



Enhanced-FTS for TWINS - FAQs

What is Enhanced-FTS for Twins?

Enhanced-FTS is a new first trimester screening test that uses 2 serum markers (PAPP-A & free beta-HCG) plus the nuchal translucency (NT) measurements, along with maternal age to generate a pregnancy-specific risk for Down syndrome. It is replacing NT + maternal age as the screening test. Unlike Enhanced-FTS for singletons, it does not include PIGF and AFP.

What does it screen for?

Enhanced-FTS is a screening test for Down syndrome. It can also indicate when there is a high risk for Trisomy 18.

Is enhanced-FTS for Twins a good test?

By including the two new markers, enhanced-FTS has been shown to have a better detection rate (DR) than using NT alone. We anticipate about an 85% DR with a 5% FPR.

How do I order enhanced-FTS for Twins?

On the NYGH Prenatal Screening Requisition select enhanced FTS as the test of choice and arrange your patient's NT scan and blood drawn between 11-13 weeks. When ultrasound information indicates a twin pregnancy eFTS for twins is automatically processed.

What does the risk result on the report mean?

The risk number on the report is the pregnancy-specific risk.

For Monochorionic twins, it is the chance that both twins are affected.

For Dichorionic twins, it is the chance that one or both twins are affected.

Why is Chorionicity important?

New research is showing that the incidence of Down syndrome in twins is lower than previously suspected, especially in monochorionic twin pregnancies. See attached table.

Is Ethnicity important?

Yes! Please report as accurately as you can. If unsure provide details under "other".

Please note that since February 6, 2017, all samples for twins that are accompanied with a request for FTS are reported as enhanced-FTS for Twins.

Age Related Risks for Down syndrome in Twin Pregnancies used in enhanced FTS for Twins

| Maternal age at delivery (yrs) | Singleton Risk 1 in: | Dichorionic Risk 1 in: | Monochorionic risk 1 in: |
|--------------------------------|----------------------|------------------------|--------------------------|
| 20 | 1650 | 1107 | 4364 |
| 25 | 1250 | 1017 | 4007 |
| 30 | 900 | 742 | 2924 |
| 31 | 880 | 657 | 2590 |
| 32 | 760 | 566 | 2231 |
| 33 | 625 | 473 | 1864 |
| 34 | 500 | 383 | 1509 |
| 35 | 385 | 301 | 1185 |
| 36 | 300 | 230 | 906 |
| 37 | 225 | 173 | 681 |
| 38 | 175 | 129 | 507 |
| 39 | 135 | 96 | 379 |
| 40 | 100 | 73 | 288 |
| 41 | 80 | 57 | 224 |
| 42 | 60 | 46 | 179 |
| 43 | 50 | 38 | 148 |
| 44 | 40 | 32 | 126 |
| 45-50 | 30 | 28 | 111 |

Singleton risks are from Hook chart.

Hook E.B. (1981). Rates of chromosome abnormalities at different maternal ages.

Dichorionic and Monochorionic risks are from Alpha software. References for risks below.

Prevalence and risk of Down syndrome in monozygotic and dizygotic multiple pregnancies in Europe: implications for prenatal screening B Boyle, et al. BJOG An International Journal of Obstetricians and Gynaecologists. published by John Wiley & Sons Ltd on behalf of Royal College of Obstetricians and Gynaecologists.

Observed Rate of Down Syndrome in Twin Pregnancies. Teresa N. Sparks, et al. Obstet Gynecol 2016;128:1127-33