

**HCG BETA, TOTAL,
TUMOR MARKER, SERUM
(CMIA)**

mIU/mL

<5.00

Note: 1. This test is not recommended to screen Germ cell tumors in the general population.

2. False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy
3. HCG levels may appear consistently elevated / depressed due to the interference by heterophilic antibodies, nonspecific protein binding, HCG like substances & certain medications

Clinical Use

- An aid in the management of Trophoblastic tumors. HCG is elevated in nearly all patients and correlates with tumor volume and disease prognosis. It is also useful in monitoring therapy. Persistent HCG levels following therapy indicate the presence of residual disease. During chemotherapy, weekly HCG measurement is recommended. After remission is achieved, yearly HCG measurement is recommended to detect relapse.
- Monitoring Germ cell tumors, Non seminomatous testicular tumors & less frequently Seminomas. HCG alone is useful in identifying Trophoblastic tumors, and alongwith AFP in detecting Non seminomatous testicular tumors

Increased Levels

- Testicular tumors
- Ovarian Germ cell tumors
- Gestational Trophoblastic disease
- Non germ cell tumors – Melanoma & Carcinomas of breast, GI Tract, Lung & Ovary
- Benign conditions like Cirrhosis, Duodenal ulcer and Inflammatory bowel disease