natera™ | Panorama™ Next-generation NIPT

22q

The most validated NIPT for 22q11.2 deletion screening

Panorama's 22q screening was validated in a real-world population via SMART, the largest prospective noninvasive prenatal testing (NIPT) study[1]

SMART
SNP•based Microdeletion and Aneuploidy RegisTry

20K+
patients enrolled

18K+
patients with genetic confirmation included in the analysis

1 in 1,524
prevalence with 12 cases of 22q identified

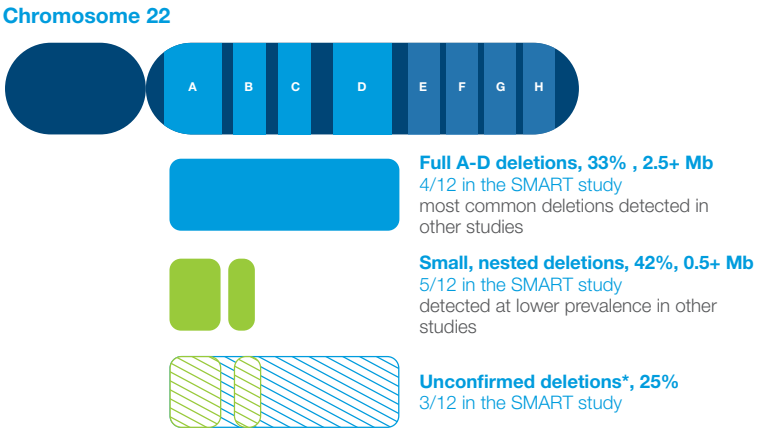
83%
Sensitivity
Full and nested deletions (0.5 Mb+)

53%
PPV
Full and nested deletions (0.5 Mb+)

SNP*-based NIPT is validated to identify deletions of all sizes

Smaller deletions can have the same degree of severity as full deletions and require similar intervention.[1-4] Sequencing-based counting NIPTs have not been clinically validated to detect small, nested deletions.

*Single Nucleotide Polymorphism



*FISH or BACS-on-beads used for confirmatory testing; the deletion spans A-B region at a minimum. SNP-based NIPT detected 10/12 deletions in the SMART study

Choose a prenatal screening with published and proven performance

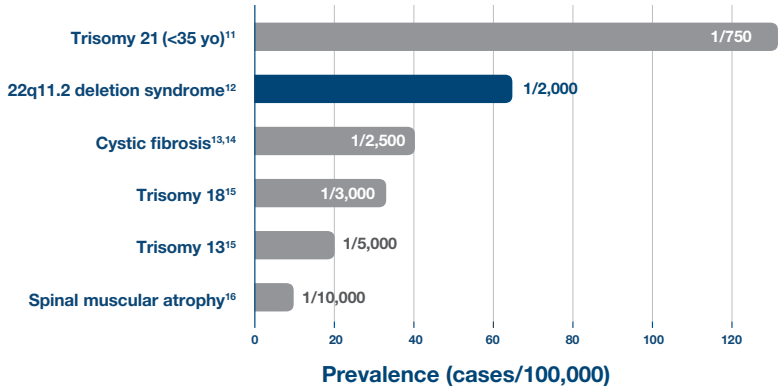
Panorama™ has the highest published sensitivity and specificity based on a real-world population. **Nearly 1MM** pregnancies have Panorama™ with 22q screening each year.[1-8]

	Natera Dar et al., 2022	**Labcorp MaterniT21** Soster et al., 2023; Zhao et al., 2015	**Myriad Prequel** Hammer et al., April 2024	**Quest Qnatal Advanced** Guy et al., 2019; Strom et al., 2017; Kahl et al., 2020 (ACMG poster)	**BillionToOne Unity** UNITY Aneuploidy NIPT Analytical Validation. March 2024 (internal data)
Published study with clinical truth on all negatives	**Yes**	No	No	No	No
Clinical sensitivity validated in a peer-reviewed publication	**Yes, 83%**	No	No	No	No
Clinical specificity validated in a peer-reviewed publication	**Yes, 99.95%**	No	No	No	No

These tests have not been studied in a head-to-head study. Comparison is for illustrative purposes based on independent review of tests features and lab tools/services. As of May 2024.

22q11.2 deletion syndrome has a higher prevalence compared to other commonly screened conditions

Maternal age is not a risk factor for having a pregnancy affected by 22q, and detection with ultrasound is limited.[9,10] Panorama™ offers noninvasive screening for early identification.



Panorama™ enables access to diagnostic testing to improve outcomes

In a published secondary analysis from SMART[17], pregnancies identified as high risk for 22q by Panorama™ were more likely to undergo diagnostic testing and/or supplemental assessments.

Prevalence of conditions associated with 22q[18-21]

- **Hypocalcemia** 50%
- **Developmental delay & learning differences** 70%–90%
- **Immune deficiencies** 77%
- **Palatal abnormalities** 69%
- **Congenital heart defects** 74%
- **Schizophrenia in adulthood** 25%

Parker's story

Parker was born with 22q, a condition with multiple, seemingly unrelated symptoms that can take years to diagnose.

Learn how early screening for 22q could make a difference

American College of Medical Genetics (ACMG) endorses routine screening for 22q

ACMG suggests "screening for 22q11.2 deletion syndrome be offered to all patients"[10,22]

ACMG highlights the SMART study as the sole clinical study in support of their conditional recommendation (defined as a recommendation based on a moderate certainty of evidence).

Ask your local Natera representative about offering Panorama™ for 22q or scan here to learn more on natera.com

References

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