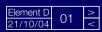


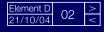
Screening Tests

Element D

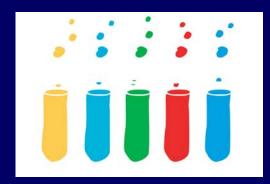


Aims and Objectives

- List and discuss screening tests currently available
 - Examine markers used
 - Time of testing
 - Detection rates / False positive rates
- Tests of the future
- NSC Recommendations



Screening Tests





Element D 21/10/04 03 > <

- Maternal Age
- Second Trimester
 - Double test
 - Triple test
 - Quadruple test
- First Trimester
 - Nuchal Translucency
 - Combined test
- First and Second Trimester
 - Integrated test
 - Integrated serum

Maternal Serum Screening for Open Neural Tube Defects

Anencephaly



AFP >5.0 MoM hCG NORMAL uE₃ <0.5 MoM

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Open Spina Bifida



AFP >2.5 MoM hCG NORMAL uE₃ NORMAL

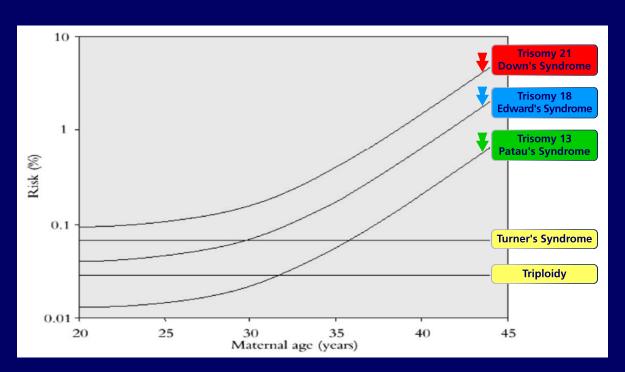
Maternal Serum Screening for Open Neural Tube Defects

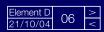
- Raised maternal serum AFP
- Optimum time of testing 16-18 weeks
- Cut off usually 2.2 2.5 MoMs
- False Positive Bleeding/incorrect GA
- Diagnosis is made by USS
- IUGR / stillbirth association
- Detection rate 99% anencephaly, 90% open NTD (minor lesions may not be detected)

(RCOG 2000)



Maternal age-related risk for chromosomal abnormalities





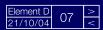
Second Trimester Screening

Test Biochemical Markers

Double Test AFP + hCG

Triple Test $AFP + hCG + uE_3$

Quadruple Test $AFP + hCG + uE_3 + Inhibin A$



Second Trimester Screening

What happens normally with gestational age?

- **AFP**

- hCG



Inhibin A

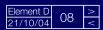


until 17 weeks

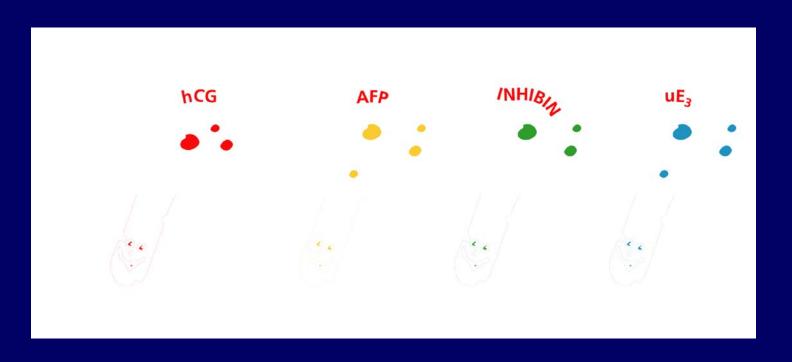


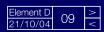
Inhibin levels are 40% higher in smokers



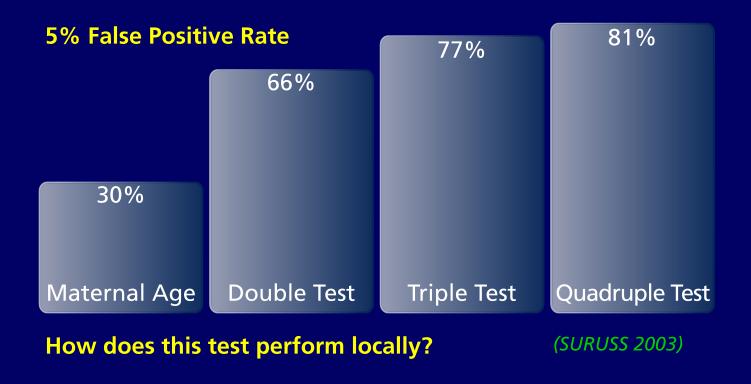


Median Marker Levels in Down's Syndrome Pregnancies



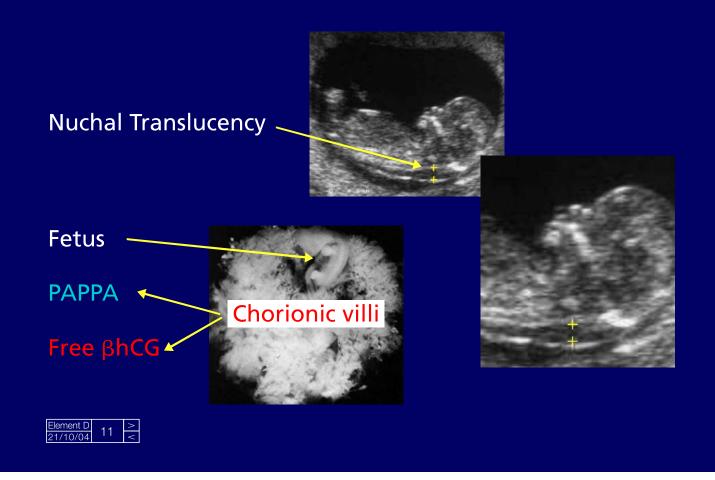


Second Trimester Detection Rates

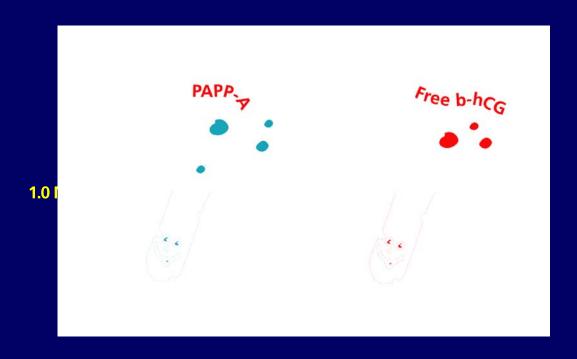


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First Trimester Screening



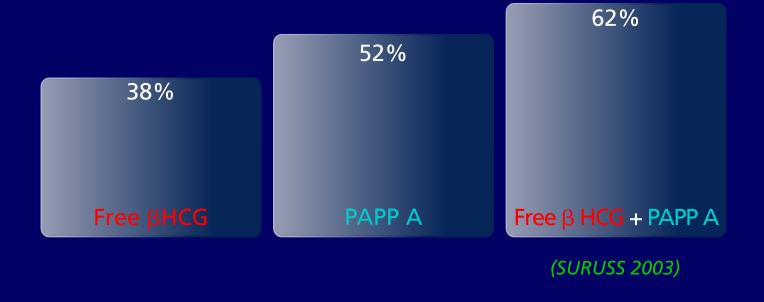
First Trimester Screening Marker Levels in Down's Syndrome Pregnancies



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First Trimester Detection Rates

5% False Positive Rate



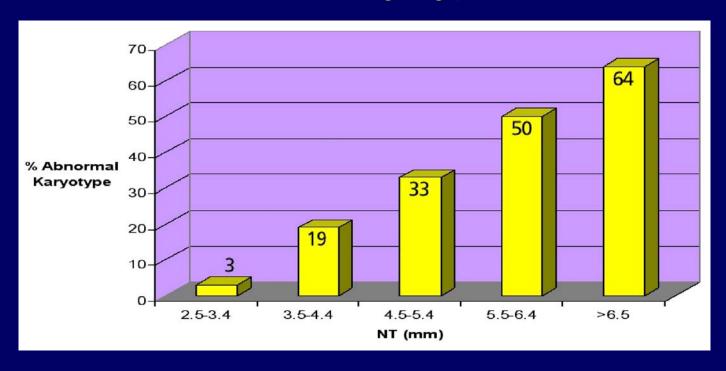
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1st Trimester Screening Nuchal Translucency



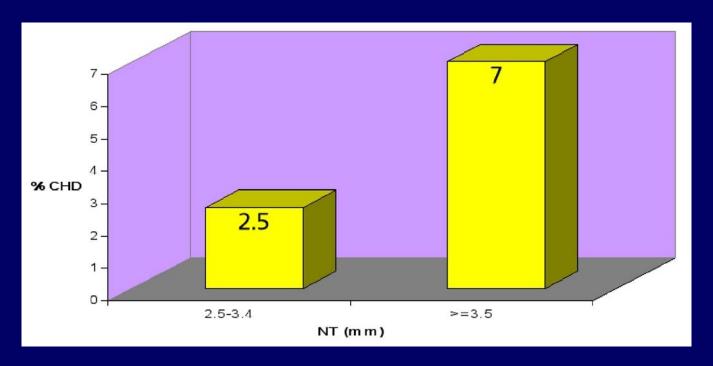
- Measured between 11-13 weeks 6 days
- CRL 45-84 mm

Association Between Increase in NT and Abnormal Fetal Karyotypes

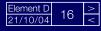


(Snijiders et al 1998)

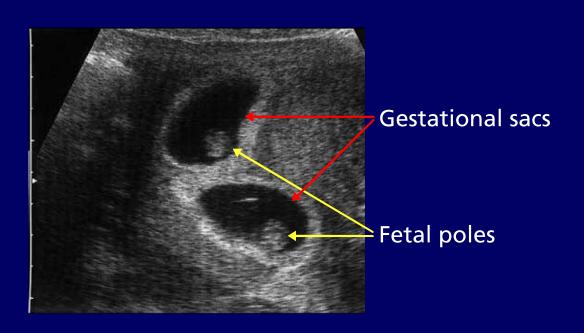
Increased NT is also Associated with Cardiac Defects



(Ghi et al 2001) (n=1321)



Twin Pregnancy



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NSC Recommendations

Model of Best Practice (November 2003)

DR of at least 60%, 5% FPR or less by 2004/2005

DR of greater than 75% with a FPR of less than 3% by April 2007