

# CfDNA FMF contingent screening

**María del Mar Gil**

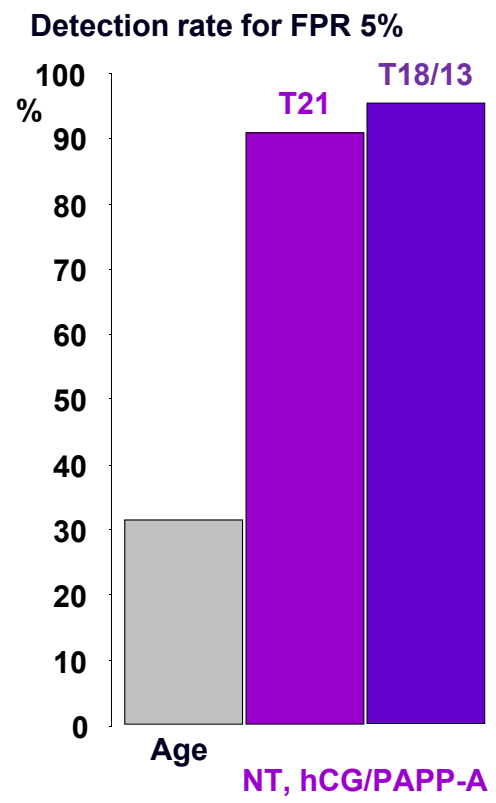
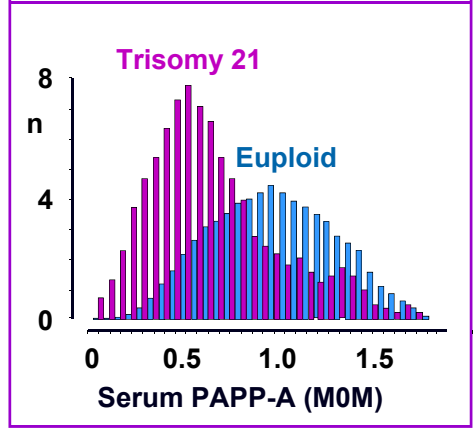
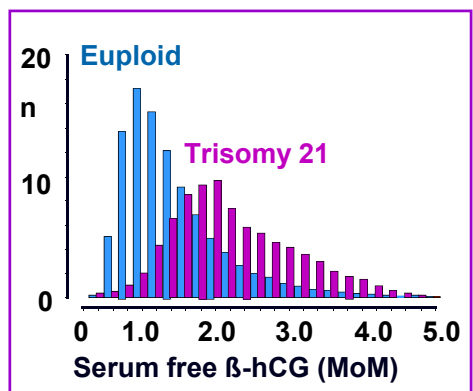
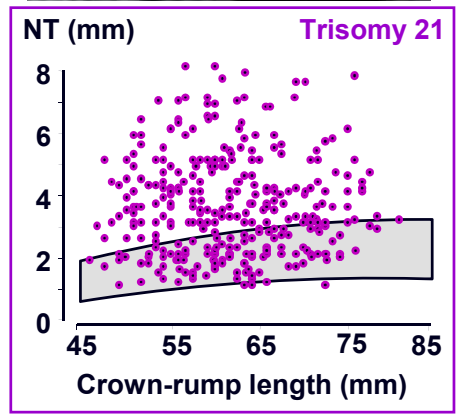


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# Screening for Down syndrome

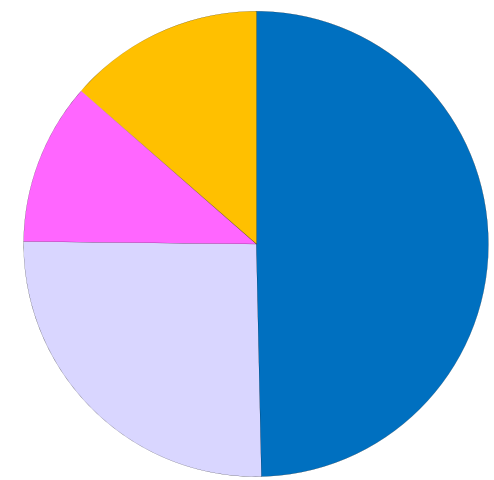
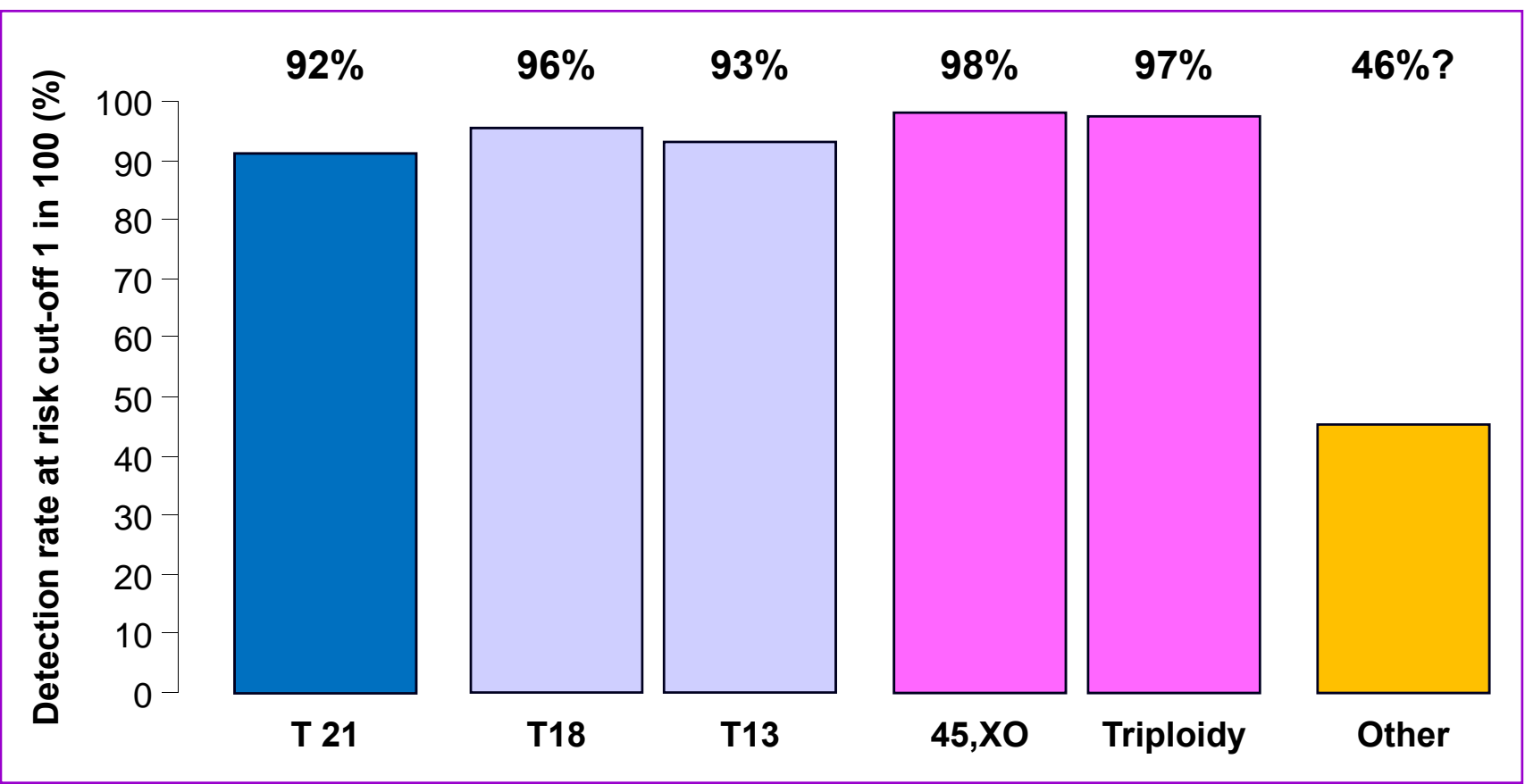
## 1<sup>st</sup> trimester combined test



- Nicolaides KH, Azar GB, Byrne D, Mansur CA, Marks K. Nuchal translucency: ultrasound screening for chromosomal defects in the first trimester of pregnancy. *BMJ* **1992**; 304:867
- Snijders RJ, Noble P, Sebire N, Souka A, Nicolaides KH. UK multicentre project on assessment of risk of trisomy 21 by maternal age and fetal nuchal-translucency thickness at 10-14 weeks of gestation. *Lancet* **1998**; 352:343
- Spencer K, Souter V, Tul N, Snijders R, Nicolaides KH. A screening program for trisomy 21 at 10-14 weeks using fetal nuchal translucency, maternal serum free beta-human chorionic gonadotropin and pregnancy-associated plasma protein-A. *Ultrasound Obstet Gynecol* **1999**; 13:231.
- Kagan KO, Wright D, Valencia C, Maiz N, Nicolaides KH. Screening for trisomies 21, 18 and 13 by maternal age, fetal nuchal translucency, fetal heart rate, free  $\beta$ -hCG and pregnancy-associated plasma protein-A. *Hum Reprod* **2008**; 23:1968-75.

# Screening for Down syndrome

## 1<sup>st</sup> trimester combined test



Prospective validation of 1<sup>st</sup> trimester combined screening for trisomy 21 (n=108,982); FPR 5.3%

A beneficial side-effect of screening for trisomy 21 is detection of many other aneuploidies

Santorum M, Wright D, Syngelaki A, Karagiotti N, Nicolaidis KH. Accuracy of first trimester combined test in screening for trisomies 21, 18 and 13. *Ultrasound Obstet Gynecol* 2016; doi 10.1002/uog.17283

**1<sup>st</sup> trimester combined test – validation n = 108,982**

**Holoprosencephaly, Exomphalos, Megacystis, NT  $\geq$ 3.5 mm**



**50% T21**



**80% T13**



**20% all**



**45% T18**

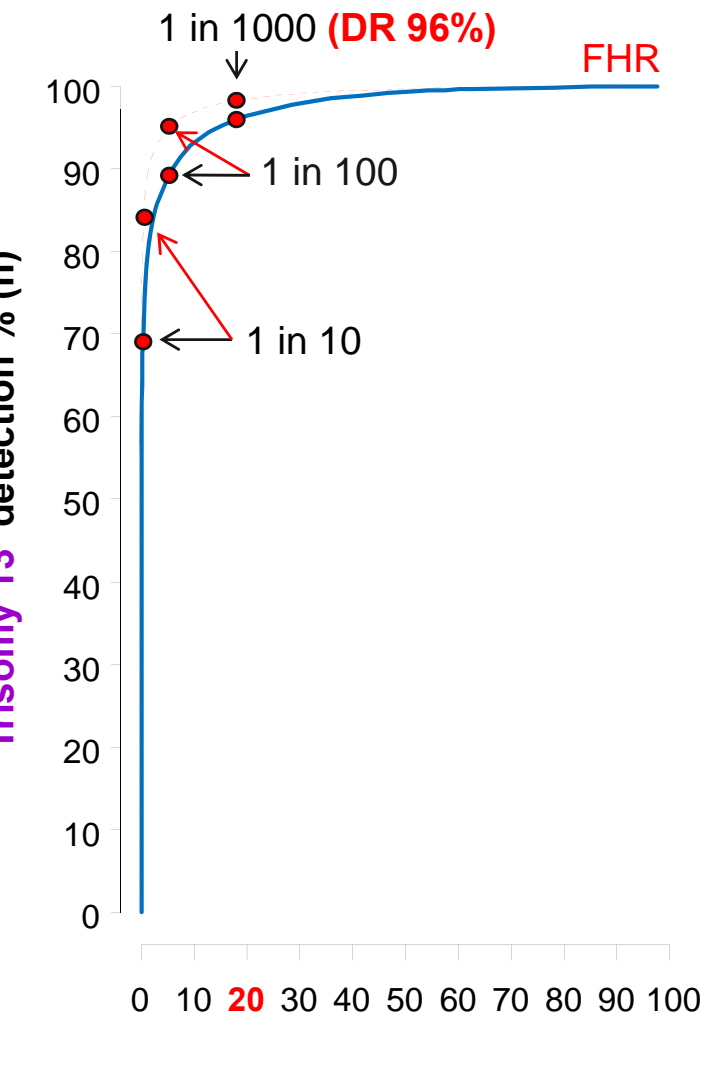
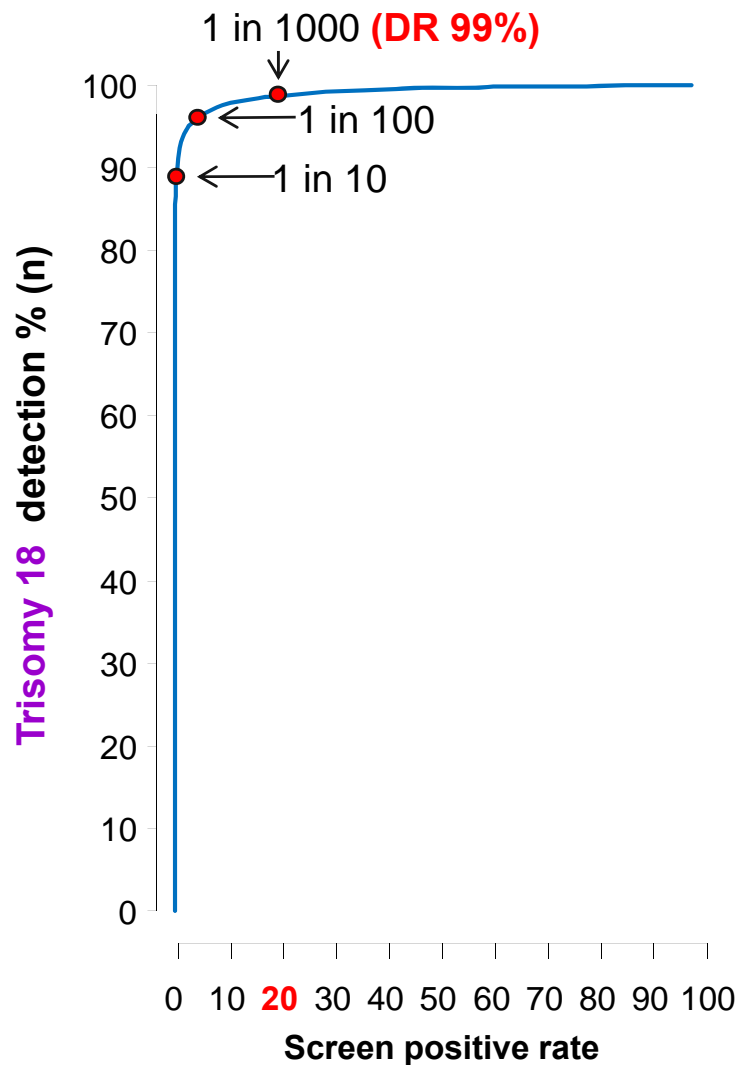
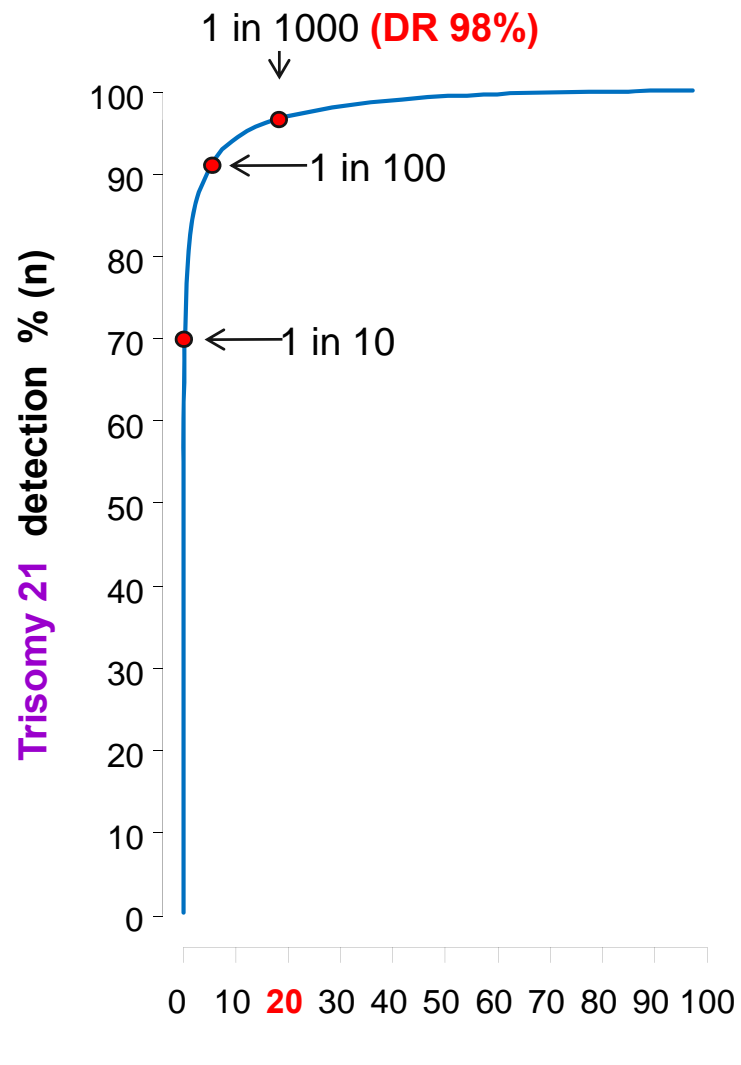
**Screen +ve rate 1.1%**  
**This group contained 57% of all aneuploidies**



<b>Trisomy 21</b>	<b>53%</b>
<b>Trisomy 18</b>	<b>72%</b>
<b>Trisomy 13</b>	<b>88%</b>
<b>Triploidy</b>	<b>34%</b>
<b>Monosomy X</b>	<b>94%</b>
<b>Other</b>	<b>23%</b>

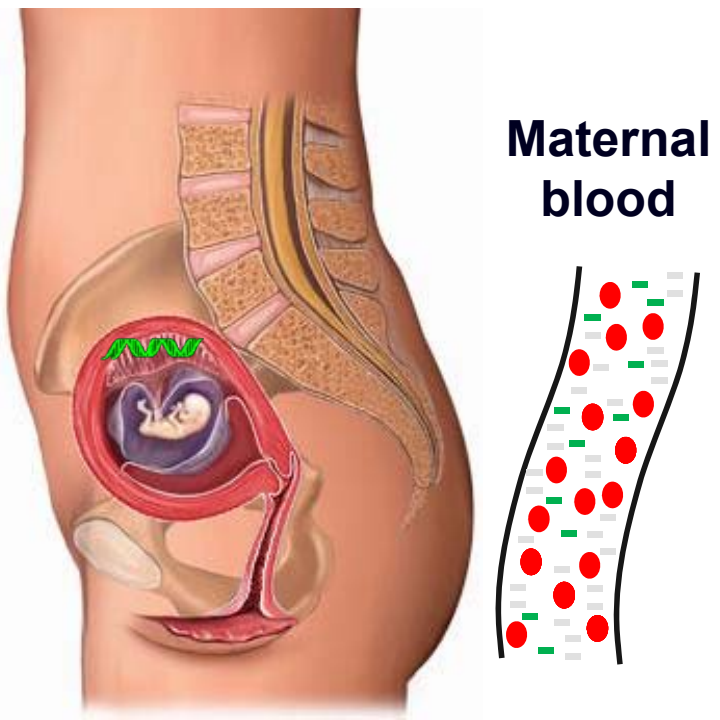
# 1<sup>st</sup> trimester combined test

## Prospective validation n=108,982



# Screening for trisomies

## Cell-free DNA in maternal blood



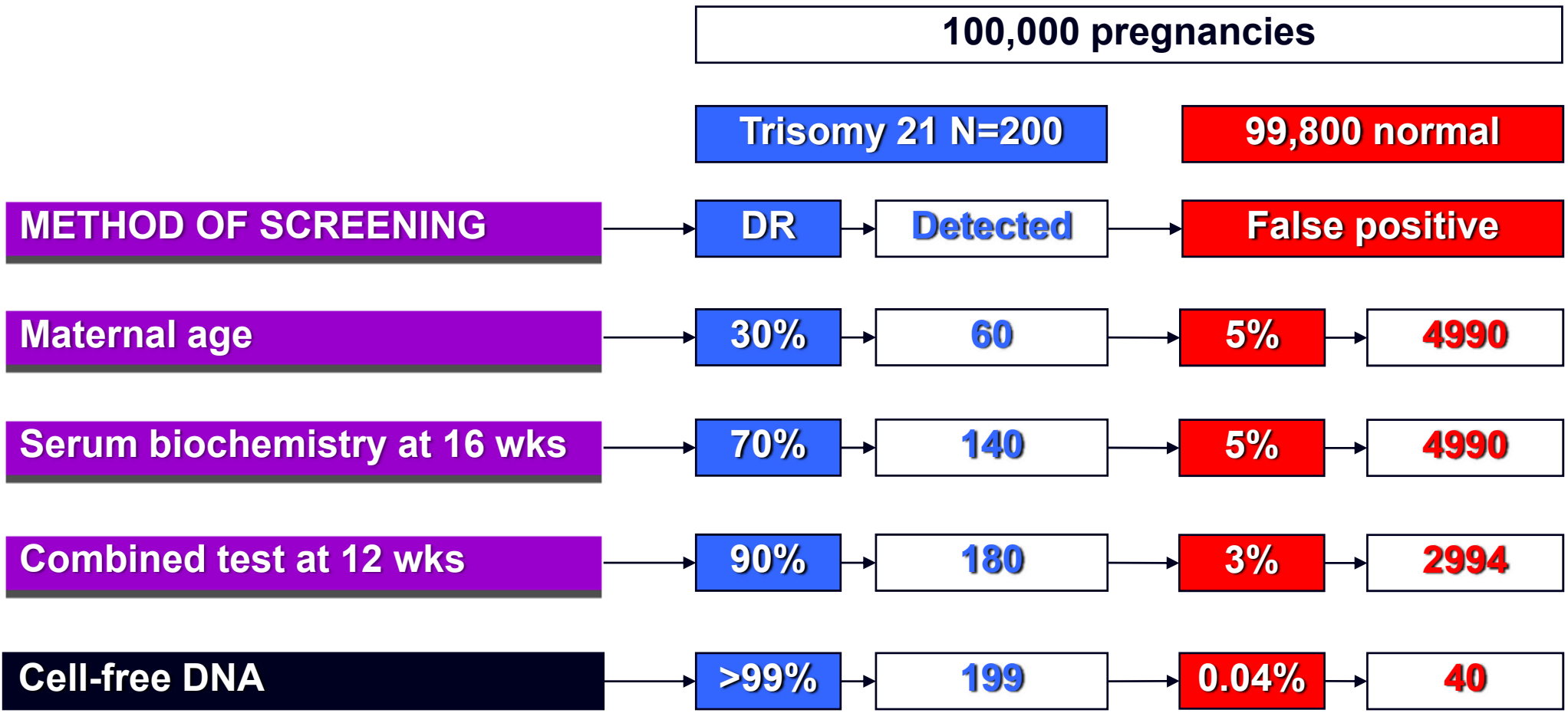
		DR	FPR
<b>Trisomy 21</b>	<b>n=1,963</b>	<b>99.7%</b>	<b>0.04%</b>
<b>Trisomy 18</b>	<b>n= 560</b>	<b>98.2%</b>	<b>0.05%</b>
<b>Trisomy 13</b>	<b>n= 119</b>	<b>99.5%</b>	<b>0.05%</b>

**Updated meta-analysis 31 December 2016**

Lo YM, Corbetta N, Chamberlain PF, Rai V, Sargent IL, Redman CW, Wainscoat JS. Presence of fetal DNA in maternal plasma and serum. *Lancet* **1997**; 350:485-7.  
 Gil MM, Quezada MS, Revello R, Akolekar R, Nicolaides KH. Analysis of cell-free DNA in maternal blood in screening for fetal aneuploidies *Ultrasound Obstet Gynecol* **2015**;45:249  
 Gil MM, Accurti V, Santacruz B, Plana MN, Nicolaides KH. Analysis of cell-free DNA in maternal blood in screening for fetal aneuploidies *Ultrasound Obstet Gynecol* **2017**; in press

# Screening for Down syndrome

## Cell-free DNA in maternal blood



- **Which conditions to screen for**
- **Interpretation of results**
- **Importance of fetal fraction**
- **Test failure**
- **Screening in twins**
- **Models of implementation**





### Screening for sex chromosome aneuploidies

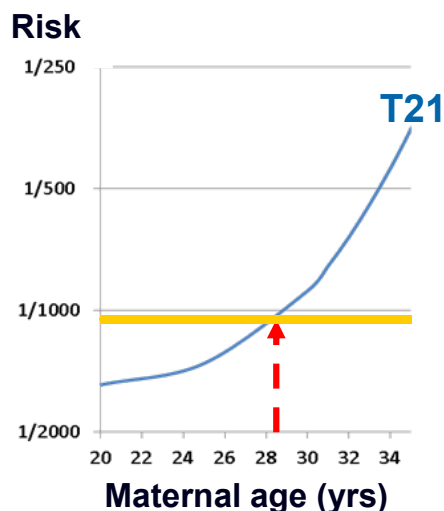
- **Lethal Turners easily detectable by ultrasound**
- **Most cases are mild without intellectual disability**
- **50% of sex chromosome aneuploidies are mosaics**
- **High incidence of maternal mosaicism**
- **Performance of screening is uncertain**
  - **Failure rate is higher than for T21**
  - **Detection rate is lower (about 90%) than for T21 (>99%)**
  - **False +ve rate is higher (about 0.3%) than for T21 (<0.1%)**
  - **Positive predictive value much lower than for T21**
- **Management of positive result: need for amniocentesis**



# Cell free DNA test

## Which aneuploidies?

Microdeletions	1/ births	≥3Mb
22q11.2 deletion	2-4,000	85%
Angelman / Prader Willi (15q11.2-q13 deletion)	20,000	70%
1p36 del	5,000	85%
Cri-du-chat (5p deletion)	50,000	99%



**Di George - common features:**

- 75% immune deficiencies
- 50% hypocalcemia
- 30% feeding problems
- 35% renal abnormalities
- 75% cardiac defects
- 95% intellectual deficits
- 25% schizophrenia in adulthood

- Detection rates \*: **60-99%**
- Total false positive rates: **1%**
- Positive predictive value for 22q11.2 deletion: **5%**
- Proportion of cfDNA panel of significant microdeletions: **10%**

\* quoted by companies, but do not include those of <3 Mb

Yaron Y *et al.* Current status of testing for microdeletion syndromes and rare autosomal trisomies using cell-free DNA technology. *Obstet Gynecol* 2015;126:1095

Wapner RJ *et al.* Expanding the scope of noninvasive prenatal testing: detection of fetal microdeletion syndromes. *Am J Obstet Gynecol* 2015;212:332.e1-9.



- |                          |                |
|--------------------------|----------------|
| • <b>Trisomy 21</b>      | <b>YES</b>     |
| • <b>Trisomies 18/13</b> | <b>Yes</b>     |
| • <b>Sex chromosomes</b> | <b>No</b>      |
| • <b>Triploidy</b>       | <b>No</b>      |
| • <b>Microdeletions</b>  | <b>Not yet</b> |

# Cell free DNA test

## Interpretation of results

		DR	FPR	LR +ve	LR -ve
<b>Trisomy 21</b>	<b>n=1,963</b>	99.7%	0.04%	2509	300
<b>Trisomy 18</b>	<b>n= 560</b>	98.2%	0.05%	2122	18
<b>Trisomy 13</b>	<b>n= 119</b>	99.5%	0.04%	2819	100

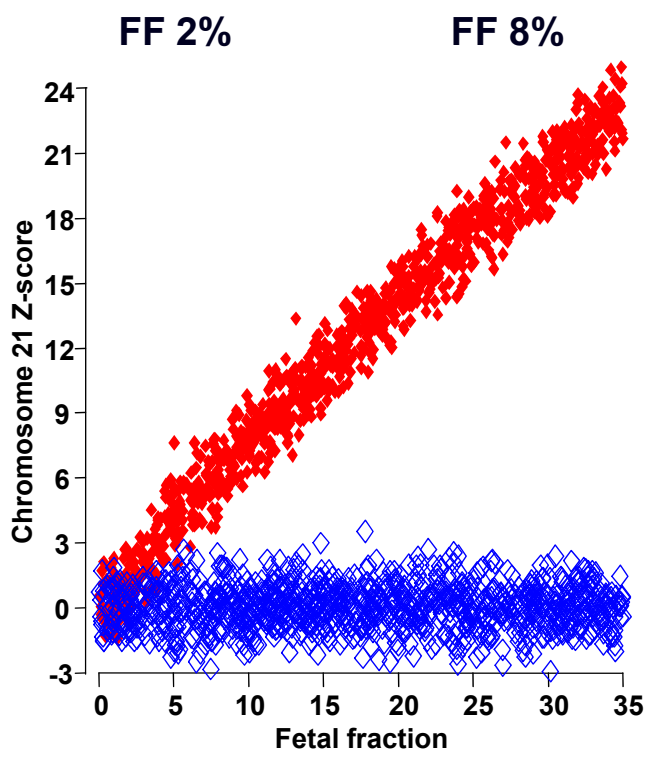
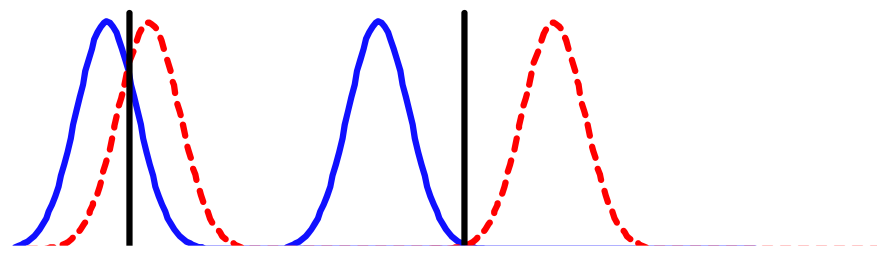
### Trisomy 21

- DR **99.7%**
- FPR **0.05%**
- LR +ve **2509**
- 1/(LR -ve) **300**

<i>a priori</i> risk	<i>Odds of being affected</i>	
	cfDNA +ve	cfDNA -ve
1:100,000	1 in 42 (2.4%)	1 in 30,000,000
1:10,000	1 in 6 (20.1%)	1 in 3,000,000
1:1,000	1 in 1.4 (71.5%)	1 in 300,000
1:500	1 in 1.2 (83.4%)	1 in 150,000
1:100	1 in 1.03 (93.2%)	1 in 30,000
1:10	1 in 1.004 (99.6%)	1 in 3,000
1:2	1 in 1.001 (99.9%)	1 in 600

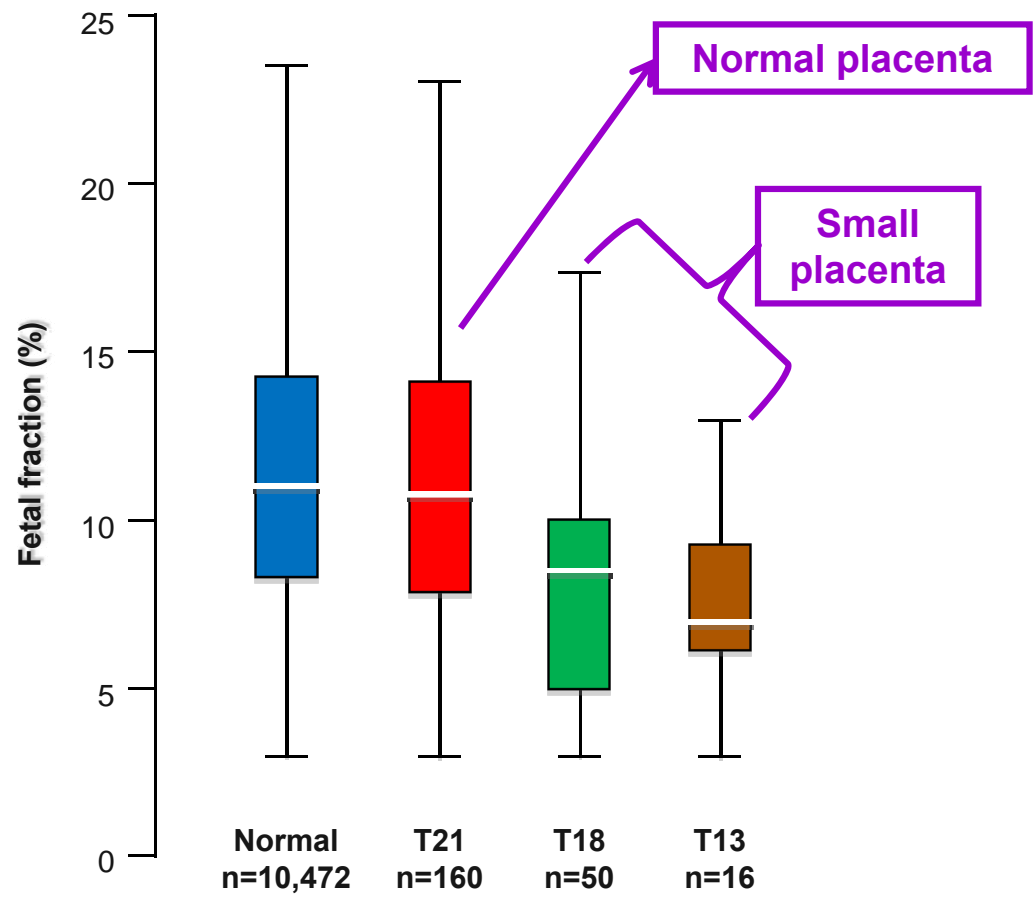
# Cell free DNA test

## Importance of fetal fraction



Fetal fraction	cfDNA test	
	FPR (%)	DR (%)
4%	0.1	62.1
5%	0.1	87.4
6%	0.1	97.6
7%	0.1	99.8
8%	0.1	100
9%	0.1	100
≥10%	0.1	100
All	0.1	99.0

### Singleton pregnancies (n=10,698)

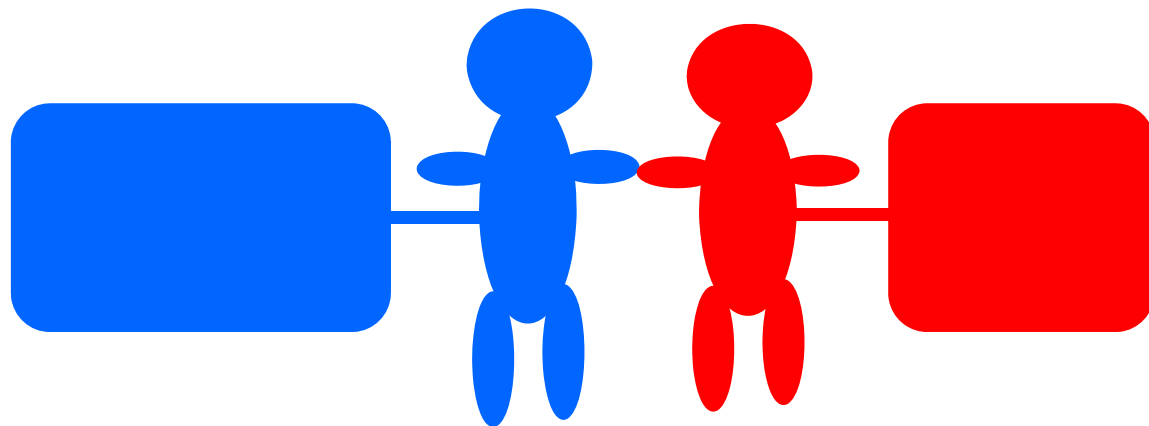


### Failed result:

<b>Normal</b>	<b>304 (2.9%)</b>
<b>Trisomy 21</b>	<b>3 (1.9%)</b>
<b>Trisomy 18</b>	<b>4 (8.0%)</b>
<b>Trisomy 13</b>	<b>1 (6.2%)</b>

↓

**Combined risk >1 in 5  
Ultrasound defects**



### **DC twins:**

- **The placental products of the normal fetus may mask the abnormality of the co-twin.**
- **Measure fetal fraction in both.**

- **The test is not offered by all companies**
- **Only some companies measure fetal fraction**



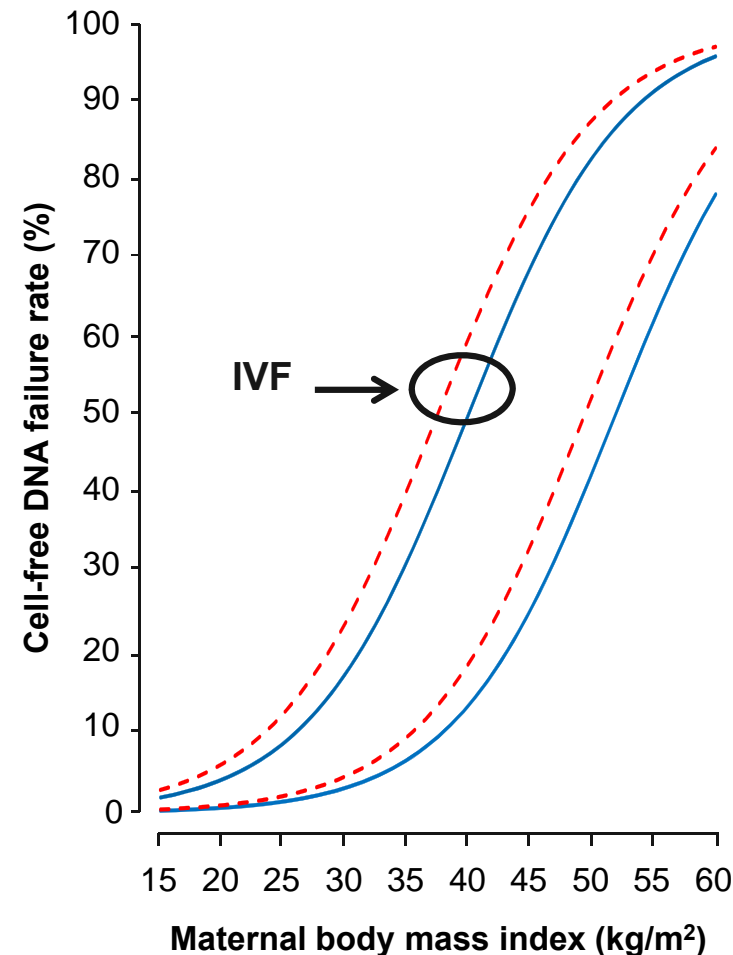
# Cell free DNA test

## Failure in singletons and twins

Harmony test in 10,698 singletons and 438 twins  
Significant predictors of fetal fraction & cfDNA test failure: increasing BMI, IVF conception and twins

BMI (kg/m <sup>2</sup> )	Rate of failure of cell free DNA testing (%)			
	Singleton pregnancy		Twin pregnancy	
	Spontaneous	IVF	Spontaneous	IVF
20	0.6	4	1	6
25	1.4	9	2	12
30	3	17	5	24
35	7	32	10	41
40	14	51	19	61
45	26	70	35	77
50	44	84	54	88

High failure rate in twins, compared to singletons (9% vs. 3%) mainly because many twins are IVF conceptions (56% in twins vs. 10% in singletons)



# Cell free DNA test

## Validation / implementation in twins

### Stored samples from pregnancies with known outcome

**Trisomy 21: DR 23/24 (96%)**

Canick *et al*: Prenat Diagn 2012; 32: 730

**Trisomy 18: DR 1/1 (100%)**

Gil *et al*: Fetal Diagn Ther 2014; 35 : 204

**Trisomy 13: DR 2/2 (100%)**

Gromminger *et al*: J Clin Med 2014; 3: 679

**FPR: 0/321 (0%)**

Fosler *et al*: Ultrasound Obstet Gynecol 2016;doi10.1002/uog

### Prospective studies with complete outcome

**Trisomy 21: DR 25/25 (100%)**

Lau *et al*: J Matern Fetal Neonatal Med 2013; 26: 434

**Trisomy 18: DR 4/6 (67%)**

Huang *et al*: Prenat Diagn 2014; 34: 335

**Trisomy 13: DR 0/1 (0%)**

Benachi *et al*: Obstet Gynecol 2015; 125: 1330

**FPR: 1/1098 (0.2%)**

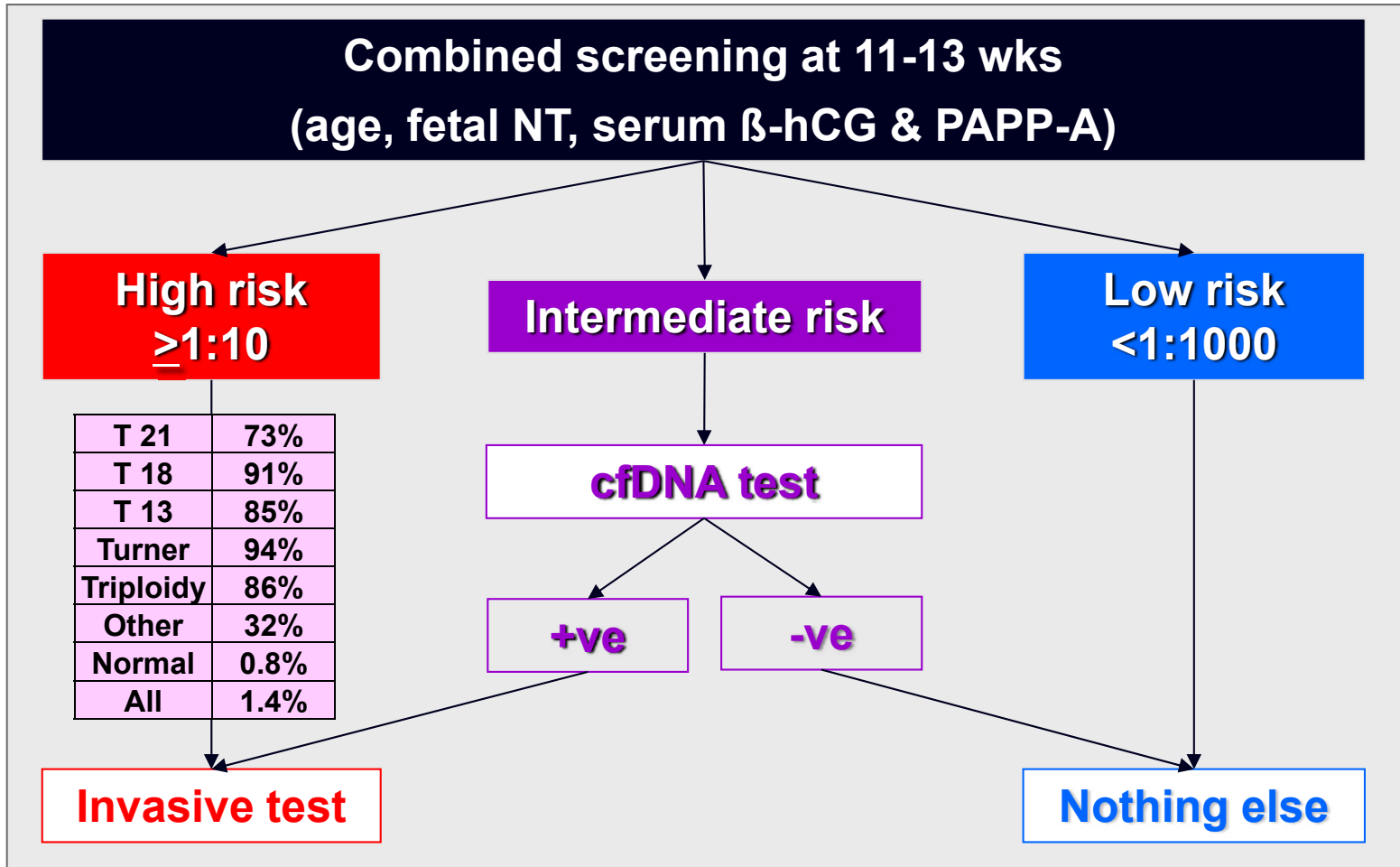
Papageorghiou *et al*: Ultrasound Obstet Gynecol 2016; 47: 188

Sarno *et al*: Ultrasound Obstet Gynecol 2016; 47: 705

Tan *et al*: Prenat Diagn 2016; 36: 672

# Cell free DNA test

## Model of clinical implementation



Cut off	FPR (%)	DR T21 (%)
100	2.2	87.0
200	3.9	90.4
300	5.4	92.1
400	6.7	93.2
500	7.9	94.0
1000	13.0	96.1
1500	17.2	97.0
2000	20.8	97.6
2500	23.9	98.0
3000	26.6	98.3
3500	29.0	98.5
4000	31.3	98.7
5000	35.2	98.9
6000	38.7	99.1

Santorum M, Wright D, Syngelaki A, Karagiotti N, Nicolaides KH. Accuracy of first trimester combined test in screening for trisomies 21, 18 and 13. *Ultrasound Obstet Gynecol* 2016; doi 10.1002/uog.17283

Nicolaides KH, Syngelaki A, Poon LC, Gil MM, Wright D. First-trimester contingent screening for trisomies 21, 18 and 13 by biomarkers and maternal blood cell-free DNA testing. 2014; 35: 185-92.

# Cell free DNA test

## Miscarriage from amnio / CVS



Royal College of  
Obstetricians &  
Gynaecologists

**Amnio 1%**

**BC 1-2%**



AMERICAN COLLEGE OF  
OBSTETRICIANS AND  
GYNECOLOGISTS

**Amnio 0.3-0.5%**

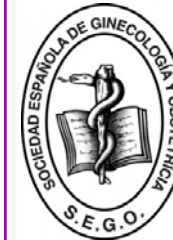
**BC 0.3-0.5%**



THE SOCIETY OF  
OBSTETRICIANS AND  
GYNAECOLOGISTS  
— OF CANADA —

**Amnio 0.2-1.5%**

**BC 0.2-1.5%**



Sociedad  
Española de  
Ginecología y  
Obstetricia

**Amnio 0.2-1.5%**

**BC 0.7-1%**

*RCOG: Amniocentesis and Chorionic Villus Sampling. Green Top Guideline No.8. London: RCOG, 2010.*

*ACOG: Invasive prenatal testing for aneuploidy. ACOG Practice Bulletin No. 88. Obstet Gynecol 2007; 110: 1459-1467.*

*SOGC: Mid-trimester amniocentesis fetal loss rate. J Obstet Gynaecol Can 2007; 29: 586-595.*

*SEGO: Diagnóstico prenatal de los defectos congénitos. Cribado de las anomalías cromosómicas. 2010.*

### King's College hospital study

Singleton pregnancies with combined screening at 11-13 w

- Expectant management
- Livebirth n = 33,310; Miscarriage n = 404 (1.2%)
- Regression model to predict miscarriage

Variable	OR	95% CI
Age (per year)	0.870	0.766-0.988
Delta nuchal translucency	1.778	1.496-2.114
Ductus venosus: reversed a-wave	2.208	1.508-3.232
Log <sub>10</sub> PAPP-A MoM	0.356	0.233-0.543

**CVS n = 2,396**

### Miscarriage

**Observed: 44 (1.8%)**

**Expected: 45 (95% CI 32-58)**



### Danish study

- 147,987 singleton pregnancies
- All had first trimester combined screening
- Propensity score stratification

#### Miscarriage risk difference:

CVS	-0.2%
Amniocentesis	0.6%

#### Stillbirth risk difference:

CVS	-0.3%
Amniocentesis	0.1%

- **Which conditions to screen for: T21 and perhaps 18 / 13**
- **Interpretation of results: Modify *prior* risk with +ve and –ve LRs**
- **Importance of fetal fraction: Depends on the company**
- **Test failure: Does not increase the risk for trisomy 21**
- **Screening in twins: Need for more data on accuracy**
- **Models of implementation: Intermediate risk from combined test**
- **Risk of miscarriage from invasive test: 1 in 1000**

**Thank you**



The Fetal Medicine  
Foundation



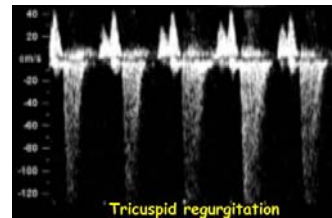
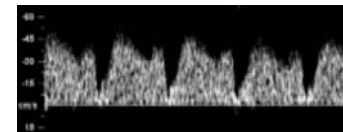
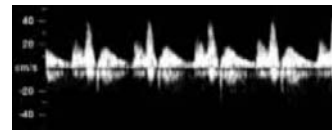
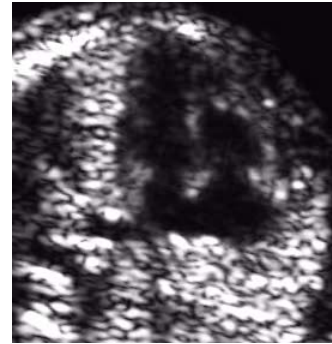
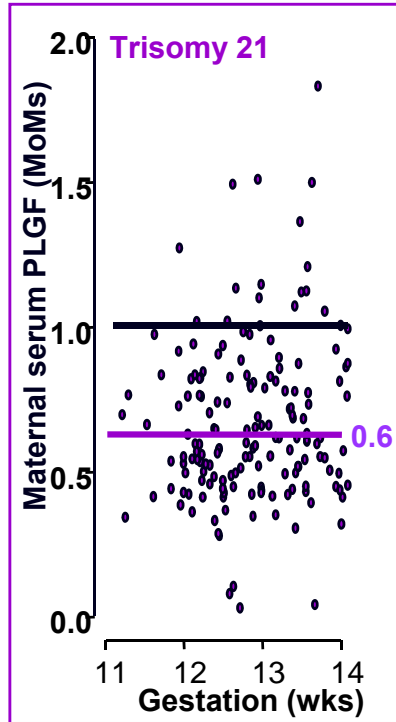
**María del Mar Gil**  
***mgil@torrejonsalud.com***



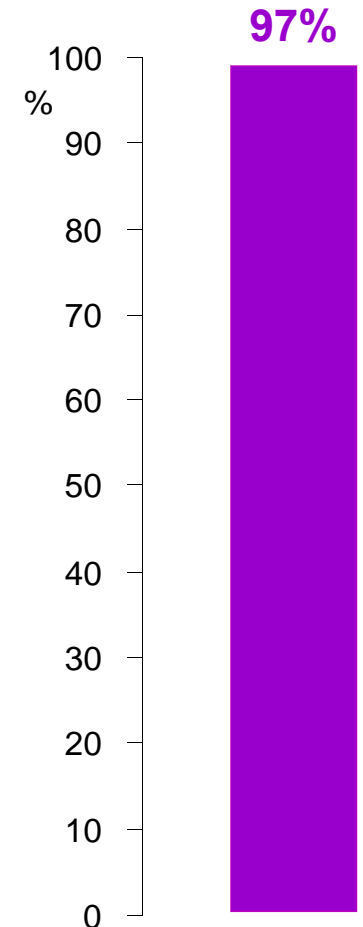


# Screening for Down syndrome

## 1<sup>st</sup> trimester combined test PLUS



DR for FPR 3%



- Cicero S, Curcio P, Papageorgiou A, Sonek J, Nicolaides K. Absence of nasal bone in fetuses with trisomy 21 at 11-14 weeks of gestation: an observational study. *Lancet* 2001;358:1665-1667.
- Kagan KO, Cicero S, Staboulidou I, Wright D, Nicolaides KH. Fetal **nasal bone** in screening for trisomies 21, 18 and 13 and Turner syndrome at 11-13 weeks of gestation. *Ultrasound Obstet Gynecol* 2009; 33:259-64.
- Kagan KO, Valencia C, Livanos P, Wright D, Nicolaides KH. **Tricuspid regurgitation** in screening for trisomies 21, 18 and 13 and Turner syndrome at 11 + 0 to 13 + 6 weeks of gestation. *Ultrasound Obstet Gynecol* 2009; 33:18-22.
- Maiz N, Valencia C, Kagan KO, Wright D, Nicolaides KH. **Ductus venosus** Doppler in screening for trisomies 21, 18 and 13 and Turner syndrome at 11-13 weeks of gestation. *Ultrasound Obstet Gynecol* 2009; 33:512-7.