

Establishing Follow-up Protocols for Low Frequency Events in SCID NBS: working with Specialists New to Newborn Screening

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The Massachusetts SCID NBS Workgroup *Representatives from NENSP, Immunology, Infectious Disease, Public Health and Transplantation*

Baystate 🎝 Children's Hospital





Commonwealth of Massachusetts Department of Public Health



DANA-FARBER

Floating Hospital for Children at Tufts Medical



UMassMemorial Medical Center A Member of UMass Memorial Health Care

Dr. Anne Marie Comeau

Ms. Jaime Hale

- Dr. Barbara Stechenberg
- Dr. Alicia Johnston

Dr. Ellen Rae Cooper

- Dr. Alfred DeMaria
- Dr. Tony Bonilla
- Dr. Luigi Notarangelo
- Dr. Sung-Yun Pai
- Dr. Cody Meissner
- Dr. Paul Hesterberg
- Dr. Mark Pasternak
- Dr. Jolan Walter
- Dr. Beverly Hay
- Dr. John Sullivan

Dr. Roger Eaton

Dr. Inderneel Sahai

Current Work-up Algorithm

Flow Cytometry: CD3, CD4, CD8, CD16/56, CD19 naïve T cell determination

Clinic Referral if:

total T cell number <2500 naïve % <50% any other abnormality

Clinic Referral inclusive of : Functional testing Physical Exam

Genotyping/Karyotyping if: Suspected SCID Suspected DiGeorge, other

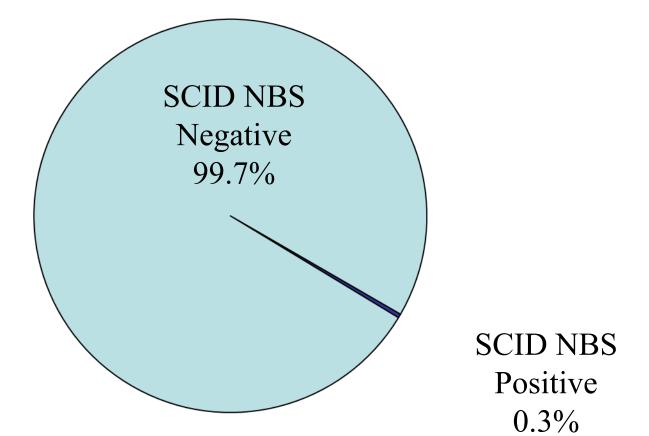
Referral to Transplant Center for: SCID

202,298 infants screened for SCID

•644 infants with positive SCID NBS result on any specimen

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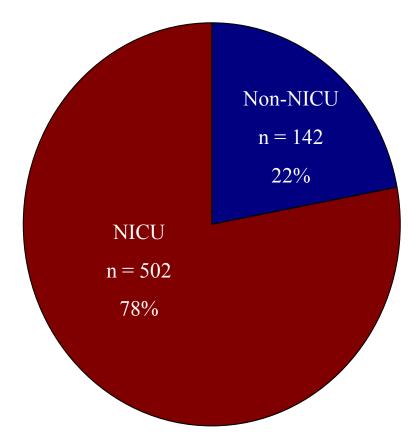
202,298 infants screened for SCID
•644 infants with positive SCID NBS result on any specimen
•44 infants referred to Flow Cytometry*

*by current algorithm

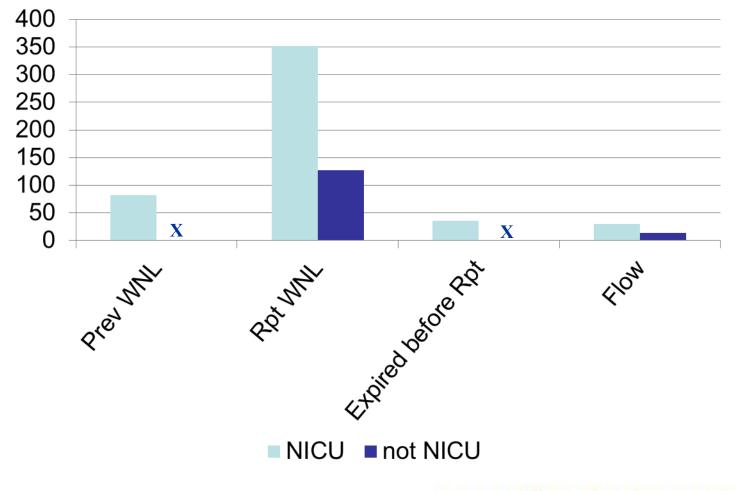
Quality Improvements to			
Referral and Work-up Algorithms			
First	Current		
TREC <252, refer for flow	Undetectable TREC on initial specimen →immediate flow		
	TREC <252 on initial \rightarrow request repeat DBS		
	Serial TREC <252 and no interim in-range TREC →flow		
	Any in-range TREC on a specimen from same infant → no flow		
Flow at any of 4 qualified centers	Flow at any of 4 qualified centers Specifications for use of gold standard pediatr		

functional testing

NICU vs. non-NICU status in 644 infants with a positive SCID NBS on any NBS specimen



Outcomes of 644 infants with any positive SCID NBS result

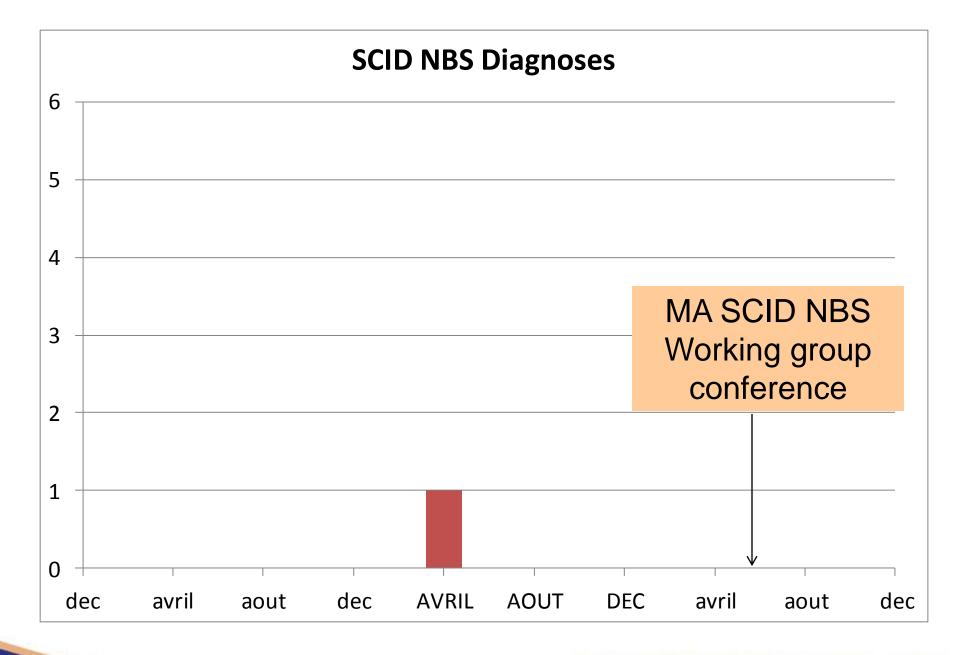


US PILOT STUDIES INTERIM FINDINGS

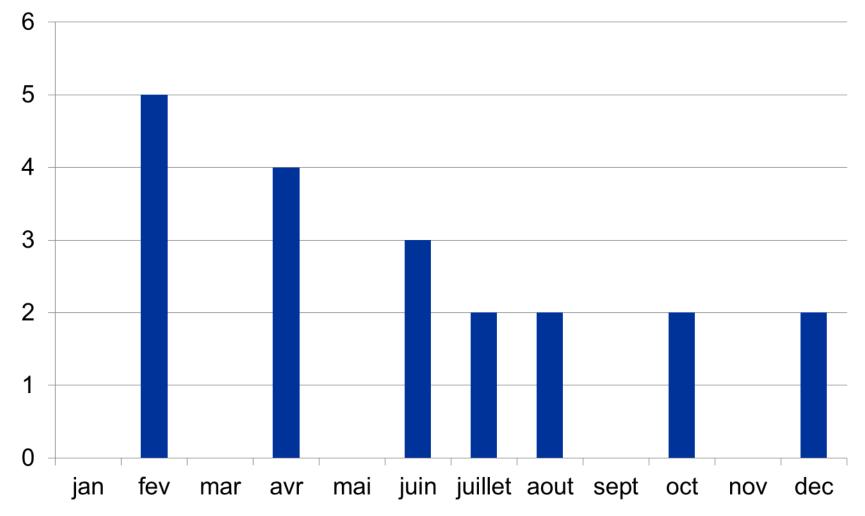
Combined data from CDC and NICHD-funded pilots (through April 2011)

State	WI	MA	NY	CA	PR	LA	ТОТ
screened	243,707	161,707	136,635	358,000	29,000	31,464	960,513
SCID	4	1	4	5	0	0	14
rate (1/x)	61,000	161,707	34,000	72,000			69,000

Increased incidence extent? 48% → 10% X-linked? 6% → 65% Hispanic?



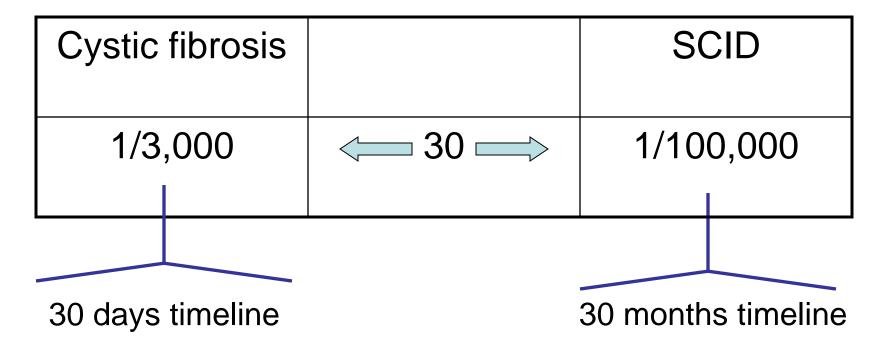
CF Diagnoses 2010

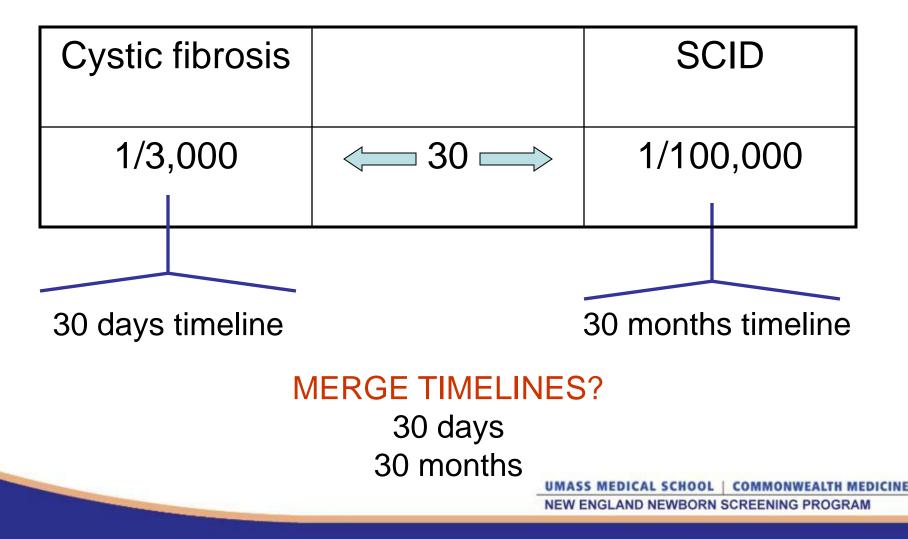


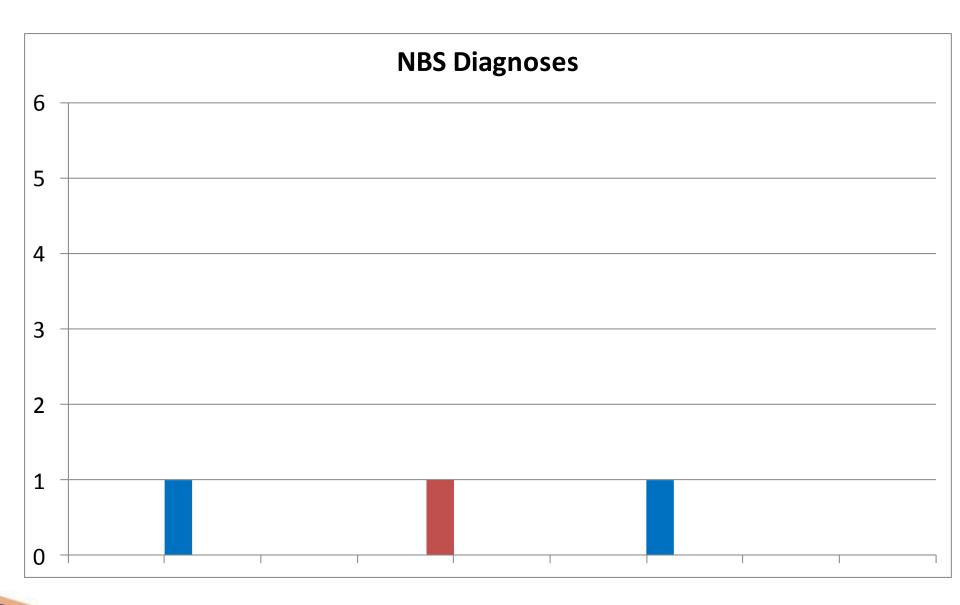
Cystic fibrosis		SCID
1/3,000	<── 30 ──>	1/100,000

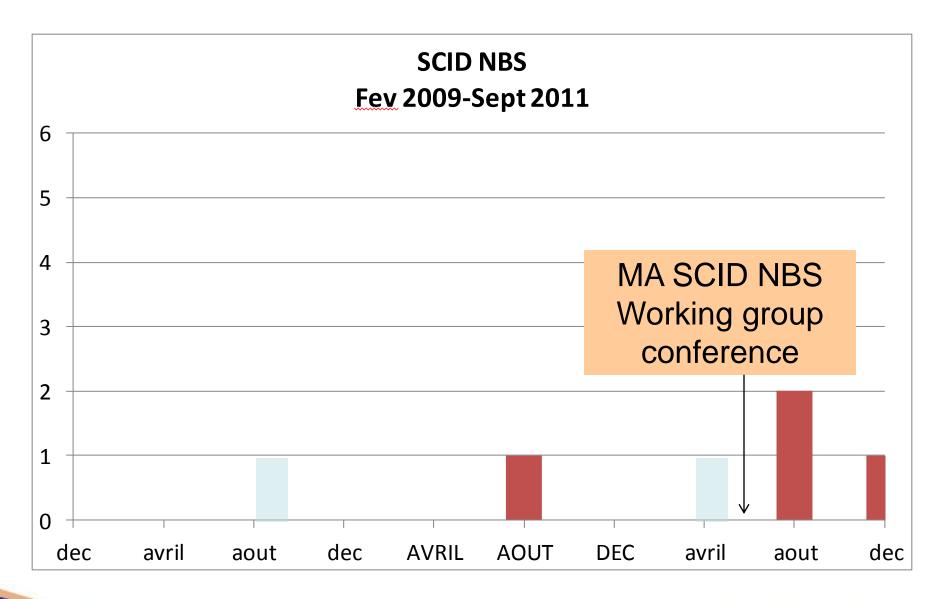
Cystic fibrosis		SCID
1/3,000	<── 30 ──>	1/100,000

30 months timeline









Summary of MA SCID cases detected by NBS

Lymphocyte Profile	SCID type	Donor/Regimen	Status
T- B+ NK-	JAK3	9/10 mismatched unrelated	Transplanted At home, well
		Busulfan, cyclophosphamide ATG	
T- B+ NK+	MIA; sub-type unknown	9/10 rej; 10/10 GVHD sibling ATG	Transplanted, at home, engrafting
T- B+ NK-	IL2RG	10/10 unrelated Busulfan, fludarabine, ATG	Transplanted
T- B+ NK+	CD3D	pending	Awaiting transplant

Pearls from...experience



- Continuous quality measures
 - For the screening laboratory
 - For the diagnostic workup
 - For what we can do about communications
- Projections...are only projections...

Status of 44 Infants with Out Of Range SCID NBS Prompting Flow Cytometry

