

## APPENDIX A

### Evidence Table

<b>Author/Year</b>	<b>Study Design</b>	<b>Demographics</b>	<b>Diagnostic Accuracy</b>	<b>Methodological Comments</b>
Chiou, Sheu, Wang, Chang 2003	Case Reports  Pre-op CT scans were obtained on patients with PSpC and were retrospectively reviewed. Serum CA-125 levels were recorded.	11 patients with PSpC	An elevated level of CA-125 was found in 91% of pts.	Small sample size  No report of measures of accuracy (Sn, Sp, PPV, NPV)
Skates, Troiano, Knapp 2003	Case Study	Single patient	Report of only a rising level of CA-125	Single patient only
Wright, Horowitz, Rader 2002	Case Study	Single patient	Report of a CA-125 level of 2907 IU/ml	Single patient only
Zissin, Hertz, Altaras, Shapiro-Feinberg, Fishman 2001	Case Reports	36 patients age range 37-85	All patients had elevated levels of CA-125.	No report of measures of accuracy (Sn, Sp, PPV, NPV)
Furukawa, Ueda, Takahashi, Higashino, Shimura, Tsujimura, Araki 1999	Case Reports	3 patients, age range 44-71	CA-125 levels ranged from 3598 IU/ml to 11,110 IU/ml, and immunohistochemical staining for CA-125 was positive within tumor cells from all 3 patients.	Small sample size
Tsujimura, Takeda, Terada, Uramoto 1991	Case Reports	2 patients, aged 44 and 71	Study only notes CA-125 levels were considered elevated, and tumor cells showed positivity for CA-125.	Small sample size  No report of measures of accuracy (Sn, Sp, PPV, NPV)

Altara, Aviram, Cohen, Cordoba, Weiss, Bayth  1991	Case Reports	38 patients involved in the study, 7 met criteria for PPC.  Mean age 61.2	Study noted that CA-125 levels were available only for 3 cases.	CA-125 levels not available for most patients  No report of measures of accuracy (Sn, Sp, PPV, NPV)
Kebapci, Yalcin, Dundar, Ozalp, Kaya  2003	Case Report	12 patients with mean age 57.5 (SD 10.3)	Study notes that all patients had elevated CA-125 levels	No report of measures of accuracy (Sn, Sp, PPV, NPV)
Kennedy, Markman, Webster, Kulp, Peterson, Rybicki, Belinson  1998	Case Report	38 patients with PPC (36 stage IIIC and 2 stage IV)	92% of patients experienced at least a 50% reduction in CA-125 levels, and 55% of patients experienced > 90% reduction in CA-125 levels.	This study is only generalizable to patients with stage IIIC and stage IV disease.
Wick, Mills, Dehner, Bollinger, Fechner  2000	Comparative study evaluating immunohistochemistry between PPC and ovarian papillary carcinoma (OPC)	13 examples of PPC and 31 examples of OPC were used	Study noted PPC and OPC were similar in quantitative and qualitative reactivity for B72.3 antigen, CEA, Leu M1, CA-125, LN1, MB2, S100 protein, placenta alkaline phosphatase, and amylase. Residual non-neoplastic tissue failed to express any of these antigens except for cytokeratin, EMA, and CA-125	Study does not provide any measures of accuracy (Sn, Sp, PPV, NPV) only reports results as “similar in quantitative and qualitative reactivity.
Piura, Meirovitz, Bartfeld, Yanai-Inbar, Cohen  1998	Case Report to compare similarities between patients with PPC and OPC	15 patients with PPC and 52 patients with stage III-IV OPC were compared.	Study notes that with regard to patient’s characteristics, presenting signs and symptoms, type and extent of surgery, tumor response to first-line and second-line chemotherapy, recurrence-free interval, recurrence site, and CA-125, no significant differences were noted	No reporting of measures of accuracy (Sp, Sn, PPV, NPV), no reporting of degree of association between CA-125 levels in both types of tumors-study only notes that (when referring to CA-125 levels), there are no significant differences

			between both types of tumors	
Barda, Menczer, Chetrit, Beck, Piura, Glezerman, Modan, Sadetzki, National Israel Ovarian Cancer Group  2004	Case Report to compare similarities between patients with PPC and OPC	95 patients with PPC were compared to 117 FIGO stage III-IV OPC.	Study only notes similarities between the 2 groups-but did note higher rates of abdominal distension, volume of ascites, and malignant cells in ascitic fluid, and lower rate of pelvic palpable mass and personal history of breast cancer were noted in PPC than in OPC. Study did not include CA-125 as a variable	CA-125 was not used in this study
Rose, Reale  1991	Case Report	2 cases of advanced PPC, both patients had previously had a hysterectomy and salpingo-oophorectomy for endometrial carcinoma	Study notes that both subjects had elevated CA-125 levels which were being routinely followed because of history of previous endometrial carcinoma	Small sample size  No information provided about diagnostic accuracy of test (no Sn, Sp, PPV, or NPV)
Eltabbakh, Piver, Natarajan, Mettlin  1998	Epidemiological study examining differences between women with PPC and OPC	Compares 50 women with PPC with 503 women with OPC between Oct 82 and Oct 96 followed at Roswell Park Center Institute using a self-administered questionnaire	Few significant differences were found between the 2 groups, though patients with PPC significantly older, had later menarche, and used less perineal talc powder	This study was not designed to test the accuracy of a diagnostic test, it only revealed associations between 2 groups
Piura, Rabinovich, Yanai-Inbar  2001	Study designed to determine association between BRCA mutation and primary malignancies	3 primary malignancies related to BRCA 185delAG mutation were used to determine association with primary malignancies	Immunochemical staining revealed that breast cancer, PPC, and OPC were associated with this mutation	This study was designed only to determine association of mutation with primary malignancy. Study does not tell how these specimens were included and other specimens excluded. Not used to determine accuracy of diagnostic test
Piver, Jishi, Tsukada, Nava  1993	Study designed to determine if women who elected to have a prophylactic oophorectomy due to a family history of ovarian cancer would go on to later develop PPC	324 women with a family history of ovarian cancer had a prophylactic oophorectomy and were followed for 1-27 years	6 of these patients developed PPC	Study designed to determine if prophylactic oophorectomy prevented the development of PPC. Study not designed to determine accuracy of diagnostic test
Levine, Argenta, Yee,	Study designed to determine the	29 patients with FTC and 22	BRCA mutation was found in	This study was not designed

<p>Marshall, Narciso, Bogomolny, Rahaman, Robson, Offit, Barakat, Soslow, Boyd</p> <p>2003</p>	<p>incidence of BRCA mutation among Ashkenazi Jewish patients with fallopian tube carcinoma (FTC) or PPC</p>	<p>patients with PPC were genotyped for the 3 Ashkenazi Jewish BRCA found mutations (185DEL ag, 5382insC, and 6174delT)</p>	<p>17% of FTC patients, and found in 41% of patients with PPC. Mutation carriers had a younger age at diagnosis than patients without mutation. For BRCA mutation carriers, the lifetime risk of FTC and PPC were 0.6% and 1.3% respectively</p>	<p>to test the diagnostic accuracy of CA-125, only the association between the incidence of BRCA Ashkenazi patients with FTC and PPC</p>
<p>Killackey Davis</p> <p>1993</p>	<p>Study designed to compare OPC to PPC</p>	<p>Of 199 patients that underwent laparotomy for OPC, 15% of cases had PPC</p>	<p>Mean cytoreduction in the PPC group was 65% compared to 79% for the OPC group; Also patients with PPC had shorter disease-free interval, shorter overall survival time</p>	<p>This study was not designed to test the diagnostic accuracy of CA-125, only to note the association between PPC and OPC</p>
<p>Mills, Anderson, Fechner, Austin</p> <p>1998</p>	<p>A clinicopathological study to compare PPC with Stage III-IV OPC</p>	<p>10 patients with PPC were compared to 16 patients with OPC</p>	<p>PPC had significantly worst prognosis than patients with OPC ( as measured by median disease free interval, median survival, and predicted 5-year survival</p>	<p>This study was not designed to test the diagnostic accuracy of CA-125, only to note the association between PPC and OPC</p>