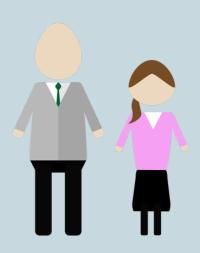
# Case scenario 4 – Lola and Simon Part 1

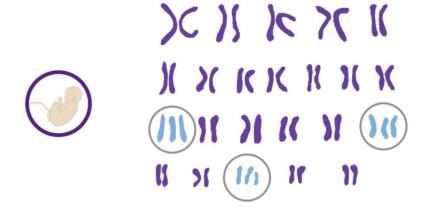
- Lola and Simon attend a private clinic for an NIPT test at 16 weeks' gestation. Lola tells the clinic that she received a low chance Combined test result for trisomy 21, and she declined screening for trisomy 13 and 18.
- Lola reports that, after receiving news that her cousin has just given birth to a baby with Down's syndrome, she would like the NIPT test for reassurance.





# Can the SAFE test screen for trisomy 21 only?

- a) Yes
- b) No





b) No

#### Additional note

Currently, the software used for the SAFE test will report on all 3 trisomies. However, this may be something that is developed in future templates for the NHS Pathway





# What are the disadvantages of NIPT? Choose at least one

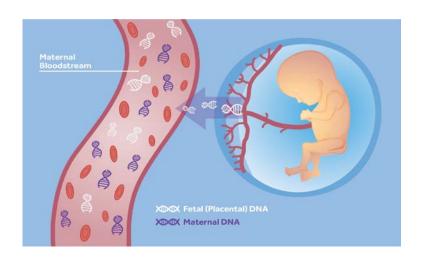
- a) It is not a diagnostic test
- b) NIPT cannot differentiate between DNA from the placenta or the fetus
- c) There is a small chance of test failure
- d) All of the above





#### d) All of the above

- It is not a diagnostic test
- NIPT cannot differentiate between DNA from the placenta or the fetus
- Small chance of test failure

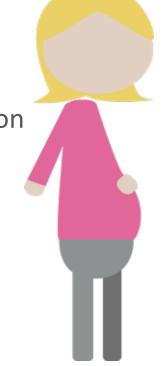




# What further information is required to complete the consent form? Choose one or more

- a) Combined or Quadruple screening results if available
- b) Husband's age
- c) Family history of genetic conditions
- d) Current cancer

- e) Any medications
- f) Previous blood transfusion
- g) Blood group
- h) All of the above





- a) Combined or Quadruple screening results if available
- c) Family history of genetic conditions
- d) Current cancer
- f) Previous blood transfusion



#### Additional note

Not all medical conditions or medications are requested on the consent form. Medications that are required are LMWH dosages. The Combined or Quad result can provide a patient specific result when used in a-priori replacing the age related risk.



## Lola and Simon – Part 2

You receive Lola's NIPT report. It shows a 'greater than 75% chance' that the baby has trisomy 18.





## Is the following statement True or False?

3 compulsory patient identifiers when completing a request form, blood tube and confirming a report are:

- ➤ Correct name
- ➤ Correct date of birth
- ➤ Correct hospital number









True



#### Additional note

If there is any incorrect information, it may cause a delay in reporting. If identifier information is incorrect on a report, liaise with the laboratory prior to giving result.



## Why is the result given as a %?

- a) The report is not given as a percentage it is a diagnostic test.
- b) It incorporates PAPP-A, beta hCG, ethnicity, weight and other maternal factors to provide a screening result.



c) The data from the DNA fragments and the a-priori risk provide a patient specific result – it is not a diagnostic test.



c) The data from the DNA fragments and the a-priori risk provide a patient specific result - it is not a diagnostic test.



- The percentage given may vary depending on the amount and the quality of cfDNA from the maternal circulation.
- The percentage is capped based on maternal and placental biological factors.
- The low chance score is capped at 0.67% (1 in 150).





# What is the recommended test to confirm a high chance result from NIPT?

- a) The combined test
- b) An anomaly scan
- c) A diagnostic test
- d) A repeat NIPT





C) A diagnostic test

#### Additional note

A woman can choose to decline a diagnostic test.

However, it should be highlighted that, due to both placental and maternal factors, the result is not diagnostic. A CVS or amniocentesis should be recommended to confirm a high chance result.



