

The Clinical Utility of an Elevated-Risk Multivariate Index Assay Score in Ovarian Cancer Patients

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Overview

In this study, 122 patients with an elevated-risk OVA1 result and who had undergone surgery to remove an adnexal mass were assessed.

The clinical utility of an elevated-risk OVA1 score was determined by examining the rates at which obstetricians/gynecologists (Ob/Gyn) referred patients with an elevated-risk OVA1 score to a gynecologic oncologist (Gyn/Onc) prior to removal of an adnexal mass.

Data were retrospectively collected from 22 physicians in 14 states across the United States.

Out of the total 122 patients assessed:

- 98 were referred to a Gyn/Onc
- 11 were not referred but had a Gyn/Onc involved
- 13 were not referred or had a Gyn/Onc involved

Out of the 65 patients with ovarian cancer:

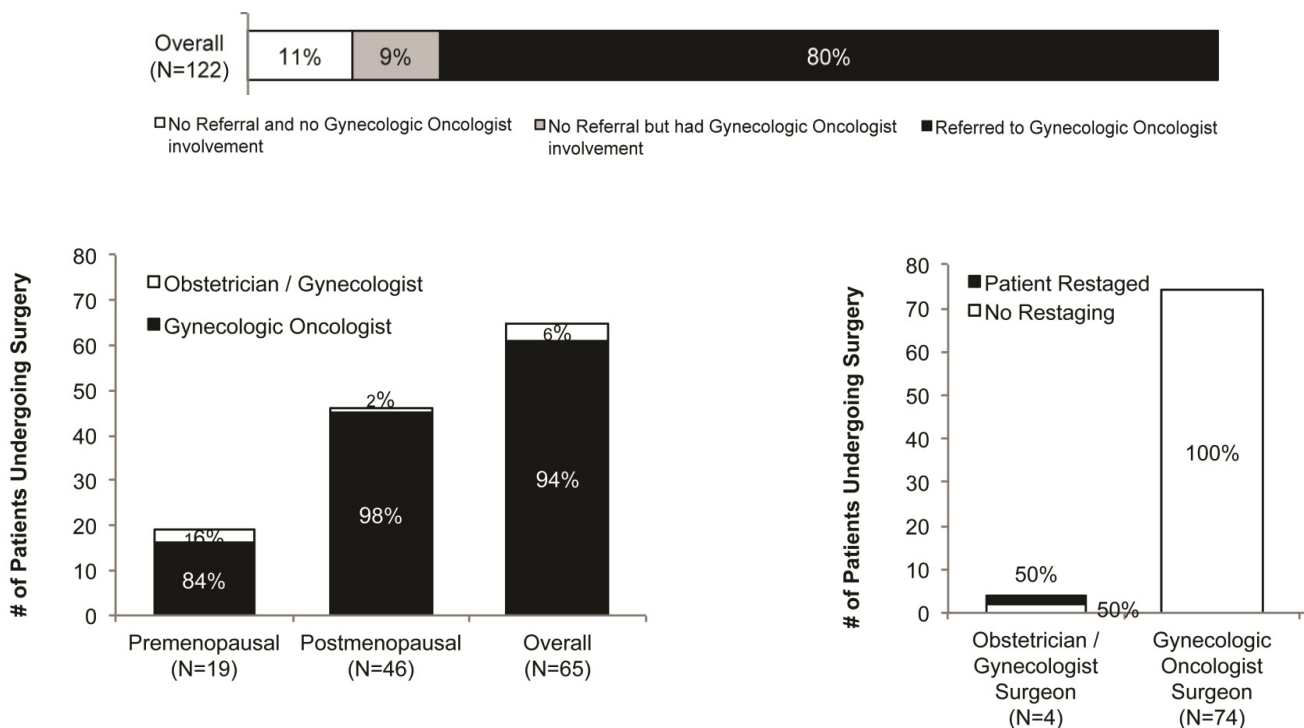
- 61 had initial surgery performed by a Gyn/Onc
- 2 had initial surgery performed by an Ob/Gyn despite prior referral to a Gyn/Onc
- 1 had a Gyn/Onc consultation prior to surgery
- 1 had a Gyn/Onc available to assist surgery

Key Results

- 94% (61/65) of patients with an elevated-risk OVA1 result and who had primary ovarian malignancies were appropriately referred to a Gyn/Onc
- Appropriate use of OVA1 can improve ovarian cancer referral rates to a Gyn/Onc from 33-60% to 94%
- None of the patients who were initially operated on by a Gyn/Onc had to be restaged, whereas half of the patients initially operated on by a Ob/Gyn were later referred for restaging

Conclusion

The OVA1 test, when used appropriately, has clinical utility in increasing the rate of Gyn/Onc involvement and driving referrals of malignant adnexal masses to Gyn/Oncs. This may lead to increased NCCN adherent cancer care, which is associated with improved cancer outcomes, including overall survival.



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