

# INPLASY

## Meta-analysis of First-trimester ultrasound markers for detecting fetal chromosomal abnormalities

INPLASY202410085

doi: 10.37766/inplasy2024.1.0085

Received: 19 January 2024

Published: 19 January 2024

Zhu, YT<sup>1</sup>; Xiong, XW<sup>2</sup>.

### Corresponding author:

Yantong Zhu

zyantong@foxmail.com

### Author Affiliation:

Beijing Obstetrics and Gynecology Hospital.

### ADMINISTRATIVE INFORMATION

**Support** - National Natural Science Foundation of China.

**Review Stage at time of this submission** - The review has not yet started.

**Conflicts of interest** - None declared.

**INPLASY registration number:** INPLASY202410085

**Amendments** - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 19 January 2024 and was last updated on 19 January 2024.

### INTRODUCTION

**Review question / Objective** First-trimester ultrasound markers can provide strong evidence for predicting fetal chromosomal abnormalities. The aim of our study is to investigate the diagnostic value of ultrasound markers at 11-14 weeks gestational age for fetal chromosomal abnormalities.

**Condition being studied** Ultrasound markers found in first trimester are meaningful in predicting chromosomal abnormalities. Aneuploidy chromosome abnormalities, such as 21 trisomy syndrome, 18 trisomy syndrome and 13 trisomy syndrome, can be predicted through ultrasound examination in first trimester.

### METHODS

**Participant or population** Participants: fetuses who accept ultrasound examination between 11+0 and 14+0 weeks gestational age. Inclusion criteria: fetuses who received karyotype analysis

or chromosomal microarray. Exclusion criteria: ultrasound examination without structures parameters, or fetuses without karyotype analysis or chromosomal microarray results, and studies without available data can be extracted.

**Intervention** Fetal ultrasound examination between 11+0 and 14+0 weeks. Inclusion criteria: the fetal ultrasound examination. Exclusion criteria: fetuses without accurate gestational age.

**Comparator** Comparison: karyotype analysis or chromosomal microarray examination.

**Study designs to be included** Diagnostic study.

**Eligibility criteria** Inclusion criteria: all diagnostic studies on the detection of fetal chromosomal abnormalities through ultrasound in first trimester. Exclusion criteria: The studies were published more than 20 years ago.

**Information sources** A systematic electronic search of the following databases will be

---

performed: PUBMED, EMBASE and The Cochrane Library.

**Main outcome(s)** Diagnostic value of first trimester ultrasound markers for the detection of fetal chromosomal abnormalities, including sensitivity, specificity, and predictive values.

**Quality assessment / Risk of bias analysis** Assessment of the quality of the studies included will be performed using the Quality Assessment of Diagnostic Accuracy Studies (QUADAS-2). This will be undertaken by two independent reviewers, and any discrepancies will be resolved with consultation of a third reviewer.

**Strategy of data synthesis** We assessed the overall diagnostic performance by weighted independent estimation of detection rate (sensitivity), falsepositive rate (1-specificity), positive likelihood ratio (LR; sensitivity / (1-specificity)) and negative LR ((1-sensitivity) / specificity). We used both fixed and random effects models to estimate weighted detection rate, false-positive rate and positive and negative LR across studies. The fixed-effects model weighs each study by the inverse of its variance. Random effects incorporate both within-study and between-study variation. Random effects tend to provide wider CIs and are generally preferable, especially in the presence of between-study heterogeneity. Heterogeneity between studies was analyzed using both Higgins' $I^2$  and Q-test and was considered to be high if  $I^2$  was over 0.50. Statistical meta-analysis was performed with R software (meta software package).

**Subgroup analysis** To explore the potential effect of different study populations on heterogeneity we performed such analysis for the whole dataset and in the subgroups of studies classified as high risk and screening.

**Sensitivity analysis** Sensitivity analysis was performed using Stata software to assess the sensitivity of the study. This involved examining the changes in the effect size after systematically removing individual studies to gauge the impact on the overall sensitivity of the article.

**Country(ies) involved** China.

**Keywords** Chromosome Aberrations; Chromosome Disorders; Diagnostic Imaging; Fetal Development; Fetal Monitoring; Fetus; Pregnancy; First Trimester; Ultrasonography; Ultrasonography, Prenatal.

### Contributions of each author

Author 1 - Yantong Zhu.

Email: zyantong@foxmail.com

Author 2 - Xiaowei Xiong.

Email: xiontxiaowei\_2020@163.com