PROTEOMIC BIOMARKER SETS IDENTIFY SYNERGISTIC PATHWAYS THAT PREDICT FIRST AND SECOND TRIMESTER EVALUATION OF RISK (FASTER) TRIAL: THE ROLE CARL P. WEINER1, KEUN-YOUNG LEE2,

OBJECTIVE: To evaluate the role of 2nd trimester genetic sonography in a population that has already undergone 1st trimester screening and 2nd trimester Quad screening.

RESULTS: 8,553 patients had detailed 2nd trimester genetic sonography, including 62 cases of Trisomy-21. 1st trimester combined screen detected 84% (52/62) of T-21 (6.6% FPR); 2nd trimester Quad screen detected 85% (55/60) (11% FPR). In the 3 T-21 cases not detected by these screens, multiple markers were detected in 2 and a major cardiac defect in 1, so that no T-21 were missed with synergism.

The use of likelihood ratios from 2nd trimester genetic sonography improves the performance of 1st and 2nd trimester screens (92% and 93% respectively), and reduced the FPR with further increases in detection rates.

6 PROTEOMIC BIMARKER SETS IDENTIFY SYNERGISTIC PATHWAYS THAT PREDICT THE OUTCOME OF RESCUE CERCLAGE (RC) CARL P. WEINER1, KEUN-YOUNG LEE2, CINDY MERRILL3, JOHN VIDAVER4,5, CINDY GOFF6,7, RICHARD BERNIKOWITZ1, SUSAN SOSS8, LORRAINE DUGOFF9, SABRINA CRAIGO10, ILAN E. TIMOR11, STEPHEN R. CARR12, IRINA BUHIMSCHI13, JOHN VIDAVER4, CHRISTINE H. COMSTOCK13, GEORGE SAADE14, RICHARD BERKOWITZ15, SUSAN GROSS16, LORRAINE DUGOFF9, SABRINA CRAIGO10, ILAN TIMOR11, STEPHEN CARR12, HONOR WOLFE17, TARA TRIPP18, MARIE ORLOWSKI19, MARIE ORLOWSKI19, JACOB CANICK12, MARY JOHN VIDAVER4, ROBERT BALL4, CHRISTINE H. COMSTOCK13, GEORGE SAADE14, RICHARD BERKOWITZ15, SUSAN GROSS16, LORRAINE DUGOFF9, SABRINA CRAIGO10, ILAN TIMOR11, STEPHEN CARR12, HONOR WOLFE17, TARA TRIPP18, MARIE ORLOWSKI19, MARIE ORLOWSKI19, JACOB CANICK12, MARY

OBJECTIVE: To determine whether if amniocentesis (AFI) for thick meconium stained amniotic fluid reduces (1) perinatal death and/or moderate to severe meconium aspiration syndrome (primary outcome measure), (2) cesarean section (CS) or (3) other indicators of serious neonatal and maternal morbidity.

STUDY DESIGN: In 56 centers in 13 countries, 1998 laboring women at ≥ 36 weeks gestation with thick meconium stained liquor were stratified according to the presence of a variable fetal heart rate decelerations and randomized either to standard care or to AFI, including: liberal amniotomy, intra-amniotic injection of 800 mL saline over 40 minutes, followed by infusion of 2 mL/min to a maximum of 1500 mL. The composite primary outcome measure included perinatal death and/or severe or moderate meconium aspiration syndrome (MAS) based on clinical respiratory distress (severe: requiring mechanical ventilation; moderate: requiring oxygen supplementation at a FiO2 ≥ 40% or of ≥ 48 hours duration) as blindly adjudicated by a group of 3 neonatologists.

RESULTS: 284 women were included in the AFI/standard care and 244 women were included in the control group (4.5% vs 4.5% in the control group; RR = 1.0; 95% CI 0.9-1.1).

CONCLUSION: AFI was not associated with significant differences in perinatal death and/or severe or moderate meconium aspiration syndrome. Cesarean delivery and other markers of maternal or neonatal morbidity were not different between the two groups. We found no evidence of heterogeneity of treatment effect, either across stratum as defined above, or across centers.

NUCHAL TRANSLUCENCY AND THE RISK OF CONGENITAL HEART DISEASE—A POPULATION-BASED SCREENING STUDY (THE FASTER TRIAL) LYNN L. SIMPSON1, FERGAL MALONE2, DIANA BIANCHI3, ROBERT BALL2, DAVID NYBERG4,5, CHRISTINE H. COMSTOCK6,7, GEORGE SAADE8,9, RICHARD BERNIKOWITZ1, SUSAN SOSS8, LORRAINE DUGOFF9, SABRINA CRAIGO10, ILAN TIMOR11, STEPHEN CARR12, HONOR WOLFE17, TARA TRIPP18, MARIE ORLOWSKI19, MARIE ORLOWSKI19, JACOB CANICK12, MARY

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