

Ovarian Cancer Screening Test (Comprehensive)

Detect, Act, Live Longer



**Evidence-Based Science for
Early Detection, Cancer
Prevention and Longevity**

TERMS AND CONDITIONS

THIS TEST IS NOT INTENDED TO SUBSTITUTE OR REPLACE MEDICAL VISITS; ON THE CONTRARY, IT AIMS TO ENHANCE AND ENRICH THEM, PROVIDING PREVENTIVE AND COMPLEMENTARY INFORMATION THAT HELPS BOTH INDIVIDUALS AND HEALTHCARE PROFESSIONALS MAKE BETTER DECISIONS.

THE TRADITIONAL HEALTHCARE MODEL, CHARACTERISTIC OF MEDICINE 2.0, HAS HISTORICALLY BEEN FOCUSED ON DISEASE: IT CONCENTRATES ON DIAGNOSING AND TREATING ONCE SYMPTOMS APPEAR. ALTHOUGH THIS APPROACH HAS ENABLED MAJOR THERAPEUTIC ADVANCES, IT PRESENTS IMPORTANT LIMITATIONS: IT OFTEN ARRIVES TOO LATE, IS MORE REACTIVE THAN PREVENTIVE, AND FREQUENTLY DOES NOT TAKE INTO ACCOUNT THE INDIVIDUALITY OF EACH PERSON. IN CONTRAST, ALL OUR TESTS ARE BASED ON THE PRINCIPLES OF MEDICINE 3.0, A FAR MORE ADVANCED MODEL. MEDICINE 3.0 IS FOUNDED ON THE 4 "P'S" —PREDICTION, PREVENTION, PERSONALIZATION, AND PATIENT PARTICIPATION—. THIS MEANS ANTICIPATING RISKS BEFORE THEY TURN INTO DISEASES, INTERVENING EARLY WITH STRATEGIES GROUNDED IN SCIENTIFIC EVIDENCE, AND TAILORING RECOMMENDATIONS TO EACH INDIVIDUAL. MOREOVER, IT EMPOWERS PEOPLE TO TAKE AN ACTIVE ROLE IN MANAGING THEIR OWN HEALTH.

IN THIS WAY, OUR TESTS DO NOT REPLACE MEDICAL CONSULTATION; INSTEAD, THEY PROVIDE ADDED VALUE BY OFFERING A MORE COMPREHENSIVE AND PREVENTIVE PERSPECTIVE THAT STRENGTHENS THE DOCTOR-PATIENT RELATIONSHIP AND IMPROVES THE QUALITY OF CLINICAL DECISION-MAKING.

ALTHOUGH THIS TEST CAN DETECT SEVERAL OVARIAN CANCER TYPES, SUCH AS GERM CELL TUMORS (GCT), SEX CORD-STROMAL TUMORS (SCST), EPITHELIAL OVARIAN CARCINOMA (EOC) OR MUCINOUS EPITHELIAL OVARIAN CARCINOMA (MEOC), AMONG OTHERS, LIKE SECONDARY OVARIAN MALIGNANCY FROM COLORECTAL OR GASTROINTESTINAL (GI) ORIGIN, EVEN IN PRECLINICAL STAGES —WHEN NO SYMPTOMS OR SIGNS ARE YET PRESENT—, IT IS IMPORTANT TO HIGHLIGHT THAT FALSE POSITIVES (FP) AND, TO A LESSER EXTENT, FALSE NEGATIVES (FN) CAN OCCUR. HOWEVER, THE RESULTS OBTAINED CAN PROVIDE VALUABLE CLUES THAT GUIDE EARLY DETECTION, ENABLING TIMELY REFERRAL AND A MORE COMPLETE MEDICAL EVALUATION, SOMETHING THAT IS ESPECIALLY IMPORTANT IN OVARIAN CANCER, ALSO KNOWN AS THE "SILENT KILLER", BECAUSE THE FIRST SYMPTOMS MAY APPEAR WHEN THE CANCER IS ALREADY IN A VERY ADVANCED STAGE OR HAS ALREADY SPREAD TO OTHER PARTS OF THE BODY.

THIS TEST CAN CAUSE OVERDIAGNOSIS. ON THE OTHER HAND, IF YOU FEEL —BOTH PERSISTENT OR INTERMITTENT—, DISCOMFORT, IMPAIRMENT OR PAIN, PLEASE GO TO THE EMERGENCY ROOM AS IT COULD BE DUE TO AN ACUTE DISORDER AS WELL AS TO A PSYCHOSOMATIC CAUSE.

THE NEGATIVITY OF THE TUMOR MARKERS DOES NOT EXCLUDE 100 PERCENT THE POSSIBILITY OF A MALIGNANT TUMOR OF EPITHELIAL ORIGIN.

THIS REPORT CONTAINS A SERIES OF INTERPRETATIVE COMMENTS BASED ON THE BEST AVAILABLE SCIENTIFIC EVIDENCE, AS WELL AS THE LATEST MEDICAL AND CLINICAL ADVANCES, WITH THE AIM OF PROVIDING AN UPDATED AND EVIDENCE-BASED OVERVIEW OF YOUR HEALTH STATUS. BY CONTINUING TO READ THIS REPORT, YOU ACKNOWLEDGE YOUR AGREEMENT WITH THE TERMS AND CONDITIONS SET FORTH HEREIN, AS WELL AS WITH ALL WARNINGS AND LIMITATIONS OF LIABILITY CONTAINED THEREIN, AND YOU EXPRESSLY RELEASE THE COMPANY FROM ANY AND ALL RESPONSIBILITY.

Report with Interpretative Commenting

Patient Information



Identification Data

Patient ID: ES-YYYYYYYY
 Patient Name: JANE
 Patient Surname: SAMPLE
 Blood Collection Date: 10/01/2026
 Urine Collection Date: 10/01/2026

Personal Data

Gender at Birth: Female
 Date of Birth (day/month/year): 24/07/1999
 Age (years): 26

Laboratory Results (with Advanced Coefficients, Indices and/or Ratios)

Hepatic Enzymes	Value	Min	Max	Visual Score
ALP (IU/L):	54.00	35.00	104.00	
AST (IU/L):	19.00		34.00	
ALT (IU/L):	16.00		49.00	
GGT (IU/L):	17.00		38.00	
LDH (IU/L):	158.00	120.00	246.00	

Hormones	Value	Min	Max	Visual Score
FSH (mIU/mL):	6.30	1.50	40.00	

Tumor Markers	Value	Min	Max	Visual Score
AFP (ng/mL):	3.50		10.00	
Beta-hCG (mU/mL):	2.90		10.00	
CA 19.9 (U/mL):	1228.76 ↑	3.00	37.00	
CA 125 (U/mL):	223.40 ↑		35.00	
CEA (ng/mL):	2.45		5.00	
HE4 (pmol/L):	70.40 ↑		70.00	

Tumor Marker Ratios	Value	Min	Max	Visual Score
CA 19.9-to-CEA Ratio:	501.53 ↑		29.77	
CA 125-to-CEA Ratio:	91.18 ↑		25.00	
Copenhagen Index:	10.81 ↑		7.00	
ROMA (pre-menopausal):	17.71 ↑		7.40	
ROMA (post-menopausal):	57.29 ↑		25.30	
Santotoribio Mucinous Index (SMI):	1.38 ↑		0.23	

Other Serum Analytes	Value	Min	Max	Visual Score
Creatinine (mg/dL):	0.98	0.55	1.02	
eGFR (mL/min/1.73m ²):	81.64 ↓	90.00		
Total Bilirubin (mg/dL):	4.58 ↑	0.30	1.20	
Direct Bilirubin (mg/dL):	2.20 ↑		0.31	
Indirect Bilirubin (mg/dL):	2.38 ↑	0.30	0.85	



Laboratory Results (with Advanced Coefficients, Indices and/or Ratios)



Other Urine Analytes	Value	Min	Max	Visual Score
Urine Albumin (g/L):	0.09		0.15	
Urine Creatinine (g/L):	1.65	0.60	1.80	
Urine ACR (mg/g):	54.55 ↑		30.00	

Technical Interferences

Serum	Value
Hemolyzed Sample:	No
Icteric Sample:	No
Lipemic Sample:	No

Legend

- Values are within the reference range limits.
- Values are outside the reference range limits.
- Values are outside the reference range limits, concretely more than 4 times the normality upper limit.

Coefficients, Indices and Ratios Descriptions

In addition to the results provided by Laboratorio Echevarne, Blueberry Diagnostics has added to this report several innovative coefficients, indices and ratios —calculated and validated by the company itself—, to help your healthcare providers to get a more accurate diagnosis since, they can provide a holistic view of the state of your health by integrating multiple factors that can allow clinicians to have more comprehensive data, potentially leading to better-informed decisions.



Besides, they also can improve the sensitivity and specificity of predictions —by reducing false positives and false negatives—. Moreover, they can also help differentiate between diseases with similar clinical presentations —reducing the probability of misinterpretation or excessive dependence on a single parameter—. Furthermore they can guide treatment decisions to improve patient outcomes.

NOTE: No coefficient, indice or ratio should be used in isolation, since they are specifically designed to provide additional insight when an abnormality is detected. For example, the AST-to-ALT ratio has no clinical value if no liver disease is present —regardless of whether the result is altered—. However, if liver injury exists, the AST-to-ALT ratio can help to differentiate whether the damage is of alcoholic or viral origin, non-alcoholic fatty liver disease (NAFLD), or mild hepatocellular injury. In this way, it is possible that not all coefficients, indices or ratios will be mentioned in the reports, even if their values are altered.

You will find a complete description by scanning the QR code of this section.

Outcome

Tumor Marker Results

Some tumor markers are outside the reference range and suggest a potential mucinous epithelial ovarian carcinoma (mEOC).

Visual Risk Scale



Hepatobiliary Function Comments

Although main hepatic enzymes are inside the reference range, Total Bilirubin is outside the reference range and could suggest an undetermined moderate hyperbilirubinemia —neither conjugated nor unconjugated—, with normal liver enzyme levels which, in principle, could affect the levels obtained for tumor markers like AFP, CA 19.9, CA 125, CEA and HE4.

Renal Function Comments

Both Glomerular Filtrate Rate (GFR) as well as Albumin-to-Creatinine Ratio (ACR) suggest a grade G2/A2 renal function which, in principle, should not affect the levels obtained from tumor markers, as it only signifies a mild reduction in renal function.

Final Comments

Although there are multiple non-malignant factors and conditions that may lead to elevated tumor marker levels that could mean a false positive (FP) result, in this specific case, the observed pattern, the magnitude of the elevation, and the combination of the analytical results consistently point toward the presence of a malignant process.

Conclusions

We suggest general practitioner (GP) or gynecologist consultation to confirm or discard these findings.

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