Multianalyte testing for the evaluation of adnexal masses
BlueCross BlueShield Association

Record Status
This is a bibliographic record of a published health technology assessment. No evaluation of the quality of this assessment has been made for the HTA database.

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Authors' objectives
The objective of this Assessment is to determine whether multianalyte testing for the evaluation of adnexal masses for the purpose of predicting the presence of malignancy improves outcomes in women with such masses needing surgery.

Authors' conclusions
OVA1. Although the sensitivity of OVA1 in conjunction with clinical assessment has a high sensitivity of 96%, specificity is low and results in 75% of subjects testing positive. A policy of referring all subjects to experts in ovarian cancer without testing is a rational strategy if the referral rate is so high with a testing policy. Although the method of clinical assessment was not specified, its performance was consistent with some prior reviews of risk prediction. However, recent studies of ultrasound-based risk assessment models appear to have diagnostic characteristics with equivalent sensitivity and superior specificity to OVA1. These risk assessment systems have not been directly compared to OVA1. Finally, there is considerable uncertainty that the incremental increase in detection by OVA1 would result in improved health outcomes. The literature supporting initial treatment by gynecologic oncologists largely applies to advanced stage disease, and the mechanism of this treatment effect is not fully understood. ROMA. Use of ROMA in conjunction with clinical assessment produces an increase in sensitivity and a decrease in specificity. The increase in sensitivity detects a proportion of previously undetected cancer, but the sensitivity is still not optimal. The method of clinical assessment used in the study was not specified, but its performance was consistent with some prior reviews of risk prediction. Previously noted comments on more recent ultrasound-based risk assessment methods, and the uncertainty of improved outcomes through the increase in detection of malignancy apply to ROMA as they apply to OVA1.

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