

FDA Perspective: Analytical Aspects of CA-125 Tests

Ovarian Cancer End Points Workshop

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In the Beginning...

- Centocor RIA – 1987
- Class III, Premarket Application, Panel Track
- Safety and Effectiveness
- “...use as an aid in the detection of residual ovarian carcinoma in patients who have undergone first-line therapy and would be considered for second look...”

Down Classification in 1997

- Class II, 510(k) submissions
- Guidance Document for Tumor Associated Antigens (1996)
- Substantially equivalent
- 8 manufacturers, 16 devices
- “...aid in management...aid in monitoring response...serial testing...detection of cancer recurrence...use in conjunction with other clinical methods...”

Technologies

- Calibrators provided (if not a gold standard, at least continuity and a small community)
- Immunologic assay – dual antibody (monoclonal, polyclonal or both)
- Solid phase – usually beads (pulled, spun, strained)
- Light-based read-out – chemiluminescence, fluorimetry

Analytical Performance Characteristics

- Units roughly comparable. Regression slope examples: 1.34, 1.20, 1.06, 1.03, 1.01, .99, .97, .96, .96, .77
- Uniformly high correlations: .95 to .99
- Well-reproducible results. Tests' total CV's range from 2.7% to 6.9%
- Dynamic range an issue?

Positive/Negative Assay Concordances

Positive	Negative	Overall
<i>.77</i>	<i>.61</i>	<i>.68</i>
<i>.96</i>	<i>.99</i>	<i>.98</i>
<i>.98</i>	<i>.97</i>	<i>.97</i>
<i>.98</i>	<i>.97</i>	<i>.97</i>

Correlations with Clinical Progression

Sensitivity	Specificity	Efficiency
.84	.84	.84
.82	.89	.87
.95	.22	.71
.95	1.00	.98
.52	.88	.76
.92	.64	.73

Why the Variability?

- Same ROC, different cut-offs? Not by design, but maybe imposed by varying responsiveness?
- Different specifications for test change or trend?
- No gold standard for change in the disease.
- Small patient sets
 - Differing populations
 - Random noise
 - Post hoc fitting

Thinking of CA-125 as an SEB?

- Know your test.
 - Read the label.
 - Read beyond the label.
- Pick a test and stay with it.
- Fully define the criteria for interpreting change or trend in test results.
- Characterize, as well as possible, test interactions with other clinical features.