



Procedure	Result	Units	Ref Interval	Accession	Collected	Received	Reported/Verified
ROMA, Premenopausal	<b>4.88 H</b>		[<=1.14]	19-084-900061	25-Mar-19 12:39:00	25-Mar-19 12:39:00	25-Mar-19 12:55:20
ROMA, Postmenopausal	2.77		[<=2.99]	19-084-900061	25-Mar-19 12:39:00	25-Mar-19 12:39:00	25-Mar-19 12:55:20
ROMA Interpretation	See Note f			19-084-900061	25-Mar-19 12:39:00	25-Mar-19 12:39:00	25-Mar-19 12:55:20
ROMA Cancer Antigen 125	15	U/mL	[0-35]	19-084-900061	25-Mar-19 12:39:00	25-Mar-19 12:39:00	25-Mar-19 12:55:20
ROMA Human Epididymis Protein 4	<b>141 H</b>	pmol/L	[0-140]	19-084-900061	25-Mar-19 12:39:00	25-Mar-19 12:39:00	25-Mar-19 12:55:20

25-Mar-19 12:39:00 ROMA Interpretation:

On May 20, 2019, ARUP changed the methodology used to perform Risk of Ovarian Malignancy Algorithm (ROMA) testing to the Roche Cobas e602 electrochemiluminescent methodology. Previously, HE4 was performed as a Fujirebio ELISA while, for ROMA only, CA125 was performed as an Abbott Architect chemiluminescent assay. Analyte results obtained with different test methods or kits cannot be used interchangeably.

25-Mar-19 12:39:00 ROMA Interpretation:  
 INTERPRETIVE INFORMATION: Risk of Ovarian Malignancy  
 Algorithm

The Risk of Ovarian Malignancy Algorithm (ROMA) combines the results of HE4, CA125, and menopausal status into a numerical score. If the patient is premenopausal, then a ROMA score of less than 1.14 is consistent with a low likelihood of finding a malignancy on surgery. If the patient is postmenopausal, then a ROMA score of less than 2.99 is consistent with a low likelihood of finding a malignancy on surgery.

ROMA is intended as an aid in assessing whether a premenopausal or postmenopausal woman who presenting with an ovarian adnexal mass is at high or low likelihood of having malignancy on surgery. ROMA is indicated for women who meet the following criteria: over age 18; ovarian adnexal mass present for which surgery is planned, and who has not yet referred to an oncologist. ROMA must be interpreted in conjunction with an independent clinical and radiological assessment. ROMA is not intended as a screening or stand-alone or tumor-monitoring assay. Tumor monitoring using HE4 and/or CA125 should be ordered separately.

Testing for HE4 and CA125 was performed using Roche Cobas e602 electrochemiluminescent methods. Analyte results obtained with different test methods or kits cannot be used interchangeably.

\* Abnormal, # = Corrected, C = Critical, f = Footnote, H = High, L = Low, t = Interpretive Text, @ = Reference Lab