



WHAT IS THE CA125 TEST?

Ca125 is a substance which is found in very low levels in the human body. In gynecology, Ca125 is used as a tumor marker which is measured and followed in women with ovarian cancer. A tumor marker is a substance that can be elevated in some patients with certain types of cancers. No individual tumor marker is specific enough, however, to be conclusive for the diagnosis of a certain type of cancer. Ca125 can be elevated in cancer of the pancreas, lungs, breast, colon and ovary. It can also be elevated in many NONcancerous conditions including menstruation, pregnancy, benign ovarian cysts, pericarditis, endometriosis, hepatitis, appendicitis, fibroids, cirrhosis and peritonitis. Women without cancer demonstrate a large variation in their levels of Ca125, so it is difficult to determine what is a "normal" level. If a woman DOES have ovarian cancer, the Ca125 is only elevated about 85% of the time, so it is not elevated in all cancer cases. Because of this, Ca125 level is NOT used as a general screening test to find an unknown cancer. It IS used to follow the progress of a known cancer in cases where the level was elevated at diagnosis.

There has been a patient letter circulation on the Internet since 1998 that was presumably written by a woman with Primary Peritoneal Cancer (which can behave similar to ovarian cancer). She encourages all women to "insist" on getting a Ca125 test at their annual physical. Her story is sad, and women send this letter around meaning to be helpful, but this recommendation is simply not medically justified.

The American Cancer Society has come out AGAINST the use of Ca125 as a screening test. Even in combination with a pelvic ultrasound, this test is a poor screen for low risk women. The test is endorsed by the ACS only as a method for tracking how well treatment of an already diagnosed cancer is progressing.

WHO SHOULD BE SCREENED WITH CA125?

The American College of Obstetricians and Gynecologist and the Society of Gynecologic Oncologists currently recommend AGAINST using Ca125 in women before menopause. It is only recommended for use in POSTmenopausal women who actually have a pelvic mass, as it then may be helpful in predicting the likelihood of the mass being malignant or benign.

If you have only one close relative with ovarian cancer, the overwhelming chances are that you will not develop ovarian cancer yourself. However, a strong family history of ovarian, breast and colon cancer does place you at elevated risk compared to women without this history. A bimanual pelvic exam and pelvic ultrasound to check for ovarian enlargement may be indicated for high risk women (mother or sister with ovarian cancer prior to age 45, women with personal history of breast cancer before age 45).