Allergan, outside the submitted work. M.V. reports no conflict of interest.

This study was funded by the Department of Obstetrics and Gynaecology at Queen’s University. The funder had no role in the study design; collection, analysis, and interpretation of data; writing of the report; or the decision to submit the article for publication.

REFERENCES

The diagnostic value of angiogenic and antiangiogenic factors in differential diagnosis of preeclampsia

TO THE EDITORS: We read with great interest the review by Verlohren and Droge1 on the diagnostic value of angiogenic and antiangiogenic factors in the differential diagnosis of preeclampsia. We noted the INSPIRE trial2 is incorrectly mentioned in Table 1 as a retrospective observational study. INSPIRE was a pragmatic randomized clinical trial assessing the real world performance of the test when incorporated into clinical practice in comparison with standard clinical assessment alone. The level of evidence and the implications for future guideline derivation are significantly different between a retrospective observational study and a randomized clinical trial, and we believe that this error should be corrected. Furthermore, it should be noted that the INSPIRE-reported negative predictive value of 100% (95% confidence interval [CI], 97.1–100) to rule out preeclampsia in 7 days (cutoff soluble fms-like tyrosine kinase-1/placental growth factor [sFlt-1/PIGF] ratio ≤38) corresponds to the incorporation of the test into standard clinical practice, that is, clinical judgment with the knowledge of the test result. The test alone has a negative predictive value of 99.2% (95% CI, 95.8–100).2

Finally, we have also recently reported (in a posthoc analysis of the INSPIRE trial) the performance of a sFlt-1/PIGF ratio ≥85, showing that this confers a positive predictive value of 71.4% (95% CI, 51.3%–86.8%) for ruling in preeclampsia within 4 weeks.3

Ana Sofia Cerdeira, MD, PhD
Nuffield Department of Women’s and Reproductive Health
University of Oxford
Level 3, Women’s Centre
John Radcliffe Hospital
Headley Way, Headington
Oxford OX3 9DU, United Kingdom
Department of Obstetrics and Gynecology
Women’s Centre

John Radcliffe Hospital
Oxford University Hospitals NHS Foundation Trust
Oxford, United Kingdom
sofia.cerdeira@wrh.ox.ac.uk

Tim James, PhD
Department of Biochemistry
John Radcliffe Hospital
Oxford University Hospitals NHS Foundation Trust
Oxford, United Kingdom

Manu Vatish, MD, PhD
Nuffield Department of Women’s and Reproductive Health
University of Oxford

Level 3, Women’s Centre
John Radcliffe Hospital
Oxford, United Kingdom
Department of Obstetrics and Gynecology
John Radcliffe Hospital
Oxford University Hospitals NHS Foundation Trust
Oxford, United Kingdom

A.S.C. and M.V. received speaker fees from Roche Diagnostics. This is classified as a modest disclosed relationship. The remaining authors report no conflict of interest.

The authors report no funding sources.

REFERENCES

Crown Copyright © 2021 Published by Elsevier Inc. All rights reserved. https://doi.org/10.1016/j.ajog.2021.08.048