Congenital Hypothyroidism in Newborn Infants with Borderline TSH Screening Cut-off Points



Conchita G. Abarquez, MD

Newborn Screening Center Mindanao Southern Philippines Medical Center Davao City, Philippines



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CONGENITAL HYPOTYHROIDISM (CH)

- Congenital Hypothyroidism (CH) is one of the most preventable causes of intellectual disability
- **Philippine data (as of Dec 2014)** ¹
 - **❖Incidence is 1 in 2,673**
- **≻**Screening for CH started in 1996 ¹
- ➤ Biomarker elevated TSH on DBS sample collected (heel-prick method)



5 Newborn Screening Centers (NSCs) in the Philippines **Newborn Screening Center** Central Luzon NSC - Central Luzon (Angeles University Foundation) Regions 1,2,3 & CAR **TSH Cut-off Value** ≥15 mIU/L NSC - NIH (Ayala Technohub) NCR, Region 5 **TSH Cut-off Value** ≥15 mIU/L NSC - Southern Daniel Mercado Medical Center) Region 4 NEWBORN SCREENING CENTER NSC - Visayas (West Visayas State University)

TSH Cut-off

Value

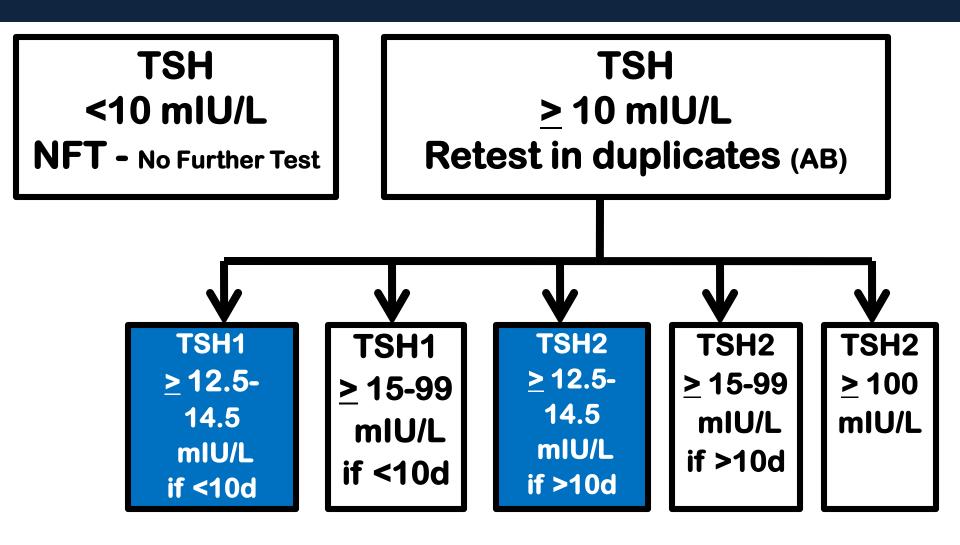
>12.5 mIU/L

Regions 6,7,& 8



NSC - Mindanao (Southern Philippines Medical Center) Regions 9,10,11,12,13 & ARMM

CH SCREENING ALGORITHM



TSH 1 – repeat NBS test
TSH 2 – confirmatory testing, pediatric endocrinologist referral



OBJECTIVE

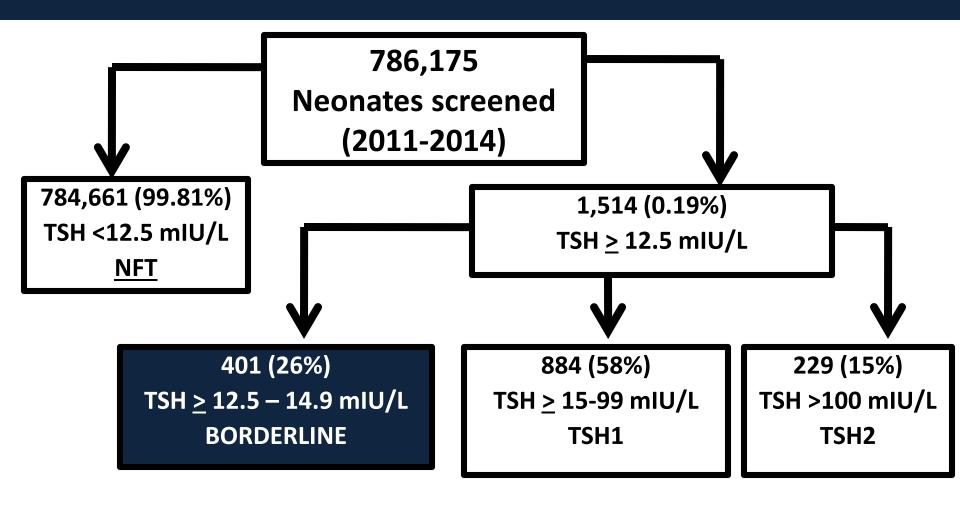
➤ To evaluate the clinical outcome of newborn infants who initially had borderline TSH screening result and were subsequently confirmed to have CH when further examination was carried out



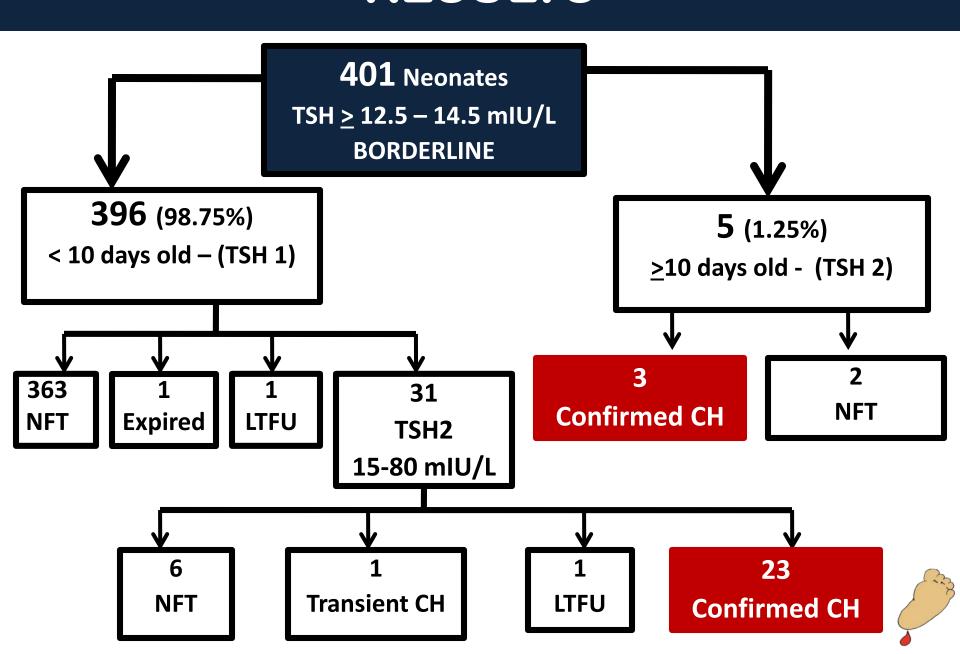
MATERIALS & METHOD

- > Retrospective study
- ➤ Data review of newborn infants screened between January 2011 to December 2014 and who had borderline TSH screening values (≥12.5-14.5 mIU/L) and subsequently confirmed to have CH
- Data include:
 - Demographics (including screening & treatment age)
 - Laboratory number, TSH values (initial & repeat)
 - Relevant investigations done (serum TSH,FT4 & imaging studies)





TSH 1 – repeat NBS test
TSH 2 – confirmatory testing, pediatric
endocrinologist referral



26 Confirmed CH:

15 males (57.7%) 11 females (42.3%) All were full term babies (38-40 weeks)

Median screening age 2 days

Median age of treatment - 28.5 days

8 babies were clinically symptomatic – umbilical hernia, prolonged jaundice



26 Confirmed CH:

serum TSH values ranged from

1 8.35 - 85 (NV 0.25-5 uIU/ml)

serum FT4 values ranged from

 $\downarrow 1.60 - 8.34$ (NV 9-20 pmol/L)

8 cases had low normal serum FT4 values

11 – 14 (NV 9-20 pmol/L)

Antibodies & iodine status were not determined

(not readily available in the local setting)

Only 4 underwent imaging studies

(because of financial limitations)

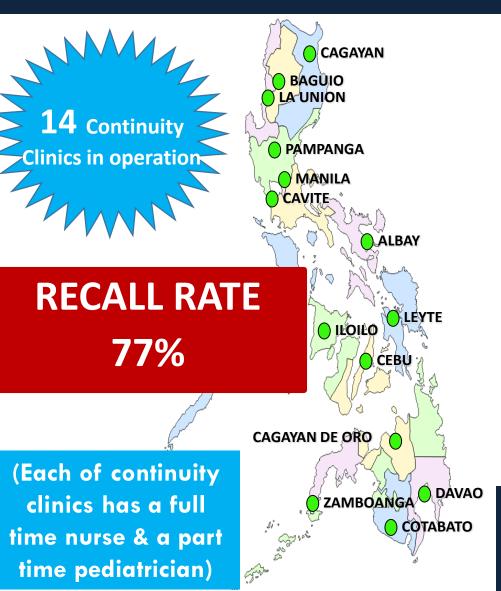


26 Confirmed CH:

- with normal growth & development
- are still on treatment (at present date)
- still following up at the NBS continuity clinic



NBS Continuity Clinics



- Ilocos Training and Regional Medical Center,
 Region 1
- → Cagayan Valley Medical Center, Region 2
- → Jose B. Lingad Memorial Regional Hospital, Region 3
- → Baguio General Hospital and Medical Center, CAR
- Philippine General Hospital, NCR
- Gen. Emilio Aguinaldo Memorial Hospital, CALABARZON
- Bicol Regional Training and Teaching Hospital, Region 5
- West Visayas State University Medical Center, Region 6
- Vicente Sotto Memorial Medical Center, Region7
- Eastern Visayas Regional Medical Center, Region 8
- Zamboanga City Medical Center, Region 9
- ♦ Northern Mindanao Medical Center, Region 10
- Southern Philippines Medical Center, Region 11
- Cotabato Regional Medical Center, Region 12

DISCUSSION

- >CH screening highly successful
- ➤ Screening protocols for CH differ in may NBS program e.g. analyte cut-off points
- ➤ Some programs adopt lower cut-off points to avoid missed cases
 - ➤ Using borderline TSH cut-off points has increased detection rate of CH including subclinical CH
- ➤The 26 true & subclinical CH would have been missed cases had NSC Mindanao used the >15 uIU/L TSH cut-off points.

DISCUSSION

- >Impact of treating subclinical CH remains to be seen
- ➤ Some studies show that children with subclinical CH are at risk for overt hypothyroidism later in life % will therefore benefit from levothyroxine treatment ¹
 - ➢ Grosse et al study children with subclinical CH documented a decreased intellectual potential & increased behavioral abnormalities ²
 - ➤ Need to monitor subclinical cases
- 1. Calaciura F, Motta RM, Miscio G, Fichera G, Leonardi D, Carta A, Trischitta V, Tassi V, Sava L and Vigneri R. Subclinical Hypothyrodism in Early Childhood: A frequent outcome of transient neonatal hyperthyrotropinemia. J CLin Endocrinol Metab. July 2002,87(7):3209-3214.
- 2. Grosse SD, Van Vliet G: Abstract. Prevention of intellectual disability through screening for congenital hypothyroidism: how much and at what level? Arch Dis Child 2011; 96: 374–379.



DISCUSSION

- > Lowering cut-off points will be lead to increased recall rate
- ➤ Using the recommended screening cut-off points, recall rate of 0.14%
 - ➤ With lower cut-off, recall rate was 0.19%



CONCLUSION & RECOMMENDATIONS

The use of borderline TSH cut-off points has increased the detection rate of both true and subclinical CH.

TSH screening cut-off point may be lowered to >12.5 mIU/L for appropriate screening outcome and to avoid missing any case of CH.



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