



Contingent screening / NIPT Guidelines



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Recommendation and Citation

Ultraschall in der Medizin
European Journal of Ultrasound

Guidelines & Recommendations

Thieme

DEGUM, ÖGUM, SGUM and FMF Germany Recommendations for the Implementation of First-Trimester Screening, Detailed Ultrasound, Cell-Free DNA Screening and Diagnostic Procedures

ISUOG updated consensus statement on the impact of cfDNA aneuploidy testing on screening policies and prenatal ultrasound practice

Combined Screening

n=108,982; FPR 5.3%

T 21

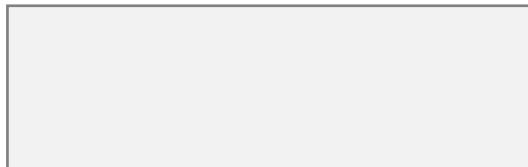


92%

T18



T13



Others



46%



92%



Test Performance

aneuploidy	DR %	FPR %	FF %	NR %
Trisomy 21	99.7	0.04	10.7	1.9
Trisomy 18	97.9	0.04	8.6	8.0
Trisomy 13	99.0	0.04	7.0	6.3
Monosomy X	95.8	0.14	10.0	4.1
SCA	100.0	0.04	–	–

DR: detection rate, FPR: false-positive rate, SCA: sex chromosome anomalies except for monosomy X, FF: fetal fraction, NR: non-reportables.

Gil MM, et al. Analysis of cell-free DNA in maternal blood in screening for aneuploidies: updated meta-analysis. Ultrasound Obstet Gynecol 2017; 50: 302-314

Revello R, et al. Screening for trisomies by cell-free DNA testing of maternal blood: consequences of a failed result. Ultrasound Obstet Gynecol 2016; 47: 698-704



Test Performance – Subgroup Analysis

aneuploidy	pooled data		high-risk population				general population			
	DR %	FPR %	DR %	FPR %	PPV %	NPV %	DR %	FPR %	PPV %	NPV %
Trisomy 21	99.3	0.1	97.3	0.3	91.3	99.9	95.9	0.1	81.6	99.9
Trisomy 18	97.4	0.1	93.0	0.3	84.3	99.9	86.5	0.2	36.6	99.9
Trisomy 13	97.4	0.1	95.0	0.1	87.0	99.7	77.5	0.1	48.8	99.9

DR: detection rate, FPR: false-positive rate, PPV: positive predictive value, NPV: negative predictive value.



How to calculate?

<i>a priori</i>	Odds	
	Positive	Negative
1:10,000	1 in 10 (10.0%)	1 in 1,250,000
1:1,000	1 in 1.9 (52.6%)	1 in 125,000
1:100	1 in 1.09 (91.7%)	1 in 12,500



Test Failure

Test for	Failure
T21	0.03 - 11.1%
T18	0 - 12.2%
T13	0 - 12.2%
Repeat the Test: Success 60% FF > 4%	



Sex chromosomes

- Turners Syndrome can be diagnosed with ultrasound
- 23% Mosaic
- High Incidence for maternal mosaic
- Screening performance:
 - False positive rate is higher (ca 0.3%)
 - PPV is lower than T21



Sex chromosome aneuploidies and Sex

- 45, X Monosomy - Turner
- 47, XXX Triple X
- 47, XXY Klinefelter
- 47, XYY Diplo-Y

- Prevalance 1 %
- Fetal sex determination 99%
- 70 % lost to follow-up in studies
- 23% placental mosaics
- PPV 53 %
- Data not provided till 14+0 weeks

- AGS
- Duchenne muscular dystrophy
- Clitoris hypertrophy vs. hypospadias



Twin Pregnancies

author	cases with trisomy 21				cases without trisomy 21			
	total	tested as abnormal	%	95 % CI	total	tested as abnormal	%	95 % CI
Lau (2013)	1	1	100	2.5 – 100	11	0	0	0.0 – 28.5
Huang (2014)	9	9	100	66.4 – 100	180	0	0	0.00 – 2.03
Benachi (2015)	2	2	100	15.8 – 100	5	0	0	0.00 – 52.18
Sarno (2016)	8	8	100	63.1 – 100	409	0	0	0.00 – 0.90
Tan (2016)	4	4	100	39.8 – 100	506	0	0	0.00 – 0.73
Pooled analysis			100	95.2 – 100			0	0 – 0.003

- Test failure 5.6%, FF must be stated
- No testing by vanishing twin
- High failure rate in high BMI or after IVF
- No reliable data on Trisomies 18&13

Gil MM, et al. Analysis of cell-free DNA in maternal blood in screening for aneuploidies: updated meta-analysis.

Ultrasound Obstet Gynecol 2017; 50: 302-314

Bevilacqua E, Nicolaides KH, et al. Performance of screening for aneuploidies by cell-free DNA analysis of maternal blood in twin pregnancies.

Ultrasound Obstet Gynecol 2015; 45: 61-66



Rare aneuploidies

- Prevalance of rare aneuploidies 0.3-0.8%
- No follow up data available
- PPV only 8 %
- American College of Medical Genetics recommends NO Screening
- Triploidies are mostly not detectable



Microdeletions & Microduplications

- 1-1.7 % pregnancies with normal findings
- More common than T21 in younger women
- Over 2100 copy number variations
- Independent of maternal age
- Larger microdeletions are offered:
 - DiGeorge Syndrome
 - Prader Willi
 - Cri-du-Chat
 - **Only 11 %**
 - **Theoretical DR 74 %**
 - **Majority false positive**

Do NOT recommend



Fetal Blood Group

- DR for rhesus D after 12 weeks 99.7 %
- Determination of Kell, C, c, E, e possible

What is the big question?

Chitty LS, et al. Diagnostic accuracy of routine antenatal determination of fetal RHD status across gestation: population based cohort study. BMJ (Clinical research ed) 2014; 349: g5243

Scheffer PG, et al. Noninvasive fetal blood group genotyping of rhesus D, c, E and of K in alloimmunised pregnant women: evaluation of a 7-year clinical experience. BJOG: an international journal of obstetrics and gynaecology 2011; 118: 1340-1348



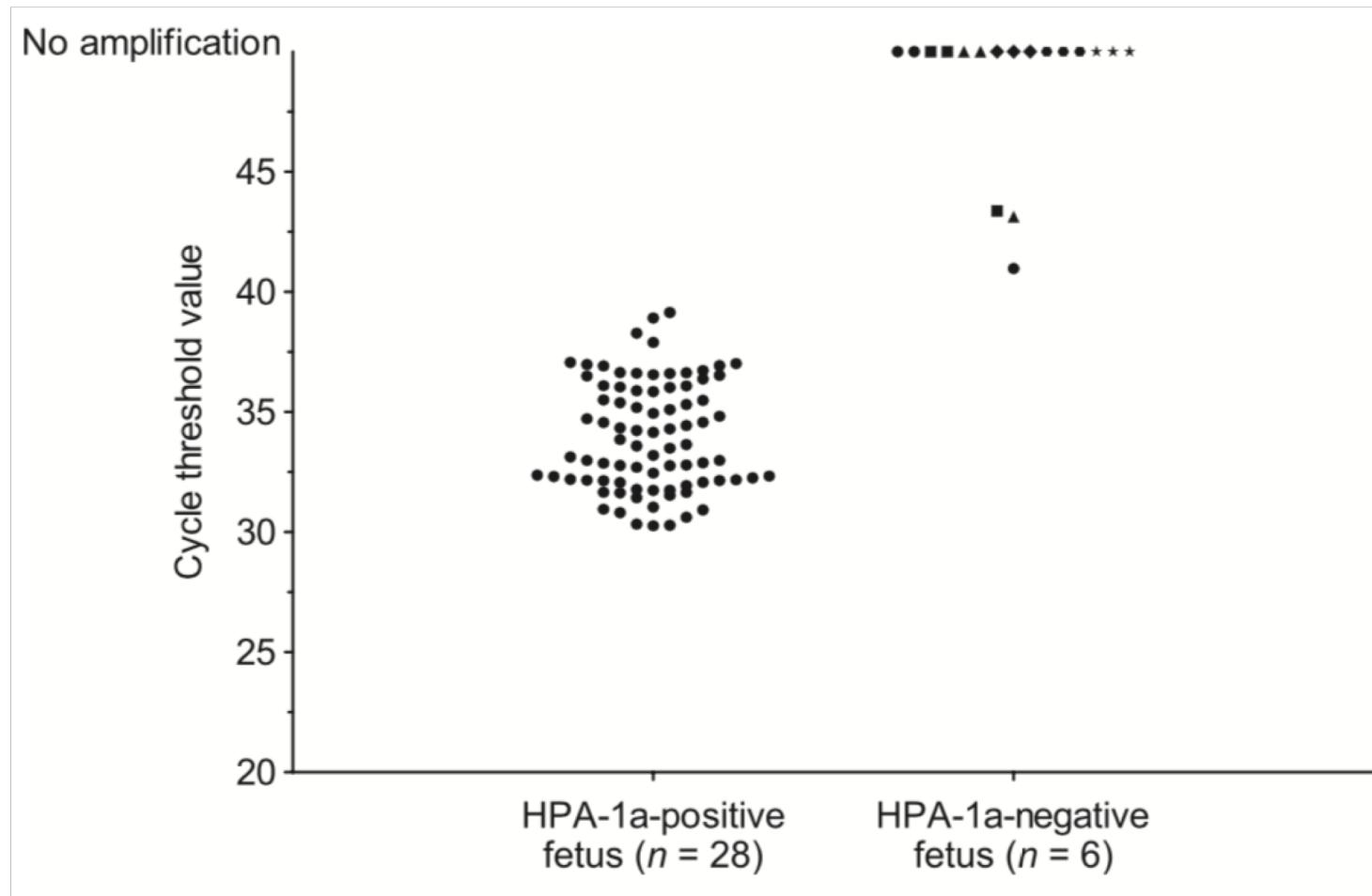
Monogenic Diseases

- Achondroplasia
- Thanatophoric Dysplasia
- Apert Syndrome
- Paternal mutations of cystic fibrosis
- Tuberous Sclerosis
- AR polycystic kidney disease

Chitty LS, et al. Diagnostic accuracy of routine antenatal determination of fetal RHD status across gestation: population based cohort study. BMJ (Clinical research ed) 2014; 349: g5243

Scheffer PG, et al. Noninvasive fetal blood group genotyping of rhesus D, c, E and of K in alloimmunised pregnant women: evaluation of a 7-year clinical experience. BJOG: an international journal of obstetrics and gynaecology 2011; 118: 1340-1348

Fetal or neonatal alloimmune thrombocytopenia (FNAIT)



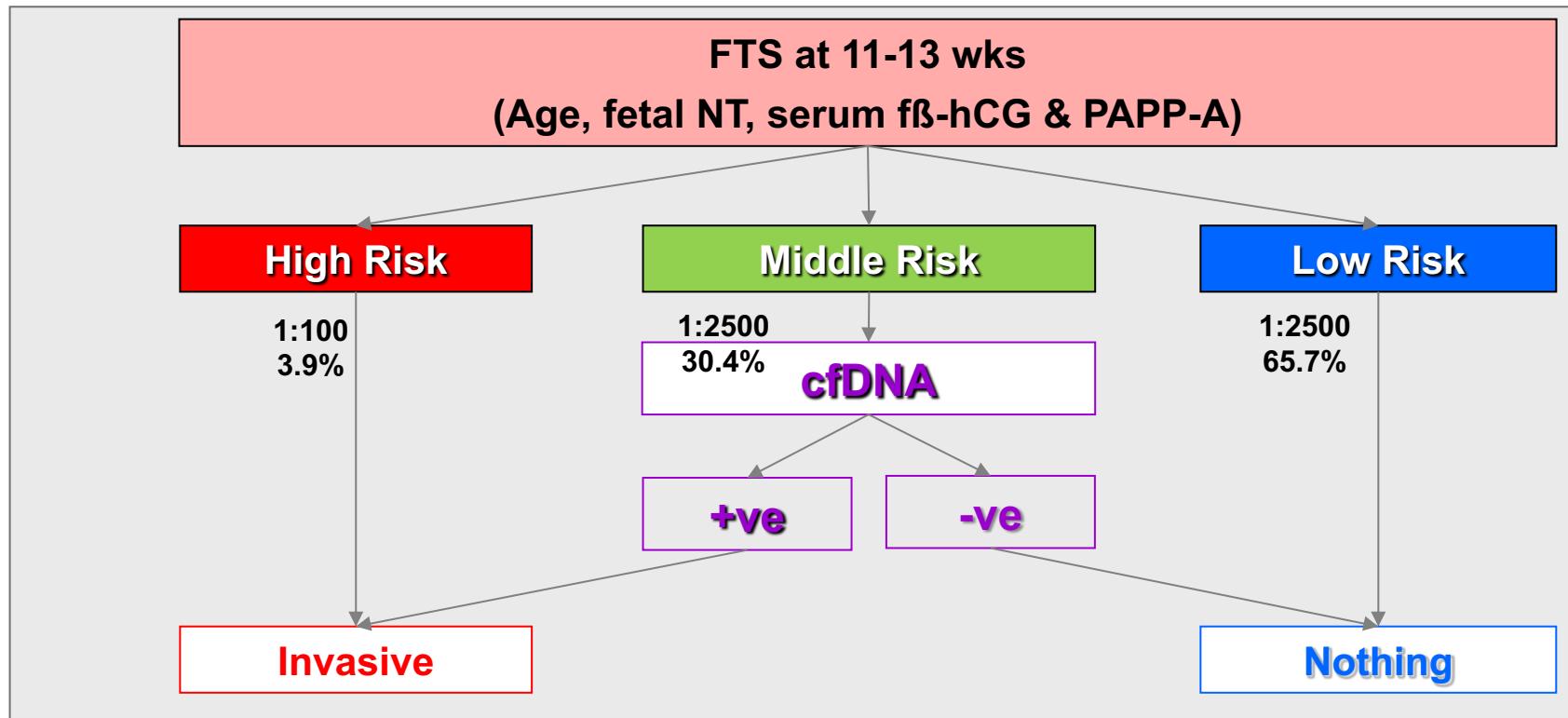
Scheffer, et al.: BJOG. 2011 Oct;118(11):1392-5. doi: 10.1111/j.1471-0528.2011.03039.x. Epub 2011 Jul 12.

Noninvasive fetal genotyping of human platelet antigen-1a.

Wienzek-Lischka, et al.: Noninvasive fetal genotyping of human platelet antigen-1a using targeted massively parallel sequencing

15 April 2015 <https://doi.org/10.1111/trf.13102>

Contingent Screening



Slide: FMF London

43% less CVS; T21 DR %97

Preis-Hypothese & Cut-off

Risk cut-off	Screen-positive rate (%)				Invasive testing rate (%)	Cost (€)
	Euploid	T21	T18	T13		
1 in 10	0.2	64.9	69.0	58.2	0.9	15 857 000
1 in 20	0.4	71.9	75.1	64.6	1.1	16 147 000
1 in 30	0.6	75.7	78.2	68.1	1.4	16 399 000
1 in 40	0.8	78.1	80.2	70.6	1.6	16 617 000
1 in 50	1.0	79.9	81.7	72.4	1.8	16 811 000
1 in 100	1.8	84.7	85.7	77.7	2.6	17 645 000
1 in 500	5.4	91.9	91.6	87.1	6.3	21 323 000
1 in 1000	8.7	93.9	93.2	89.9	9.5	24 519 000
1 in 1500	11.5	94.9	94.1	91.4	12.4	27 379 000
1 in 2000	14.2	95.6	94.7	92.4	15.1	30 071 000
1 in 2500	16.8	96.1	95.2	93.2	17.6	32 600 000
1 in 3000	19.2	96.5	95.7	93.8	20.0	35 008 000

Patients with a risk above the upper risk cut-off were classified as screen positive. Costs refer to a population of 100 000 pregnancies including 701 with trisomy 21, 216 with trisomy 18 and 108 with trisomy 13.

- Only FTS: mat. Age, NT, DV PI
- 1:100 cut-off
- 2645 invasive Diagnostics
- 150 Euro Screening
- 1000 Euro CVS
- **17,645,000 Euro in Total**

- Only cfDNA-Test
- 1,4% CVS
- 500 Euro
- 1000 Euro CVS
- **51,428,000 Euro in Total**

Preis-Hypothese & Cut-off

Lower risk cut-off	Upper risk cut-off					
	1 in 10	1 in 20	1 in 30	1 in 40	1 in 50	1 in 100
1 in 500						
FPR	0.37	0.59	0.80	0.99	1.16	1.92
DR for T21	91.6	91.7	91.7	91.7	91.8	91.8
DR for T18	90.9	91.1	91.2	91.2	91.3	91.4
DR for T13	84.9	85.4	85.6	85.8	86.0	86.4
1 in 1000						
FPR	0.48	0.70	0.91	1.10	1.27	2.03
DR for T21	93.6	93.7	93.7	93.7	93.7	93.8
DR for T18	92.4	92.6	92.7	92.8	92.8	93.0
DR for T13	87.4	87.9	88.2	88.4	88.5	88.9
1 in 1500						
FPR	0.58	0.80	1.00	1.19	1.37	2.13
DR for T21	94.6	94.7	94.7	94.7	94.7	94.8
DR for T18	93.3	93.5	93.6	93.6	93.7	93.8
DR for T13	88.8	89.3	89.6	89.8	89.9	90.3
1 in 2000						
FPR	0.67	0.89	1.10	1.29	1.46	2.22
DR for T21	95.3	95.3	95.4	95.4	95.4	95.5
DR for T18	94.0	94.1	94.2	94.3	94.3	94.5
DR for T13	89.8	90.3	90.6	90.7	90.9	91.3
1 in 2500						
FPR	0.76	0.98	1.18	1.37	1.55	2.31
DR for T21	95.8	95.8	95.9	95.9	95.9	96.0
DR for T18	94.4	94.6	94.7	94.8	94.8	95.0
DR for T13	90.5	91.0	91.3	91.5	91.6	92.0
1 in 3000						
FPR	0.85	1.06	1.27	1.46	1.63	2.39
DR for T21	96.3	96.2	96.3	96.3	96.3	96.3
DR for T18	94.9	95.0	95.1	95.2	95.2	95.3
DR for T13	90.7	91.6	91.9	92.1	92.2	92.6

- Contingent-Screening
- 150 Euro US-Control
- 500 Euro cfDNA-Test
- 1,82% CVS
- 1000 Euro CVS
- 25,818,500 Euro Total

First-trimester contingent screening for trisomies 21, 18 and 13 by fetal nuchal translucency and ductus venosus flow and maternal blood cell-free DNA testing
Kagan KO et al., Ultrasound Obstet Gynecol 2015; 45: 42-47

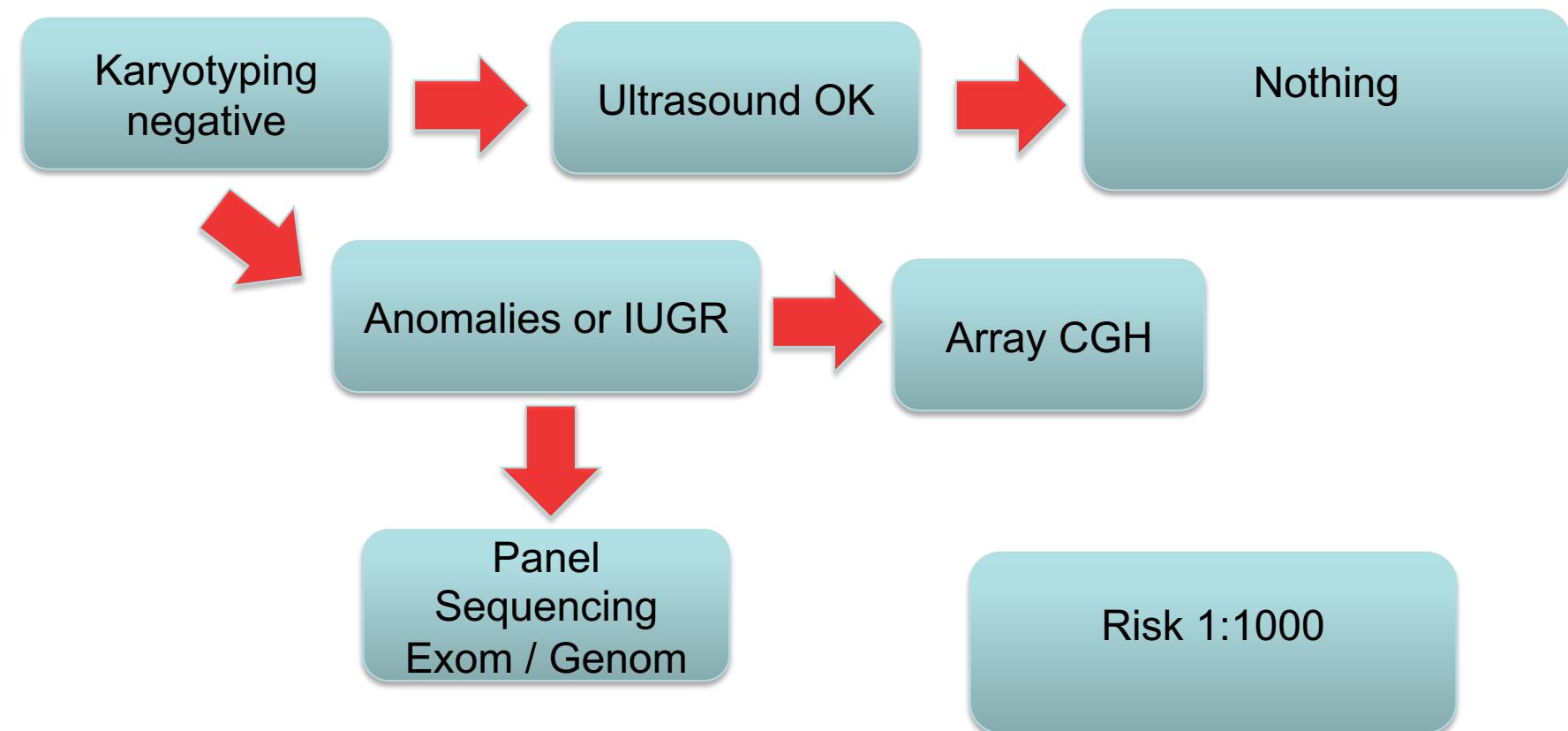


Diagnostics

- Conventional microscopic karyotyping (G-band technique with a resolution of 7 – 10 million bases)
- Fluorescence in situ hybridization (FISH)
- Quantitative real-time polymerase chain reaction (qPCR)
- Molecular genetic examination of the submicroscopic structure of the chromosomes via comparative genomic hybridization (array-CGH with a significantly higher resolution of 25 000 – 100 000 bases)
- Individual gene analyses



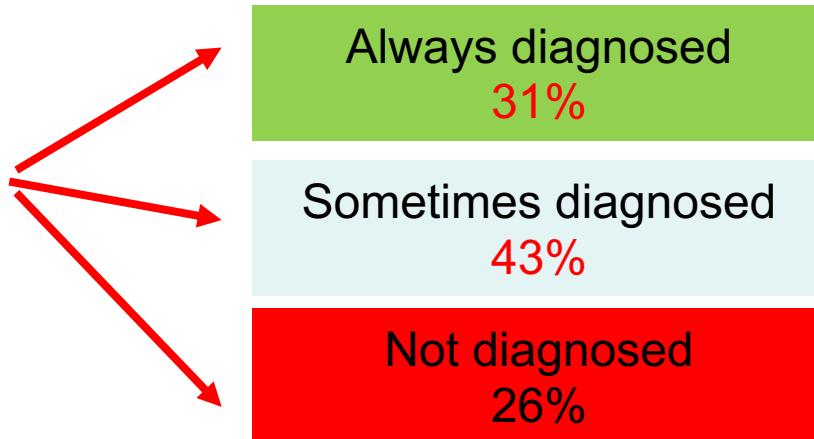
Diagnostics





Screening at 1. Trimester

Anomalies
488/44,859





Screening

Always diagnosed
31%

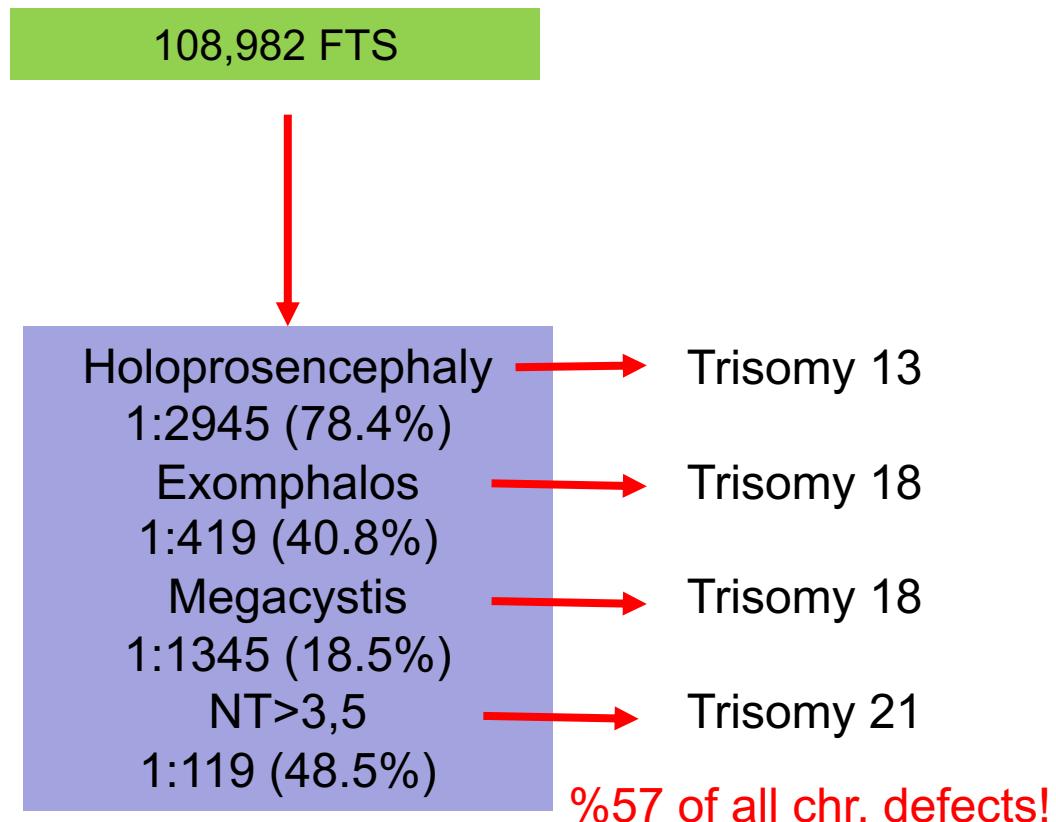
Acrania
Holoprosencephaly
Exomphalos
Gastroschisis
Megacystis
Body stalk anomaly



Syngelaki, et al., 2011



Screening at 1. Trimester



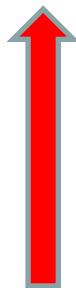


Statistics in Germany

Merkmale	2010	2011	2012	2013	2014	2015	2016	2017
Insgesamt	110 431	108 867	106 815	102 802	99 715	99 237	98 721	101 209
Rechtliche Begründung								
Medizinische Indikation	3 077	3 485	3 326	3 703	3 594	3 879	3 785	3 911
Kriminologische Indikation	24	25	27	20	41	20	28	20
Beratungsregelung	107 330	105 357	103 462	99 079	96 080	95 338	94 908	97 278
unter 12	107 852	105 976	104 069	100 002	96 935	96 442	95 892	98 496
12 bis 21	2 117	2 411	2 299	2 238	2 196	2 161	2 199	2 059
22 und mehr	462	480	447	562	584	634	630	654



ca. %30



cfDNA-Test



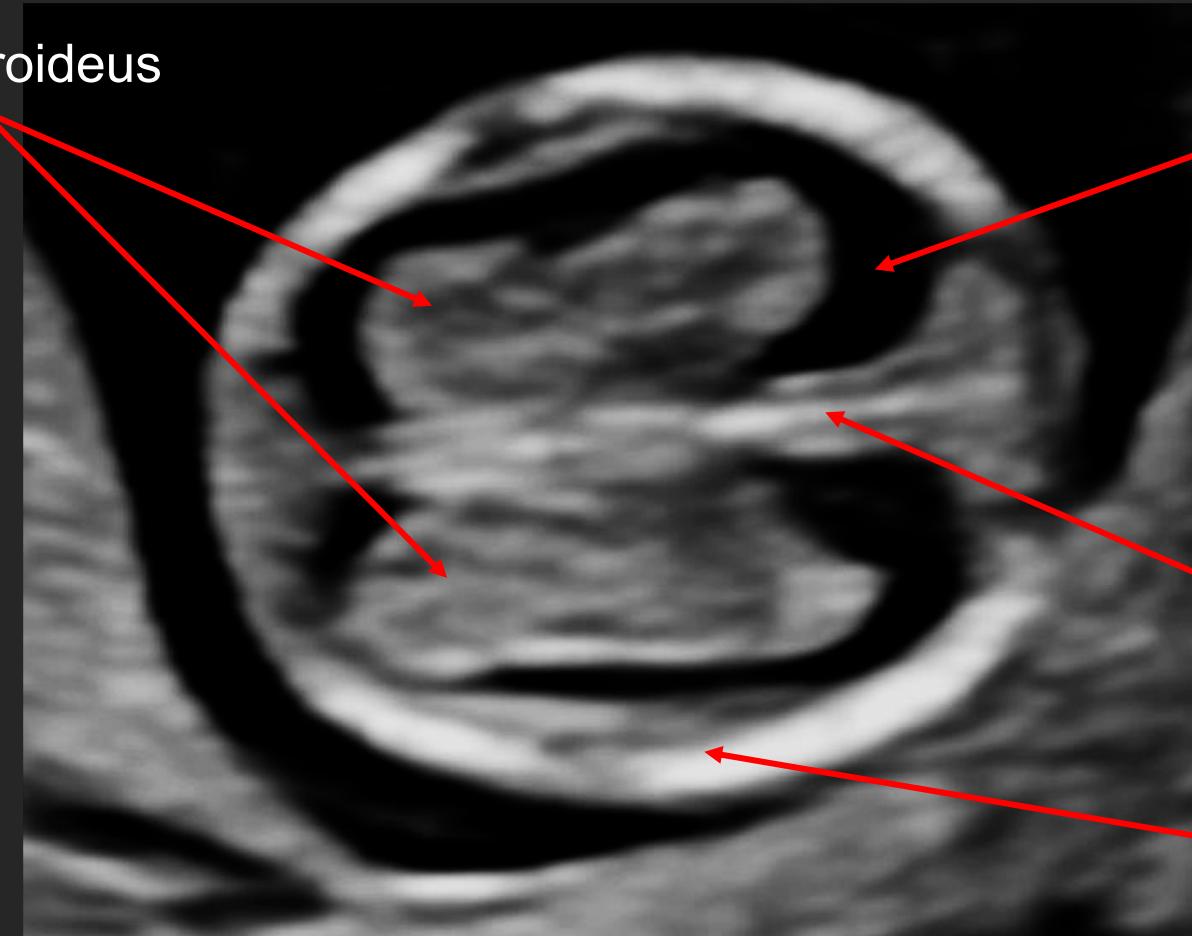
BPD





BPD

Plexus choroideus



Lateral ventricles

Falx

Os parietale

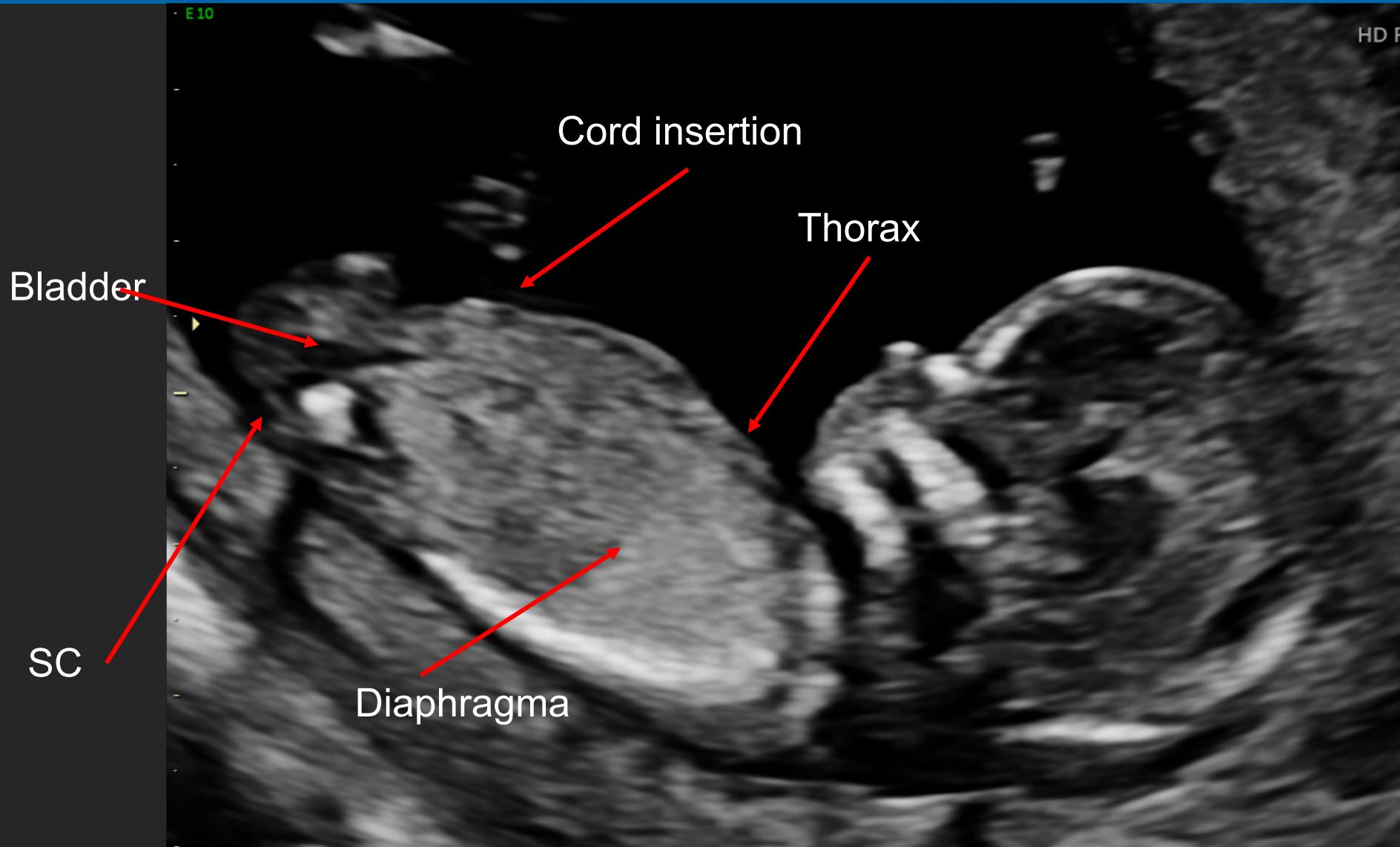


NT & CRL





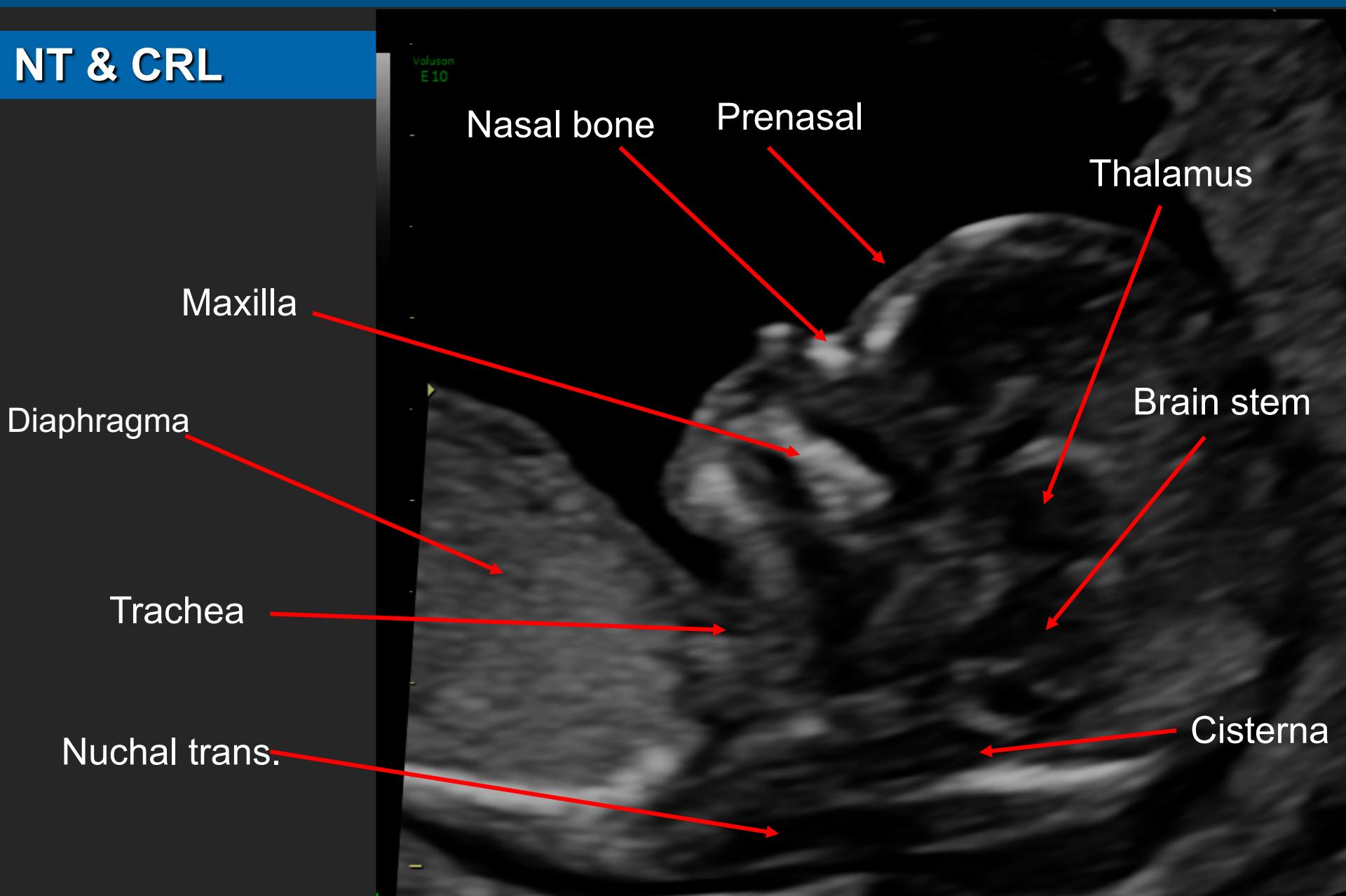
NT & CRL



NT & CRL



NT & CRL





Fetal Heart

Method	Detection Rate
History	10 %
NT/DV/TR	58 %
4CV/NT/DV/TR	75 %





Thank you.

