

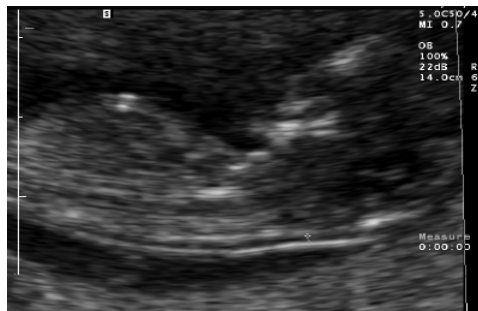
Beginning in May 2005 Radiology and Diagnostics will offer the Newest Technology in Detecting Genetic Defects.

On June 30, 2004 the American College of Obstetricians and Gynecologists (ACOG) approved *First Trimester NT / free Beta/ PAPP-A Prenatal Screening* for genetic Defects.

First Trimester Screening combines a Nuchal Translucency (NT) measurement of fluid at the back of the fetus' neck and free Beta hCG and PAPP- A dried maternal blood tests to generate a patient-specific risk for Down syndrome and Trisomy 18 Chromosomal abnormalities. The ACOG Committee Opinion notes certain criteria need to be met for measuring Nuchal Translucency. To ensure consistent and accurate NT measurements, a national NT training, certificate, and on-going external audit program is mandatory for any Ultrasonographer and facility performing the test. NT measurements should be combined with free Beta/PAPP-A serum biochemical screening to increase detection and reduce screen positives.

The US and international literature have documented 90% detection of Down Syndrome and 97% detection of trisomy 18 with First Trimester NT/free Beta/PAPP-A Screening. These Studies show the screen positive rates are lower with dried blood screening than with liquid blood. Low screen positive rates reduce maternal anxiety and unnecessary follow up diagnostic testing. When a screening test shows an increased risk at 11-13 weeks, the patient has greater privacy, additional options, and safer alternatives than in the second trimester. Patients can have chorionic villi sampling (CVS) at 10-12 weeks or an earlier amniocentesis. The exam improves patient risk assessment and provides earlier options for pregnancy management.

At this time, it is appropriate to offer First Trimester screening to all low risk patients as well as to increase risk patients who decline amniocentesis and CVS. Patients who decline amniocentesis should be aware that prenatal screening is not a substitute for a diagnostic test like amniocentesis or CVS.



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