



What is NACE®?

- NACE® is a **non-invasive prenatal screening test** that analyzes the most frequent chromosomal alterations **without compromising the pregnancy**.
- A **simple peripheral blood extraction from the mother** allows free DNA circulating in the maternal plasma to be detected via next generation sequencing technology and advanced bioinformatic analysis.
- **NACE® avoids delays in the delivery time for the results**. The number of cases which require a second blood extraction **is less than 0.1%**.

Why a non-invasive prenatal test?

Non-invasive tests can prevent the need for about 98% of invasive tests in patients at risk for T21³.

* The current standard for detecting prenatal chromosomal alterations requires the use of invasive techniques (amniocentesis and chorionic villus biopsy), which carry a risk between 0.5%-2% of spontaneous abortion.

* NACE® provides reliable information which avoids the need for unnecessary invasive techniques.

Who is it suitable for?

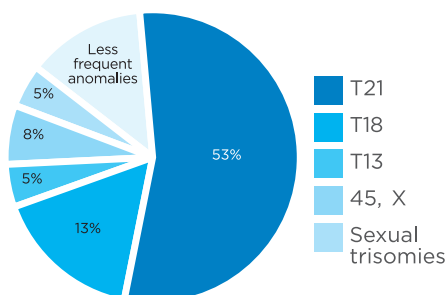
- It is especially recommended for women with an abnormal screening result in their first trimester¹, with previous pregnancies with Down syndrome, or those who have a suspicious finding on their ultrasounds.
- It is valid for single or twin gestations*. In both cases it has a high sensitivity and specificity.
- It can be performed for cases of in vitro fertilization and in gestations originating from oocyte donation.
- For women of any age, regardless of body mass index or ethnicity.

*In these cases it does not provide information of the sex of the fetuses.

What abnormalities does NACE® detect?

- The three most common chromosomal abnormalities, trisomy 21, 18, and 13 (Down, Edwards, and Patau syndromes respectively).
- It also identifies potential problems in sexual chromosomes (45,X; 47,XXY; 47,XYY; 47,XXX).
- It reports about 80% of all chromosomal abnormalities detected in invasive prenatal diagnostic tests².

Coverage of the NACE® test for single pregnancies ordered by their importance



According to data from the 2012 European Registry for Prenatal Diagnosis³, abnormalities in chromosomes 21, 18, and 13 represent 71% of all chromosomal alterations detected.

Detection rate according to the type of screening

Type of screening	NACE® ²	1 st trimester combined screening*	Extended combined screening**
Gestational age	From week 10	9-13 weeks	11-13 weeks
Detection rate	99,92% (FP<0.1%) T21/T18/T13	80-85% (FP 5%)	85-93% (FP 2.5%)

* Includes maternal age, nuchal translucency measurement, and the detection of the PAPP-A and free B-HCG biochemical markers.

** Includes other ultrasound markers: nasal bone absence, assessment of the ductus venosus, and tricuspid blood flow. (FP = false positives).