**

**Predicted Risk of Malignancy of OVA1 Score and Ultrasound by Menopausal Status and Ultrasound Risk<sup>2</sup>**



If you have any questions, please call Client Services to speak with our lab director at 1-844-ASPIRA1

OVA1 value ROM when combined with imaging results	OVA1 Value	3.1
	Pre menopausal Low Risk Ultrasound	2%
	Pre menopausal Elevated Risk Ultrasound	3%
	Post menopausal Low Risk Ultrasound	4%
	Post menopausal Elevated Risk Ultrasound	11%

High-risk imaging was defined as any complex ovarian tumor with evidence of solid or papillary components.<sup>2</sup>  
 Low-risk imaging was defined as unilocular or septate cystic ovarian tumor without high-risk findings.<sup>2</sup>

**References:**

<sup>1</sup>Bristow RE, et al., Gynecol Oncol. 2013;128:252-259. <sup>2</sup>Goodrich ST, et al., Am J Obstet Gynecol. 2014 Jul;211(1):65.e1-65.e11

ASPIRA LABS P 1-844-ASPIRA1 www.aspiralab.com Herbert Fritsche, Ph.D.  
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Patient: [REDACTED]  
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