

Patient Name	:		Bill Date	:	
DOB/Age/Gender	:		Sample Collected	:	
Patient ID / UHID	:		Sample Received	:	
Referred By	:		Report Date	:	
Sample Type	:	Serum	Report Status	:	
Barcode No	:				

Test Description	Value(s)	Unit(s)	Reference Range
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**BIOCHEMISTRY REPORT**

**CA 125 (Ovarian Cancer Marker)**

CA 125; OVARIAN CANCER MARKER, SERUM	<b>1409.6</b>	U/mL	<35
Method : CMIA			

**Note:- Result rechecked, Kindly correlate clinically.**

**Interpretation:**

CA 125 is a surface antigen, identified as a 200 - 1000 kDa mucin-like glycoprotein associated with non-mucinous epithelial ovarian malignancy. CA 125 is a useful tumor marker for evaluating therapy and monitoring disease status in patients under treatment for ovarian cancer. Measured serially the levels of CA 125 correspond with disease progression or regression. The rate of change in CA 125 is also highly prognostic. As a diagnostic tool however, the level of CA 125 alone is not sufficient to determine the presence or extent of disease. Levels of CA 125 should not be interpreted as absolute evidence of the presence or the absence of malignant disease. Before treatment, patients with confirmed ovarian carcinoma frequently have levels of CA 125 within the range observed in healthy regarding the histological grade or diameter of the tumor mass.

Elevated levels of CA 125 can be observed in patients with nonmalignant diseases. Patients with certain benign conditions, such as hepatic cirrhosis, acute pancreatitis, endometriosis, pelvic inflammatory disease, menstruation and first trimester pregnancy show elevated levels of CA 125. Elevated levels are also found in 1 to 2 % of healthy donors.

Measurements of CA 125 should always be used in conjunction with other diagnostic procedures, including information from the patients clinical evaluation. The concentration of CA 125 in a given specimen determined with assays from different manufacturers can vary due to differences in assay methods, calibration, and reagent specificity. Values obtained with different assay methods cannot be used interchangeably. Heterophilic antibodies in human serum can react with reagent immunoglobulins, interfering with in vitro immunoassays. Patients routinely exposed to animal or to animal serum products can be prone to this interference and anomalous values may be observed



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