

Biomarkers for Early Detection of Cesarean Scar Ectopic Pregnancy

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BACKGROUND

- Cesarean scar ectopic pregnancy (CSEP) occurs in 1 in 2000 pregnancies and is associated with **significant maternal morbidity and mortality**
- Delayed and misdiagnosis occurs in ~15% of cases.^{1,2}
- CSEP is thought to be part of the placenta accreta spectrum (PAS).³
- Several biomarkers for PAS show promise as a diagnostic tool.^{4,5}

HYPOTHESIS

- Patients with CSEP will have a distinct biomarker signature compared to patients with an intrauterine pregnancy.
- Patients with CSEP will have a similar biomarker signature to previously published findings in patients with PAS

SPECIFIC AIMS

- Establish a biobank repository of blood (plasma), urine, and placental tissue of patients at risk for and with CSEP
- Validate that patients with CSEP have a distinct biomarker profile compared with control cases

OBJECTIVE

- Our long-term goal is to improve access to early and accurate early diagnosis of CSEP through non-invasive testing paired with imaging

METHODS

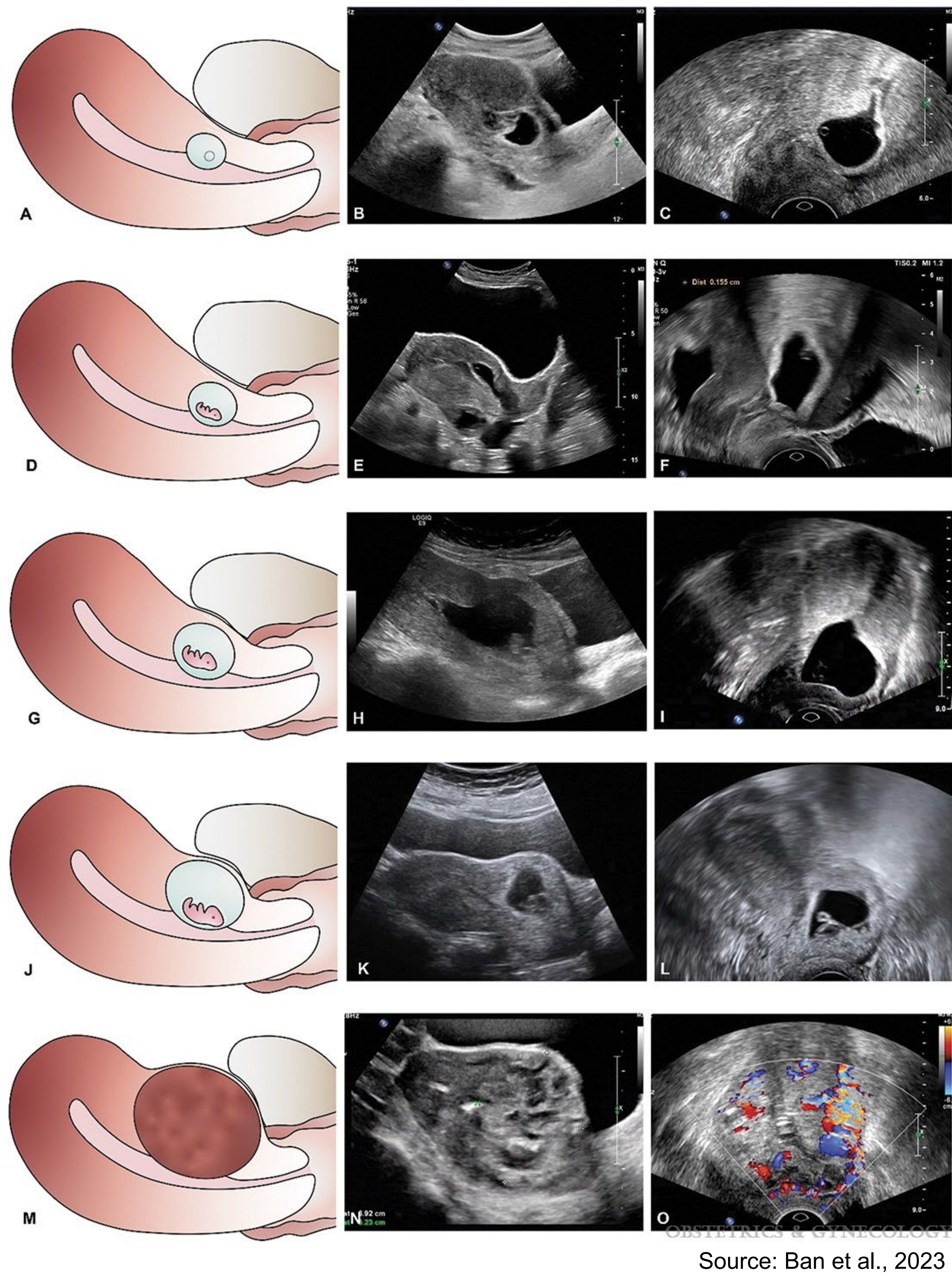


Figure 1: Classification of cesarean scar ectopic pregnancies. A-C: Type I. D-F: Type IIA. G-I: Type IIB. J-L: Type IIIA. M-O: Type IIIB.

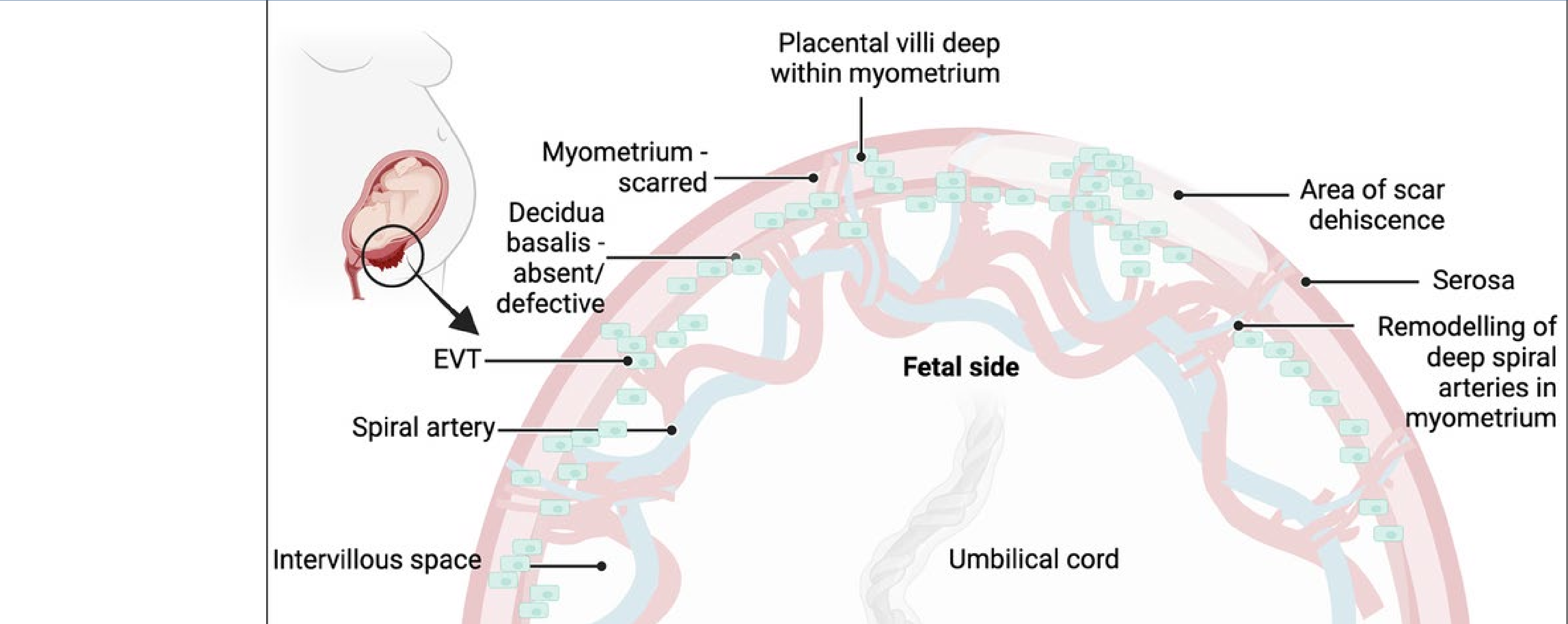


Figure 2: Current understanding of etiology of PAS

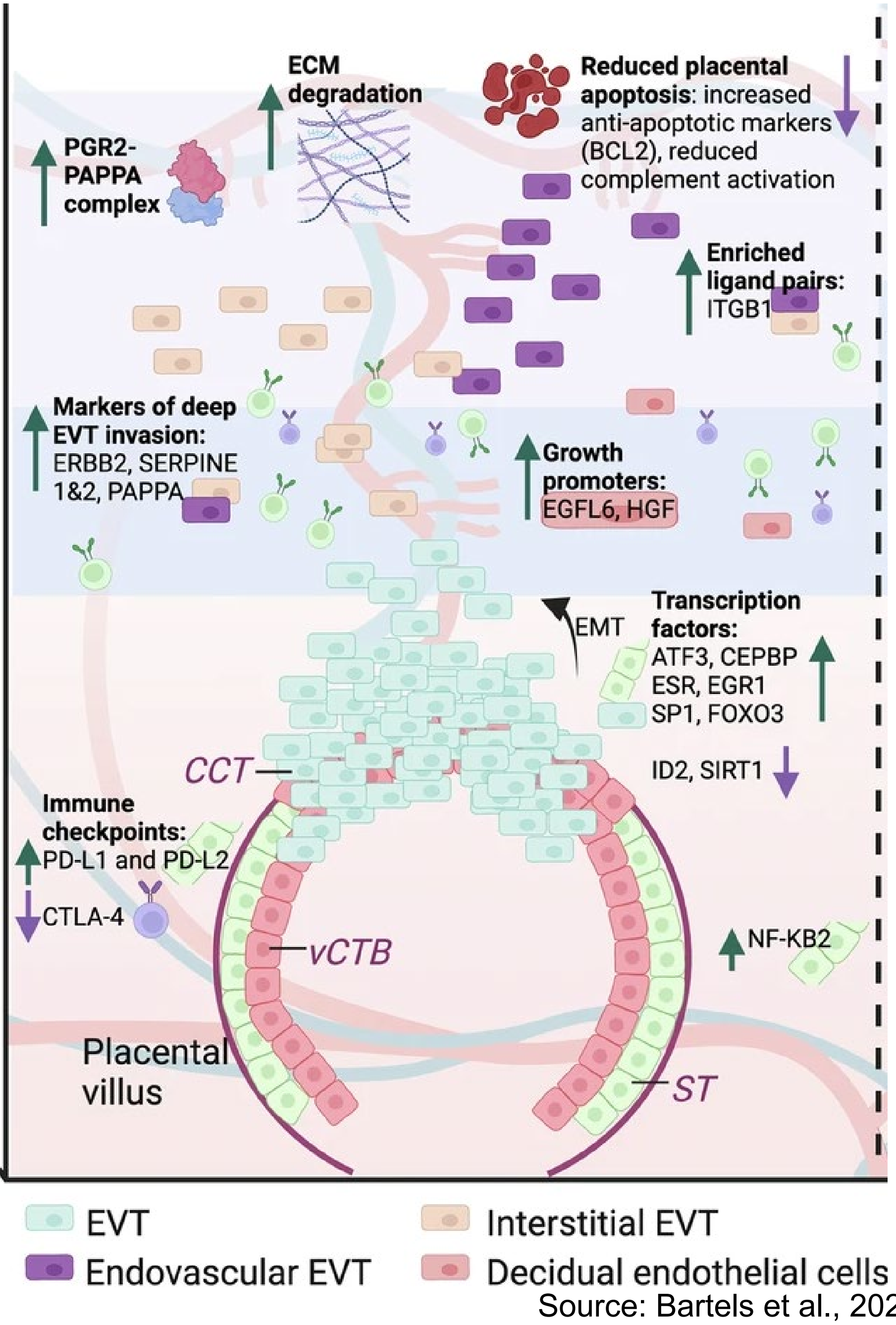


Figure 3: Biomarkers signaling changes related to PAS

	Controls	Samples
Inclusion	- Age >18 > 5 weeks GA - Intrauterine pregnancy and risk factor for CSEP - Undergoing termination of pregnancy	- Age >18 > 5 weeks GA - Radiologic diagnosis of CSEP
Exclusion	- Active malignancy - Current diagnosis of DM or HTN - Known fetal anomalies	

Biomarkers of interest:	
- PAPP-A - Antithrombin III - Plasminogen activator inhibitor - Soluble Tie2 - Soluble VEGF receptor 2	

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