



**Neuberg**  
DIAGNOSTICS

• India • UAE • South Africa • USA

# Neu INSIGHTS



**Neuberg**  
DIAGNOSTICS

CENTER FOR  
GENOMIC  
MEDICINE



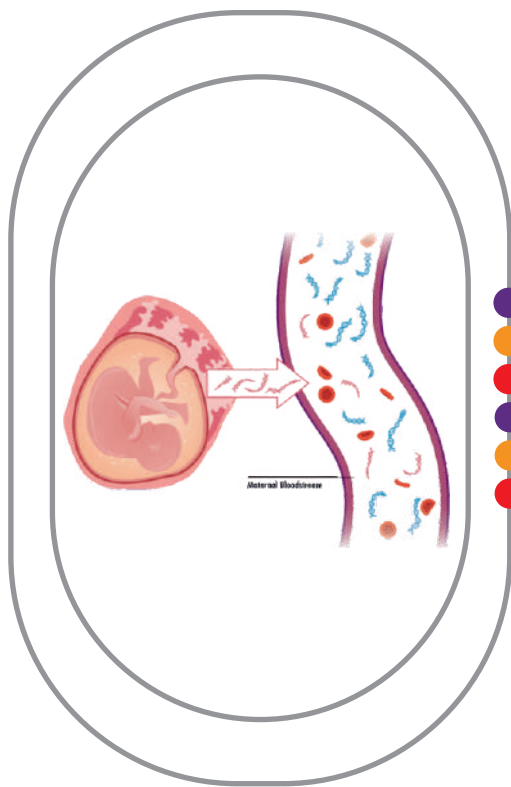
# CHROME

The most preferred non-invasive prenatal test

## Non-Invasive Prenatal Screening (NIPS)

Serial number : 022 Edition : 1. 2022

# INTRODUCTION:



01

Cell- free DNA fragments (cfDNA) - short fragments of DNA, which can be found circulating in the mother's blood.

02

Fetal cfDNA comprises 3-13% of total DNA in maternal plasma<sup>[1]</sup>

03

NIPS evaluates cfDNA released by cells from the placenta<sup>[1]</sup>

04

Highly sensitive as compared to traditional maternal serum screening and is non-invasive: No risk of miscarriage<sup>[1]</sup>

05

NIPS can screen for common chromosomal aneuploidies, rare chromosomal aneuploidies and some of the common chromosomal microdeletions.<sup>[1]</sup>

06

Currently, routine prenatal screening for aneuploidies of chromosome 13,18 and 21 is recommended by American College of Obstetricians and Gynecologists<sup>[2]</sup>.

# NIPS IN PRENATAL CARE:

NIPS has been accepted as routine prenatal care owing to its high specificity, sensitivity and detection rate with minimum false positive rate.

## RECOMMENDED FOR



Advanced maternal age



Abnormal maternal serum screen results

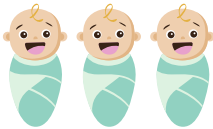


Previous pregnancy with chromosomal abnormalities



In every pregnancy to rule out common chromosomal aneuploidies.

## NOT SUITABLE FOR



Multiple Gestations (more than 2 fetuses)/ Vanishing Twins<sup>[3]</sup>



Fetal Anomalies on Ultrasound/Known Genetic Anomalies that cannot be diagnosed with NIPS<sup>[3]</sup>



Gestational age <9 weeks



If an expectant mother has recently (upto 3 months ago) received a blood transfusion, stem cell therapy, or organ transplantation.<sup>[3]</sup>

## VALIDATED FOR



Singleton/ Twin Pregnancy



IVF/Donor Egg or Surrogate



Gestational Age as early as 9 weeks



Fetal Fraction as low as 2% in singleton pregnancy and 4% in twin pregnancy.

# About CHROME NIPS:

Chrome NIPS uses Whole Genome Sequencing (WGS) technology on Illumina platform. It is supported by in-house customized bioinformatics pipeline to screen fetal chromosomal aneuploidies.

NCGM offers below listed testing options for NIPS

## CHROME Focus

Targeted analysis for aneuploidies of five common chromosomes  
13 / 18 / 21 / X / Y

## CHROME Comprehensive

Analysis for aneuploidy detection of all 23 pairs of chromosomes

## CHROME Plus

Analysis of all 23 pairs of chromosomes for aneuploidy and common microdeletion syndromes:  
1.DiGeorge (22q11.2),  
2.Angelman (15q11.2),  
3.Prader-willi (15q11.2),  
4.Cri-du-chat(5p),  
5.Wolf Hirschhorn (4p),  
6.1p36 deletion

## Turn Around Time (TAT):

After the receipt of the sample, NIPS results are expected within 5-7 working days\*.

\*The laboratory usually ensures timely dispatch of reports; however certain un-anticipated delays may occur for which the laboratory should not be held liable for. Delay in TAT/ requirement for the repeat sample will be informed within 7 working days after the sample receipt.

## Sample Details :

### Sample Requirements:

- ▶ A 10 ml maternal blood sample in a cell-free DNA (cfDNA) collection tube (Streck tube).

### Sample Rejection Criterion:

- ▶ Sample not received in cfDNA tube
- ▶ Hemolyzed sample
- ▶ Inadequate blood sample

### Documents Required:

- ▶ Test requisition form (TRF) and Form G
- ▶ Ultrasound report
- ▶ Maternal serum screening report (If available)

## Expected test outcomes:

### Low Risk

- ▶ Substantially decreases the risk of targeted aneuploidies
- ▶ Follow up ultrasound examinations recommended

### High Risk

- ▶ Increased risk for the reported chromosomal abnormality
- ▶ Amniocentesis is strongly recommended to confirm the findings.

### No call results - Repeat Sampling (<1%)

- ▶ Laboratory could not generate the results with the provided sample and repeat sampling is required.
- ▶ Reasons could be low fetal fraction/High data noise

### Invasive Testing Recommended

- ▶ Even after repeat sampling, same issues persist for NIPS failure

## Factors affecting NIPS results:

### Low Fetal Fraction

- ▶ Early gestational age<sup>[51]</sup>
- ▶ Autoimmune disease<sup>[51]</sup>
- ▶ Heparin/Aspirin Administration/intake<sup>[41]</sup>

- ▶ Maternal BMI<sup>[51]</sup>
- ▶ Fetal Abnormality<sup>[51]</sup>
- ▶ IVF Pregnancy<sup>[51]</sup>
- ▶ Maternal exposure to medication/drug<sup>[41]</sup>

### High Data Noise<sup>[51]</sup>

- ▶ Hemolyzed sample
- ▶ Sample collection complications/Shipping issues
- ▶ Maternal Age
- ▶ Maternal SLE
- ▶ Maternal Hematological disorders (Inherited/acquired)
- ▶ High gestational age

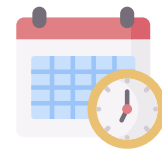
# CHROME highlights



Tested Samples  
**> 35,000**



Screens  
All **23**  
chromosomes



Performed  
As early as **9** weeks



Fetal fraction  
As low as **2%**



Sensitivity/Specificity  
**>99%**  
for T21, 18 and 13



Turnaround Time  
**5-7**  
working days

## Test Limitations:

- ▶ The NIPS CHROME FOCUS is validated for chromosomes 21,18,13, X and Y in singleton and twin gestations at gestational age of atleast 9 weeks.
- ▶ The NIPS CHROME FOCUS is not intended, neither validated for diagnosis nor for use in pregnancies with more than two fetuses, mosaicism, partial chromosomal aneuploidy, translocations or maternal aneuploidy.
- ▶ The NIPS CHROME FOCUS is a screening test and the positive predictive value is not 100%. Hence confirmation of high risk results is recommended by invasive testing.
- ▶ A LOW RISK test result reduces the risk of fetal aneuploidy but it does not ensure an unaffected fetus. It also does not negate the possibility that the fetus may be affected with sub-chromosomal abnormalities, gene defects and birth defects. Need for an invasive testing may arise later in pregnancy.
- ▶ False positive and false negative results are known. Factors affecting test accuracy include confined placental mosaicism, maternal neoplasms and low fetal fraction.
- ▶ The lower limit of detection for singleton pregnancies is at fetal fraction of 2%. The lower limit of detection for twin pregnancies is at fetal fraction of 4%
- ▶ The CHROME - NIPS is a CAP (College of American Pathologists) accredited test.

**DISCLAIMER!** : NIPS is a screening test, a low risk does not exclude the above evaluated disorders.

## References:

1. Hui, Lisa, and Diana W. Bianchi. "Fetal fraction and noninvasive prenatal testing: What clinicians need to know." *Prenatal diagnosis* 40.2 (2020): 155-163.
2. Rose, Nancy C., et al. "Screening for fetal chromosomal abnormalities: ACOG practice bulletin, number 226." *Obstetrics & Gynecology* 136.4 (2020): e48-e69.
3. Martin, Kimberly A., et al. "Non-invasive Prenatal Testing (NIPT): The Probability of a Redraw Following a No-call [6E]." *Obstetrics & Gynecology* 131 (2018): 53S.
4. Kuhlmann-Capek, Maggie, et al. "Effects of medication intake in early pregnancy on the fetal fraction of cell free DNA testing." *Prenatal diagnosis* 39.5 (2019): 361-368.
5. Deng, C., & Liu, S. (2022). Factors Affecting the Fetal Fraction in Noninvasive Prenatal Screening: A Review. *Frontiers in Pediatrics*, 10.
6. Wapner RJ et al. *Am J Obstet Gynecol*. 2015 Mar;212(3):332.e1-9
7. Martin et al. *Clin Genetics*. 2017 Jul 11
8. Norvez A et al. The European Human Genetics Conference, ESHG. Copenhagen, Denmark. May 27-30, 2017.
9. Lenaerts, Liesbeth, et al. "Breast cancer detection and treatment monitoring using a noninvasive prenatal testing platform: utility in pregnant and nonpregnant populations." *Clinical Chemistry* 66.11 (2020): 1414-1423.
10. Samura, Osamu, and Aikou Okamoto. "Causes of aberrant non-invasive prenatal testing for aneuploidy: A systematic review." *Taiwanese Journal of Obstetrics and Gynecology* 59.1 (2020): 16-20.
11. Yaron, Yuval. "The implications of non-invasive prenatal testing failures: a review of an under discussed phenomenon." *Prenatal diagnosis* 36.5 (2016): 391-396.
12. Yin, Lianli, et al. "Application value of NIPT for uncommon fetal chromosomal abnormalities." *Molecular Cytogenetics* 13.1 (2020): 1-7.

# PARTNERS IN HEALTH



## DR. SHIVA MURARKA

Senior Scientist (Molecular Genetics)  
PhD Reproductive Sciences  
[shiva.murarka@ncgmglobal.com](mailto:shiva.murarka@ncgmglobal.com)



## DR. UDHAYA KOTECHA

Head of Division Inherited Disorders (NGS)  
Clinical Geneticist  
M.D. Pediatrics  
Fellowship in Medical Genetics  
[udhaya.kotecha@ncgmglobal.com](mailto:udhaya.kotecha@ncgmglobal.com)



## DR. SHEETAL SHARDA

Director - Clinical Genomics  
Development & Implementation  
M.D. Pediatrics  
D.M. Medical Genetics  
[sheetal.sharda@ncgmglobal.com](mailto:sheetal.sharda@ncgmglobal.com)



## DR. PARTH SHAH

Senior Advisor  
MD (Hematology and Medical Oncology)  
[parth.shah@neubergdiagnostics.com](mailto:parth.shah@neubergdiagnostics.com)



## DR. SANDIP SHAH

Consultant Pathologist  
M.D (Pathology & Bacteriology)  
Laboratory Director  
[drsandip@neubergdiagnostics.com](mailto:drsandip@neubergdiagnostics.com)

FOR MORE DETAILS, CONTACT US AT



**079 61618111**

**079 40408181**

[ncgmglobal.com](http://ncgmglobal.com)



**Neuberg**  
DIAGNOSTICS

• India • UAE • South Africa • USA