VeriSeq[™] NIPT Solution v2

An end-to-end, accessible, whole-genome sequencing assay

- Comprehensive view of fetal chromosomes with a broad test menu validated in a clinical accuracy study of > 2300 samples
- Trusted test performance¹ with accurate, fast results and low failure rates
- Simple, scalable IVD solution that can analyze 24, 48, or 96 samples per run



Introduction

Noninvasive prenatal testing (NIPT) performed with next-generation sequencing (NGS) provides reliable screening results for fetal chromosomal aneuploidies as early as 10 weeks gestation—from a single tube of maternal blood.^{2,3} VeriSeq NIPT Solution v2 takes advantage of powerful Illumina NGS technology to bring a whole-genome sequencing (WGS) approach to NIPT, expanding test menu options to include common aneuploidies (chromosomes 21, 18, and 13), rare autosomal aneuploidies (RAAs), select sex chromosome aneuploidies (SCAs), and partial duplications and deletions \geq 7 Mb for all autosomes.

Combining a broad test menu, accurate results, and low failure rates, VeriSeq NIPT Solution v2 offers comprehensive screening of fetal chromosomes, enabling informed, timely pregnancy management decisions. Providing reagents, instruments, software, installation, and training, VeriSeg NIPT Solution v2 is an automated, reliable solution for in-house NIPT (Figure 1 and Table 1).

Full view of fetal chromosomes

Many in-lab NIPT solutions focus on screening for trisomies in chromosomes 21, 18, and 13, but these conditions represent only a portion of anomalies that can occur. These tests will miss partial duplications and deletions ≥ 7 Mb that can be associated with fetal anomalies and developmental delay and have a screen positive rate of 0.12% with NIPT.4 These tests will also miss pregnancies that screen positive for RAAs, which may be associated with adverse outcomes, including miscarriage, intrauterine growth restriction (IUGR), uniparental disomy (UPD), spontaneous preterm labor, and fetal anomalies, among others.5

Table 1: VeriSeg NIPT Solution v2, at a glance

Parameter	Description		
Method	Whole-genome sequencing		
Library prep	PCR-free		
Chemistry	Paired-end sequencing		
No. of samples	24, 48, or 96 per batch		
Time to report	~ 26 hr		
No. of technicians	1		
Specimen	7-10 ml of a single tube of maternal blood		
Analysis offered	Aneuploidy status of all autosomes and sex chromosomes; partial duplications and deletions ≥7 Mb for all autosomes		

Trusted test performance

Based on accuracy of results, time to answer, and failure rates, VeriSeq NIPT Solution v2 demonstrates excellent performance.

Accurate results

VeriSeq NIPT Solution v2 is validated to determine clinical accuracy and reliability. A clinical validation study was performed with samples from affected pregnancies that were eligible for testing if clinical outcomes were available and met sample inclusion criteria. The cohort comprised gestational ages of at least 10 weeks, samples with low fetal fractions, and twin pregnancies. The study screened > 2300 maternal samples with known outcomes for trisomy 21, trisomy 18, trisomy 13, RAAs, partial duplications and deletions \geq 7 Mb for all autosomes, and SCAs using VeriSeq NIPT Solution v2, and compared the



Figure 1: Full IVD NIPT workflow—VeriSeq NIPT Solution v2 provides everything needed for NIPT using NGS, including reagents for DNA extraction, library prep, and sequencing; instrumentation to automate library prep and sequencing with Workflow Manager software; an onsite server for secure data storage and analysis; and data analysis software capable of generating a report that provides qualitative results.

Table 2: Clinical performance of VeriSeg NIPT Solution v2¹

	Trisomy 21 ^c	Trisomy 18	Trisomy 13	RAA ^d	Partial duplications and deletions ≥ 7 Mb	Any anomaly ^e
Sensitivity ^a	> 99.9% (130/130)	> 99.9% (41/41)	> 99.9% (26/26)	96.4% (27/28)	74.1% (20/27)	95.5% (318/333)
2-sided 95% Clb	97.1%, 100%	91.4%, 100%	87.1%, 100%	82.3%, 99.4%	55.3%, 86.8%	92.7%, 97.3%
Specificity	99.90% (1982/1984)	99.90% (1995/1997)99.90% (2000/2002) 99.80% (2001/2005) 99.80% (2000/2004)	99.34% (1954/1967)
2-sided 95% CI ^b	99.63%, 99.97%	99.64%, 99.97%	99.64%, 99.97%	99.49%, 99.92%	99.49%, 99.92%	98.87%, 99.61%

a. Basic screen performance is reported for T21, T18, and T13 and excludes 16 samples with known mosaics and 49 samples affected with anomalies for the genome-wide screen only; genome-wide screen performance is reported for RAAs and partial duplications and deletions

Table 3: Concordance of VeriSeq NIPT Solution v2 fetal sex classification results with clinical reference

VeriSeq NIPT Solution v2 results	Newborn physical outcome				Cytogenetic results			
	Female	Male	XX	XY	XO	XXX	XXY	XYY
Percent concordant	100%	100%	100%	100%	90.5%	100%	100%	91.7%

results to clinical reference truths. Results demonstrated high sensitivity and specificity for common trisomies, RAAs, partial duplications and deletions \geq 7 Mb for all autosomes, high concordance of fetal sex classification with clinical outcome, and a low first-pass sample failure rate of 1.2% (Table 2 and Table 3).1

Fast results

VeriSeq NIPT Solution v2 offers a fast three-step workflow for NIPT that generates accurate results in just over one day (Table 4). Following the simple, automated workflow, one technician can analyze 24-96 samples in < 8 hours with minimal hands-on time. Targeted sequencing and array-based methods tend to have longer laboratory protocols, requiring more hands-on time.

Table 4: VeriSeq NIPT complete in just over one day

Step	Hands-on time	Total time		
Sample prep and library prep	~ 2 hr	~ 8 hr		
Sequencing	~ 15 min	~ 14 hr		
Data analysis and report generation	N/A	~ 4 hr		
Total time	~ 2.25 hr	~ 26 hr		
Actual times depend on individual lab practices and may vary; N/A, not applicable.				

Low test failure rates

Test failures, where no call for disomy or aneuploidy can be made, are an important factor in the reliability and clinical utility of NIPT. NIPT test failure rates vary significantly based on the test used. Tests that use a targeted approach or single polymorphic method demonstrate higher rates of primary test failure than NGS.6 VeriSeq NIPT Solution v2 uses WGS to provide ample data across all chromosomes, without impacting accuracy or increasing failure or false positive rates. In the clinical validation study, the first pass failure rate was 1.2%.1 In lab practice, sufficient plasma will be available from the initial blood draw to repeat the VeriSeq NIPT workflow, if needed.7 It has been observed through a clinical validation study that our final failure rate, upon a second blood draw, was 0.4%.7

Simple, scalable IVD solution

The integrated VeriSeq NIPT Solution v2 provides everything needed to run the assay. The automated workflow easily scales to analyze 24, 48, or 96 samples per run to allow for efficiency and flexibility in managing sample volumes. The laboratory can choose to run basic or genome-wide screening, by sample.

b. Cl based on Wilson's score method

c. Seven twin pregnancies reported correctly as T21 not shown in table

d. RAA excludes chromosomes 21, 18, and 13

e. Any anomaly includes samples from SCA basic and genome-wide screens

Automated workflow

The fully automated VeriSeg NIPT assay provides a simple workflow that minimizes hands-on time by the technician and the potential for error. The protocol requires 7-10 ml of maternal peripheral whole blood collected in the recommended Streck Blood Collect Tube (BCT), Optimized VeriSeq NIPT sample prep kits contain reagents and labels for preparing sequencing libraries from cfDNA. Plasma isolation, cfDNA extraction, and PCR-free library preparation, including quantification plate creation, library quantification, and library pooling, are automated on the VeriSeg NIPT Microlab STAR, a Hamilton Microlab STAR system custom configured specifically for use in the VeriSeq NIPT workflow. The user-friendly VeriSeq NIPT Workflow Manager controls all aspects of sample preparation, including sample tracking.

Sequencing

A maternal blood sample contains cfDNA fragments of different lengths; longer reads are enriched for maternal DNA while shorter reads are enriched for fetal DNA (Figure 2).8 VeriSeq NIPT Solution v2 quickly and efficiently identifies the lengths of all cfDNA fragments within a single sample and applies more weight on shorter cfDNA in the analysis algorithm using paired-end sequencing performed on the Illumina NextSeg[™] 550Dx System, which delivers the power of high-throughput NGS9 with the affordability of a benchtop system (Table 5).

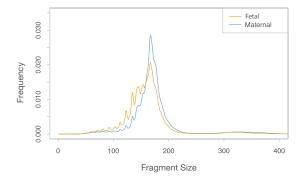


Figure 2: Size comparison of maternal and fetal cfDNA fragments—Paired-end sequencing differentiates cfDNA fragments based on size. Longer fragments are enriched for maternal DNA while shorter fragments are enriched for fetal DNA.

Table 5: NGS instrument performance requirements

Parameter	Specification
Read length	2 × 36 bp
Sequencing file type	.BCL file
Sequencing output	~ 400M reads
Run time	~ 14 hr
Multiplexing	24 or 48 samples per run

Onsite analysis

Data analysis is performed on a dedicated VeriSeg v2 Onsite Server with the IVD VeriSeq NIPT Assay Software v2. The server automatically processes sequencing data. Multiple sample batches can be queued for analysis on a single server. There is no need to send out data for analysis, saving time and protecting sample identity.

VeriSeq NIPT Assay Software v2

VeriSeg NIPT Assay Software v2 filters and aligns the reads to a reference genome. An advanced algorithm determines the read density per chromosome (bin) and aids in the detection and differentiation of aneuploidy and partial duplications and deletions. The software also generates and reports a fetal fraction estimate for each sample. Fetal fraction data are combined with coverage and other statistical inputs generated during sequencing to assess aneuploidy status.

To achieve low test failure rates, VeriSeq NIPT Assay Software v2 includes the individualized fetal aneuploidy confidence test (iFACT) sample quality scoring metric. iFACT indicates whether the assay has generated sufficient sequencing coverage, given the fetal fraction estimate for each sample, to enable an aneuploidy or partial duplication and deletion call, even for samples with low fetal fraction.¹⁰ This dynamic cutoff enables VeriSeg NIPT Assay Software v2 to report on low fetal fraction samples, resulting in low test failures.1

Report generation

After data analysis, the VeriSeq NIPT Assay Software generates an "Aneuploidy Detected" or "No Aneuploidy Detected" result for the chromosomes tested in each sample. If a partial deletion or duplication is detected, the exact coordinates in the genome are displayed in the report. Information output is a ".tab" file that can be integrated with an existing LIMS. Data can be used to create a custom clinical report.

Fully supported implementation

For smooth laboratory integration, VeriSeg NIPT Solution v2 includes complete system installation by a skilled Illumina Field Service Engineer and hands-on training. Knowledgeable Illumina scientists lead laboratory personnel step by step through sample extraction, library preparation, sequencing, and analysis (Table 6). When laboratories are up and running, continued support is provided by the Illumina Technical Support team.

Table 6: VeriSeq NIPT Solution v2 training

Topic	Details
Introduction to the VeriSeq NIPT Solution v2	Seminar overview of workflow and analysis • Ancillary equipment guide • Consumables guide • Blood draw protocol • Plasma isolation protocol
Instrument operation training	Onsite training • Requires installed instrument
Site inspection	Onsite confirmation • Ancillary equipment installation • Needed reagents • Connectivity of system components
Onsite training	Assay performed by Illumina scientist • Pretested artifical plasma samples with known performance characteristics (provided by Illumina) • Walkthrough of assay workflow from plasma isolation to instrument operation and data analysis • Data analysis training
Onsite competency testing	Assay performed by customer • Pretested artifical plasma samples with known performance characteristics (provided by Illumina)

Summary

VeriSeq NIPT Solution v2 revolutionizes the accessibility, reliability, and power of NIPT. Now laboratories can harness NGS for fast, reliable, accurate NIPT results with low failure rates.

Learn more

VeriSeq NIPT Solution v2, www.illumina.com/VeriSeqNIPT

Ordering information

Catalog no.
20025895
15066801
15066802
20047024
20028403 20047000
15073345
20005715
20028870

Intended use statement

The VeriSeq NIPT Solution v2 is an in vitro diagnostic test intended for use as a screening test for the detection of genome-wide fetal genetic anomalies from maternal peripheral whole blood specimens in pregnant women of at least 10 weeks gestation. VeriSeg NIPT Solution v2 uses whole-genome sequencing to detect partial duplications and deletions for all autosomes and aneuploidy status for all chromosomes. The test offers an option to request the reporting of sex chromosome aneuploidy (SCA). This product must not be used as the sole basis for diagnosis or other pregnancy management decisions.

References

- 1. Pertile MD, Flowers N, Vavrek D, et al. Performance of a Paired-End Sequencing-Based Noninvasive Prenatal Screening Test in the Detection of Genome-Wide Fetal Chromosomal Anomalies. Clin Chem. 2021:doi: 10.1093/clinchem/hvab067.
- 2. Bianchi DW, Platt LD, Goldberg JD, Abuhamad AZ, Sehnert AJ, Rava RP. Genome-wide fetal aneuploidy detection by maternal plasma DNA sequencing. Obstet Gynecol. 2012;119(5):890-901.
- 3. Bianchi DW, Parker RL, Wentworth J, et al. CARE Study Group: DNA sequencing versus standard prenatal aneuploidy screening. N Engl J Med. 2014;370:799-808.
- 4. Pertile MD. Genome-wide cell-free DBA-based prenatal testing for rare autosomal trisomies and subchromosomal abnormalities. Page-Christiaens L. Klein HG. Noninvasive Prenatal Testing (NIPT): Applied Genomics in Prenatal Screening and Diagnosis. London, United Kingdom: Academic Press Elsevier; 2018:97-
- 5. Pertile MD, Halks-Miller M, Flowers N, et al. Rare autosomal trisomies, revealed by maternal plasma DNA sequencing, suggest increased risk of feto-placental disease. Sci Transl Med. 2017;9(405).
- 6. Yaron Y. The implications of non-invasive prenatal testing failures: a review of an under-discussed phenomenon. Prenat Diagn. 2016;36:391-396.
- 7. Eiben B, Borth H, Kutur N, et al. Clinical experience with noninvasive prenatal testing in Germany: analysis of over 500 high-risk cases for trisomy 21, 18, 13, and monosomy X. Obstet Gynecol Rep. 2021;5:1-7. doi: 10.15761/OGR.1000157.

- 8. Lo YM, Chan KC, Sun H, et al. Maternal plasma DNA sequencing reveals the genome-wide genetic and mutational profile of the fetus. Sci Transl Med. 2010;2(61):61ra91.
- 9. Bentley DR, Balasubramanian S, Swerdlow HP, et al. Accurate whole human genome sequencing using reversible terminator chemistry. Nature. 2008;456(7218):53-59.
- 10. Cirigliano V, Ordoñez E, Rueda L, Syngelaki A, Nicolaides KH. Performance evaluation of the NeoBona test, a new paired-end massive parallel shotgun sequencing approach for cfDNA based aneuploidy screening. Ultrasound Obstet Gynecol. 2016; doi: 10.1002/uog.17386.



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