

Update

Hemoglobinopathy Issues and Answers Conference

CHORI – May 25, 2010

SACHDNC – September 16, 2010

Brad Therrell, PhD
NNSGRC - Austin, Texas



Jelili Ojodu, MPH
APHL – Silver Spring, Maryland



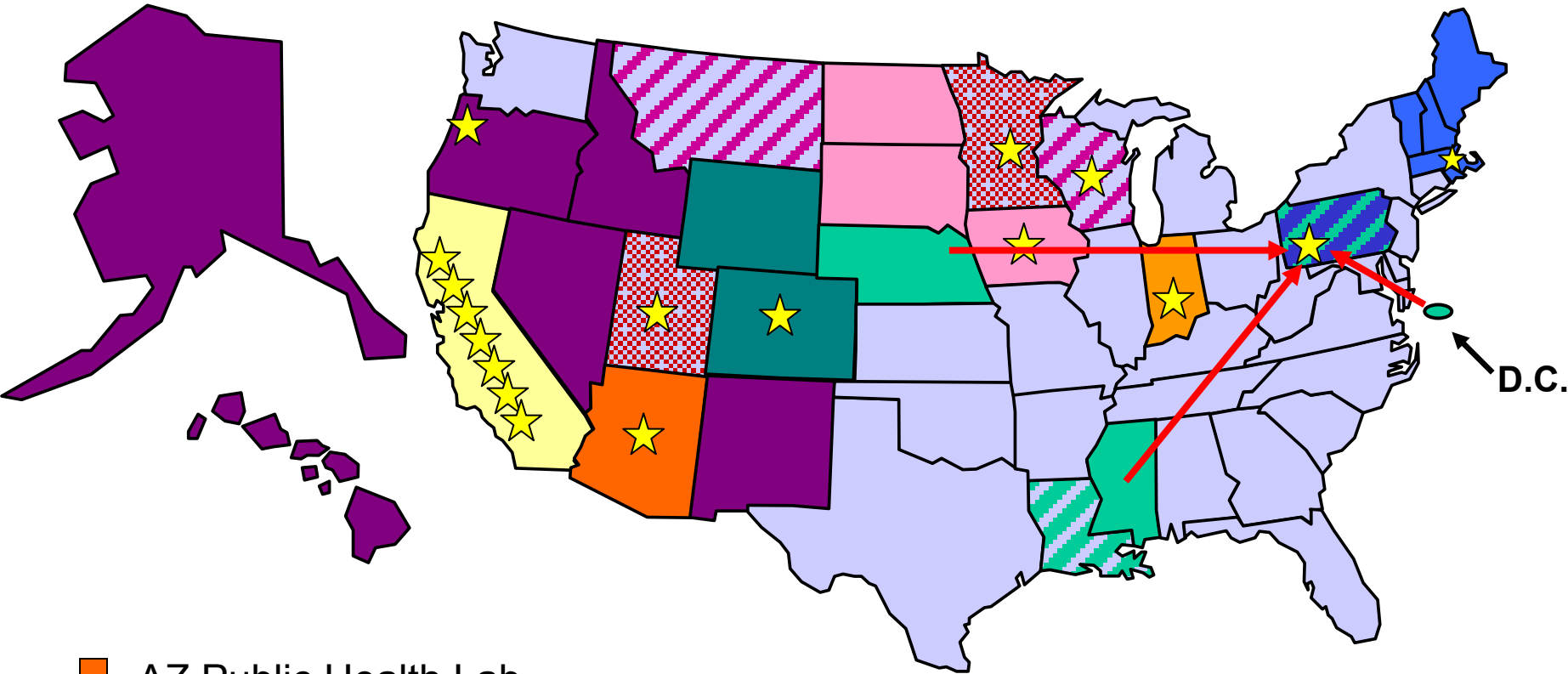
Current Status of Newborn Hemoglobinopathy Screening in the United States

May 25, 2010

Brad Therrell, Ph.D., Director
National Newborn Screening and
Genetics Resource Center

Austin, Texas

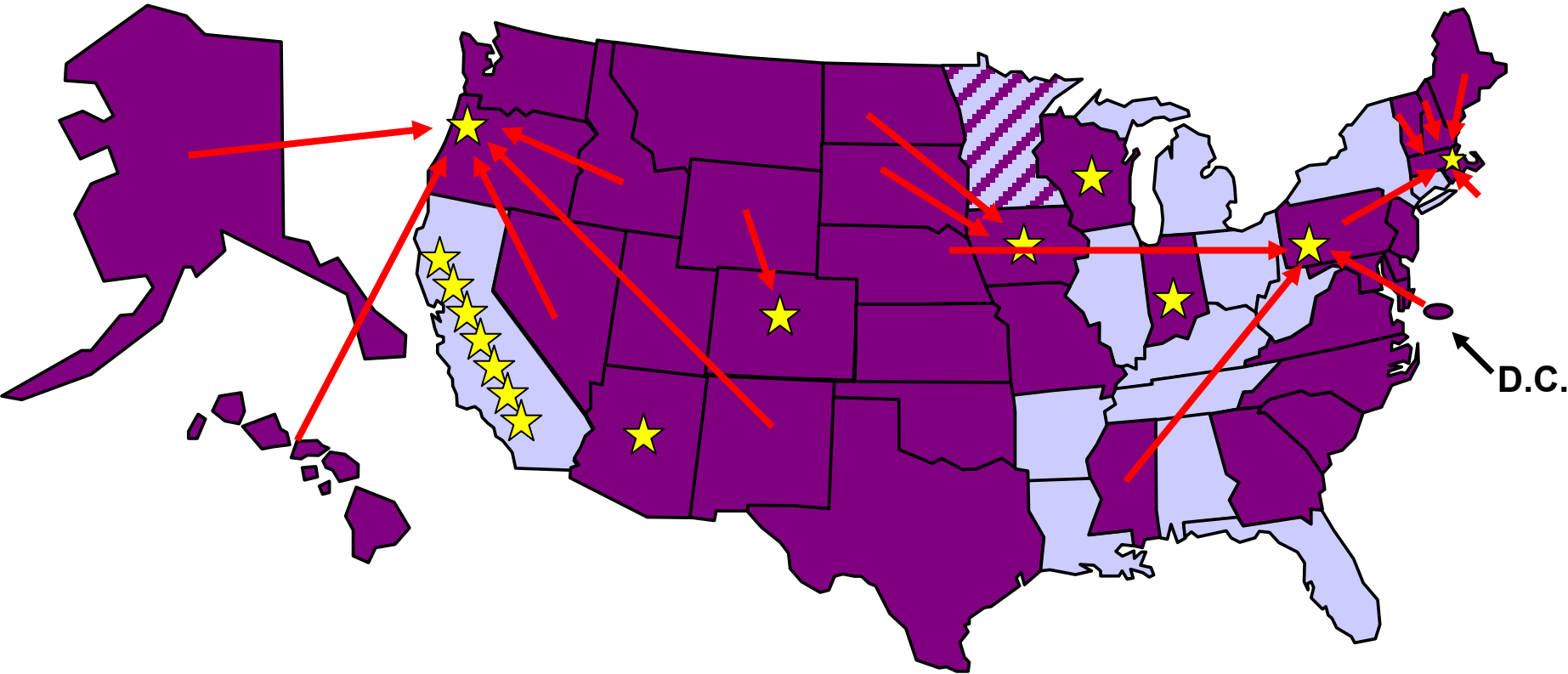




- AZ Public Health Lab
- OR Public Health Lab
- WI Public Health Lab
- IA Public Health Lab
- CO Public Health Lab
- U Mass Lab
- Allows Commercial Lab Competition
- 7 Contracted Labs
- 1 Pathology Lab
- 1 Med Ctr Lab
- 1 Commercial Screening Lab
- 2 Contracted Labs
- Share – Public Health/Med Ctr

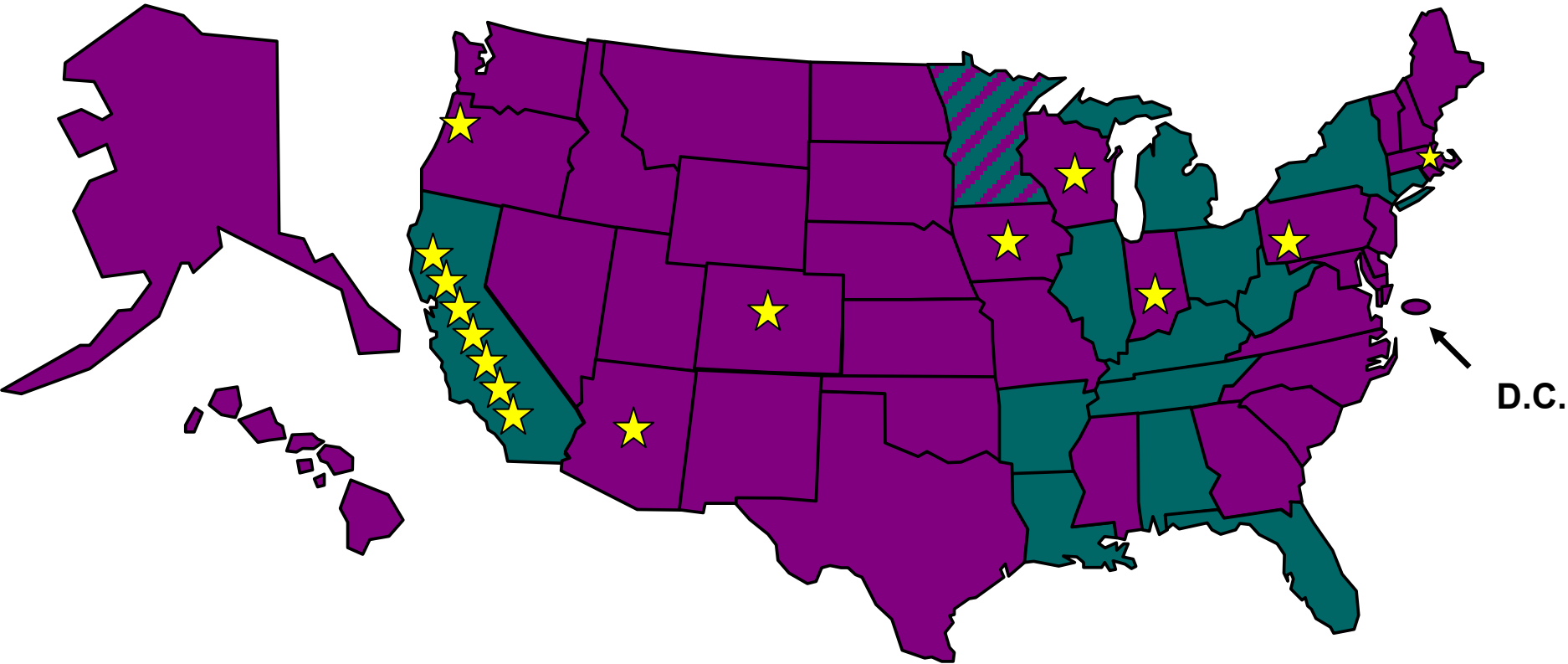
Laboratory Service Delivery Models 2010

States Using Contract Screening Laboratories and Public and/or Commercial/Non-profit



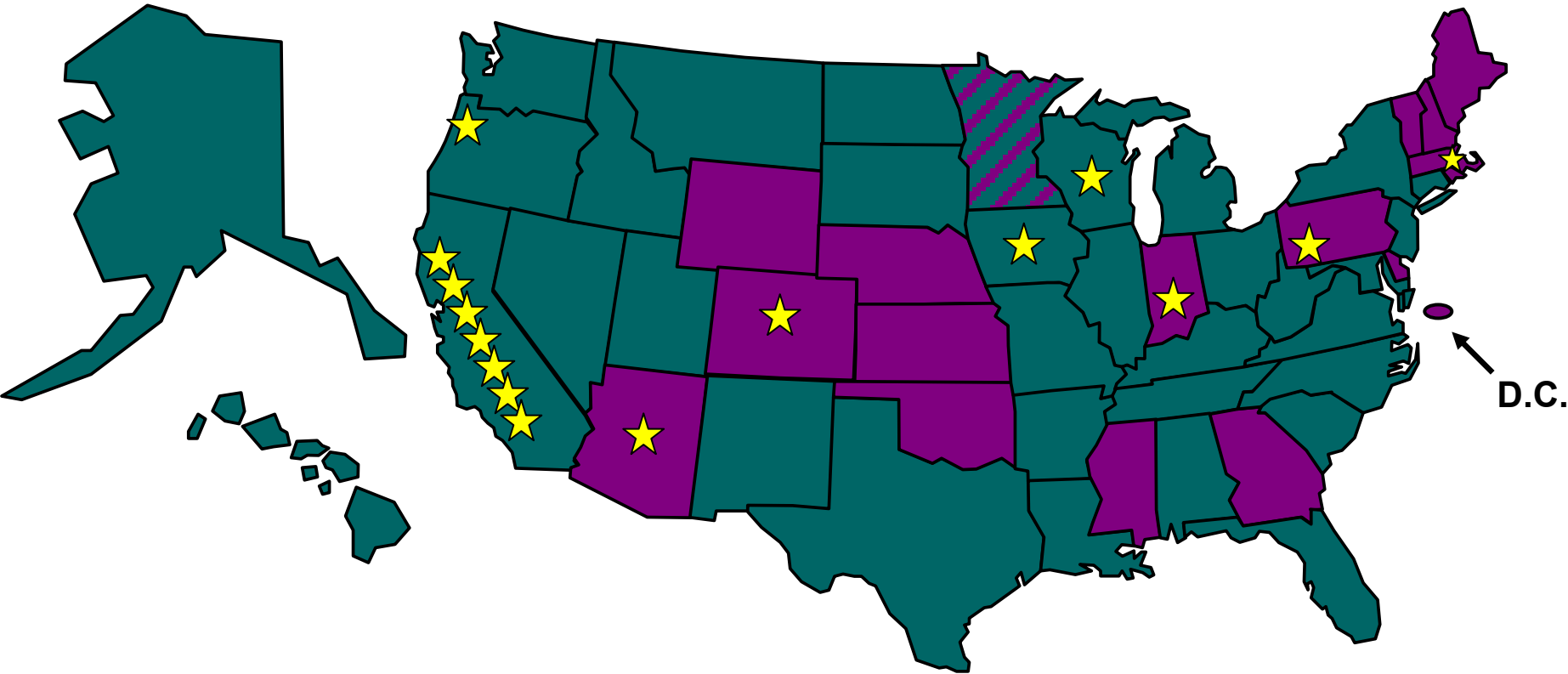
- IEF as Primary Screen
- ▨ IEF as Part of Primary Screen
- IEF not used as Part of Primary Screen

Laboratory Service Delivery Models 2010 Hemoglobinopathy Screening



- IEF as Primary Screen
- IEF and HPLC as Primary Screen
- HPLC as Primary Screen

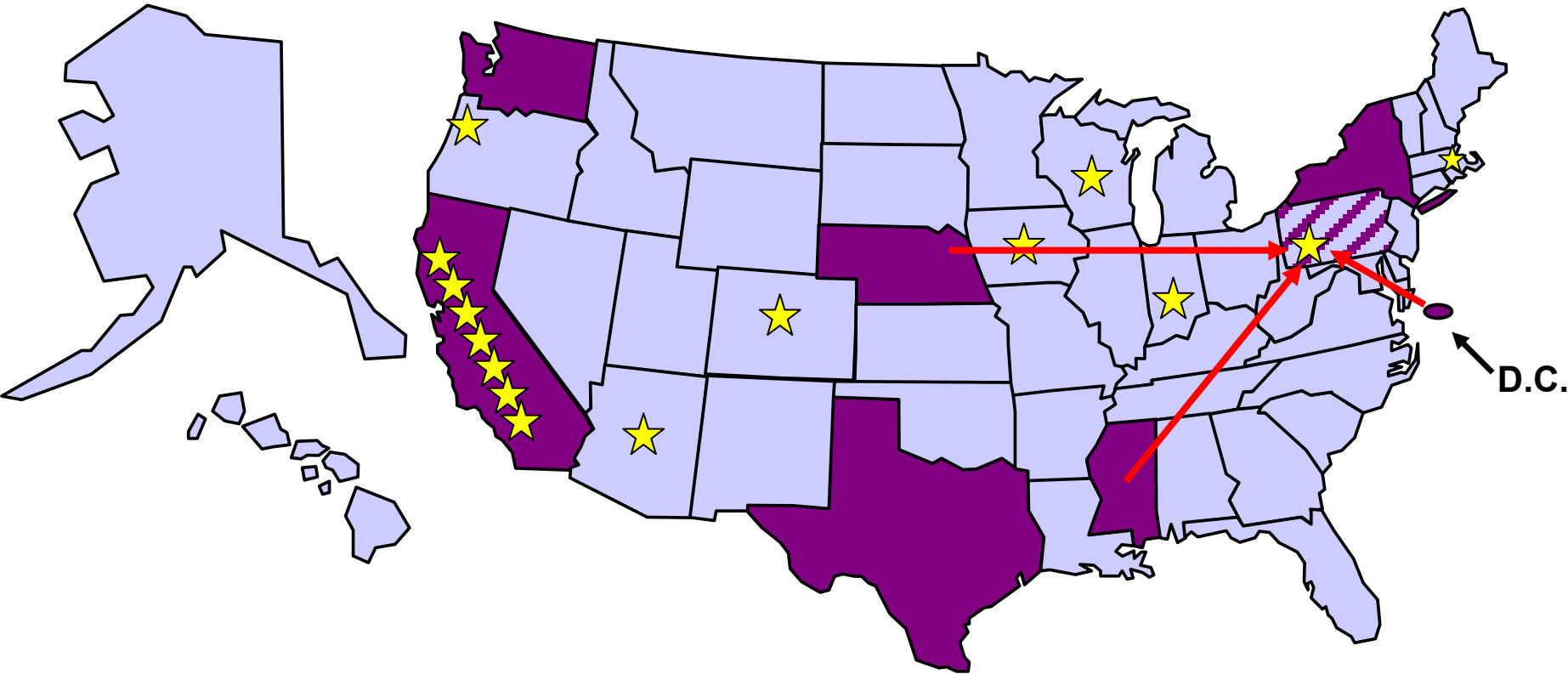
Laboratory Service Delivery Models 2010 Hemoglobinopathy Screening



- HPLC Not Available
- IEF and HPLC on All Newborns
- HPLC Available – First or Second Tier Screen

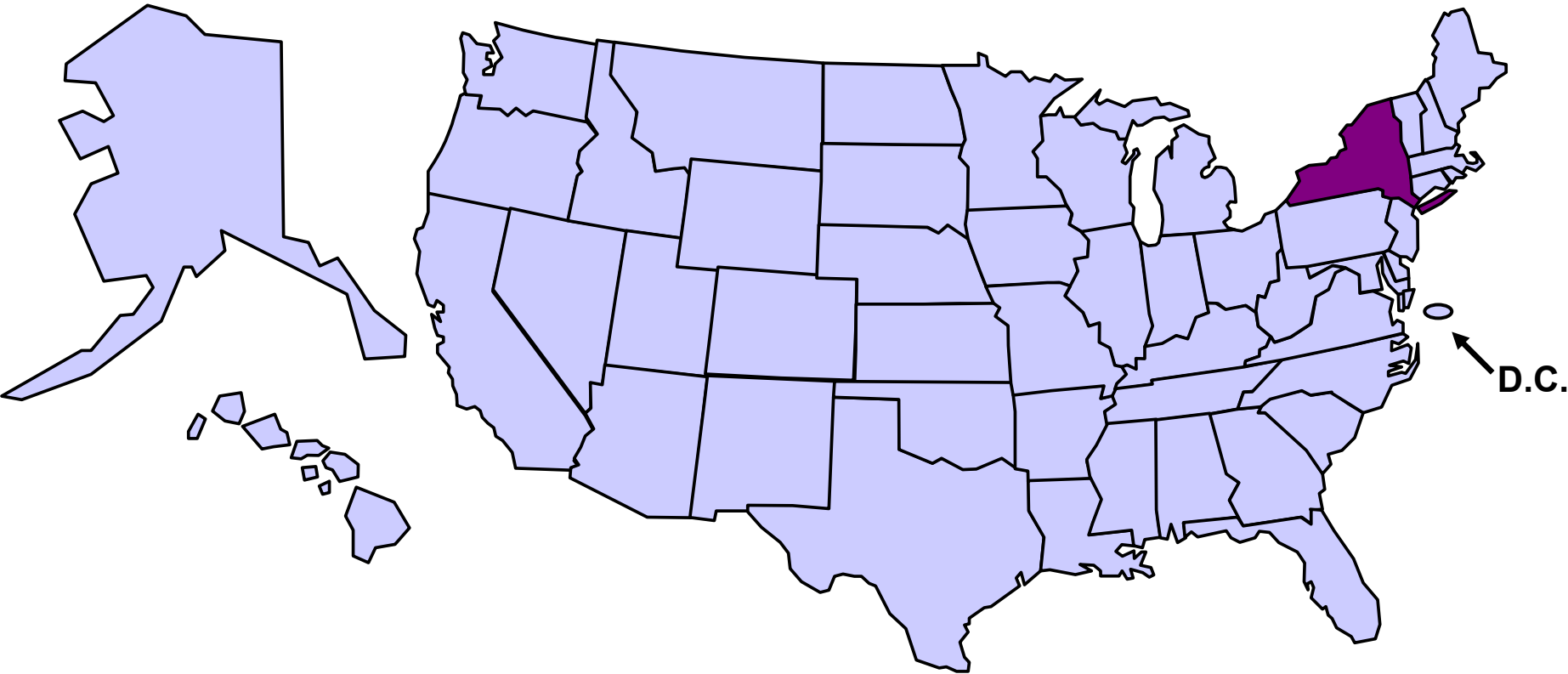
Laboratory Service Delivery Models 2010

Hemoglobinopathy Screening



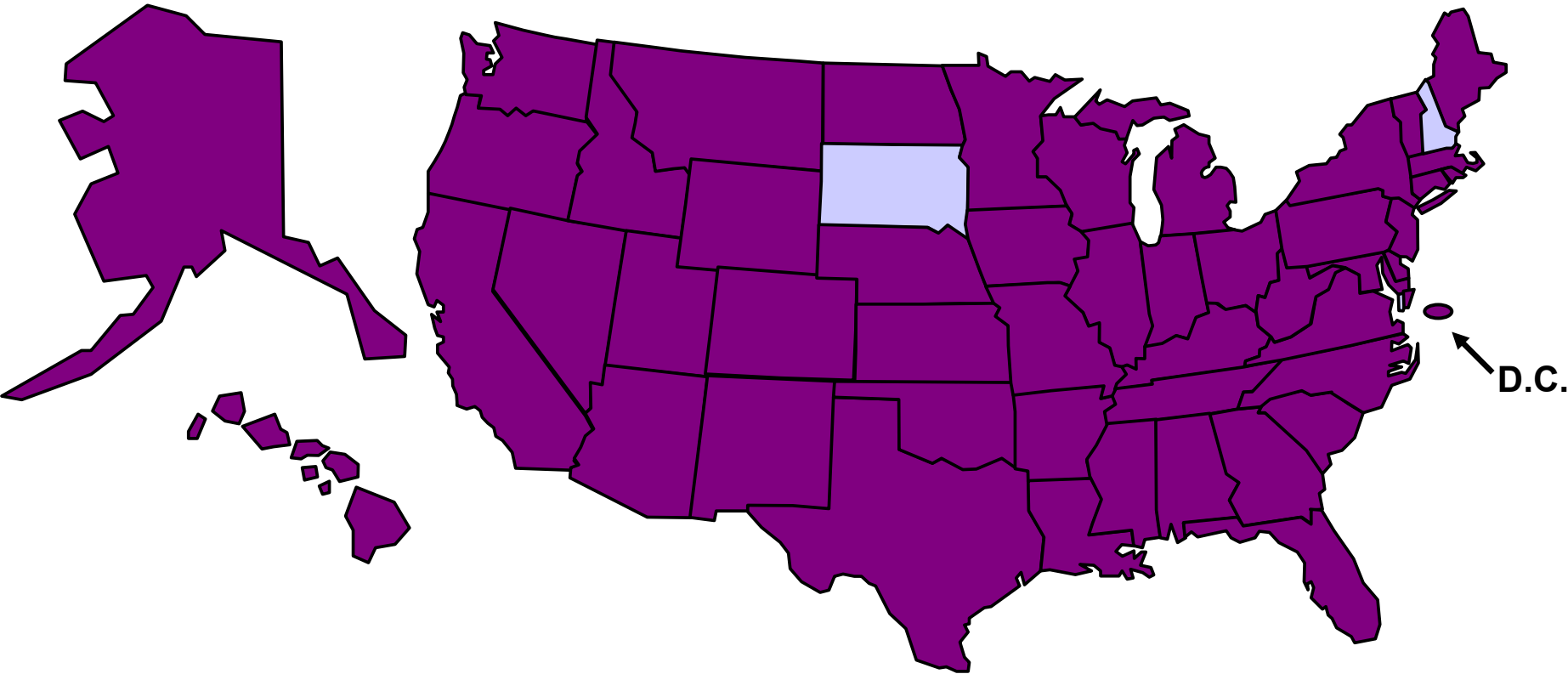
- DNA Available as Second Tier
- DNA Available to Some Infants as Second Tier
- DNA Not Commonly Used as Second Tier Screen

Laboratory Service Delivery Models 2010 Hemoglobinopathy Screening



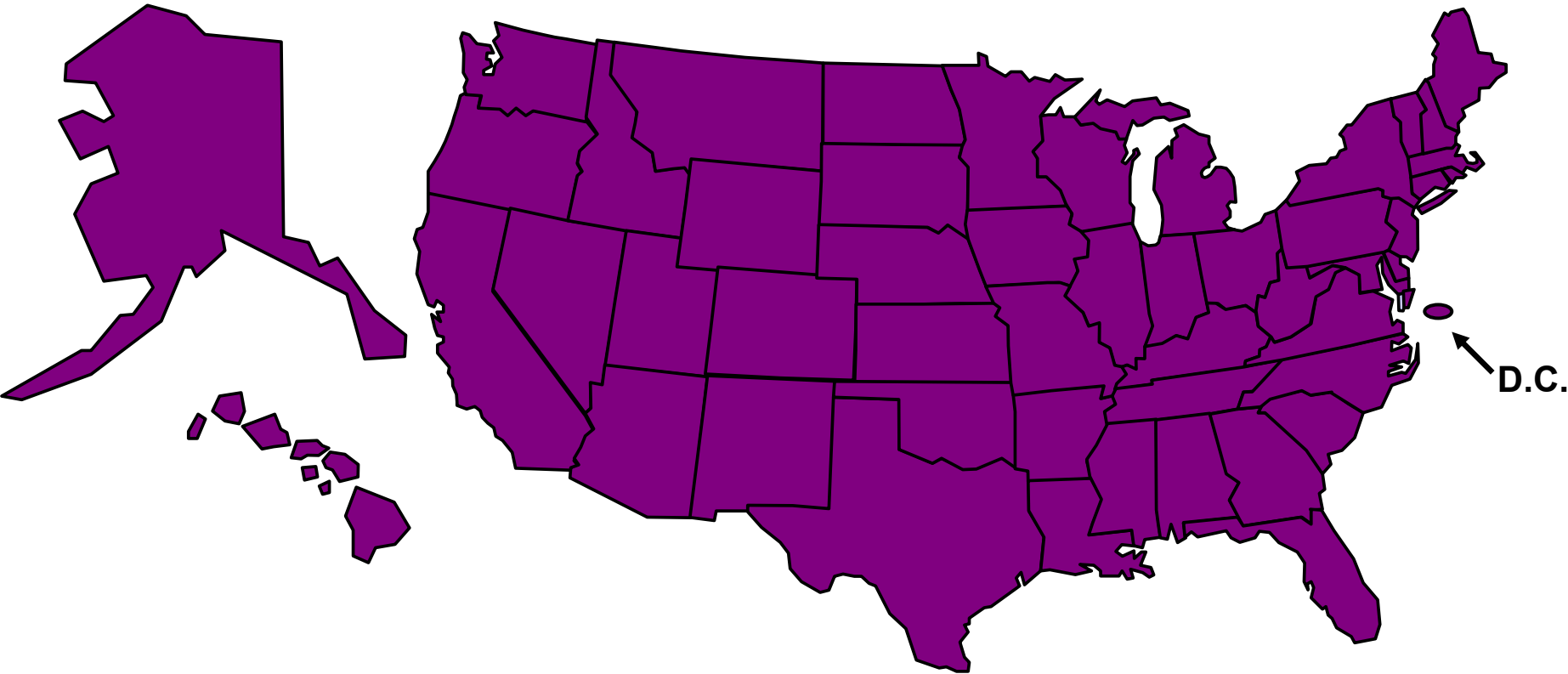
- Universal Newborn Hemoglobinopathy Screening Mandated
- Newborn Hemoglobinopathy Not Universally Mandated

U.S. History of Hemoglobinopathy Screening April 1, 1975



- Universal Newborn Hemoglobinopathy Screening Mandated
- Newborn Hemoglobinopathy Not Universally Mandated

U.S. History of Hemoglobinopathy Screening By January 1, 2005



- Universal Newborn Hemoglobinopathy Screening Mandated
- Newborn Hemoglobinopathy Not Universally Mandated

**U.S. History of
Hemoglobinopathy Screening
By May 1, 2006
All 51 Programs**

Issues and Answers Series
Hemoglobinopathy Newborn Screening

**Nomenclature
and
Hemoglobinopathy 101**

Kwaku Ohene-Frempong, M.D.

The Children's Hospital of Philadelphia
University of Pennsylvania

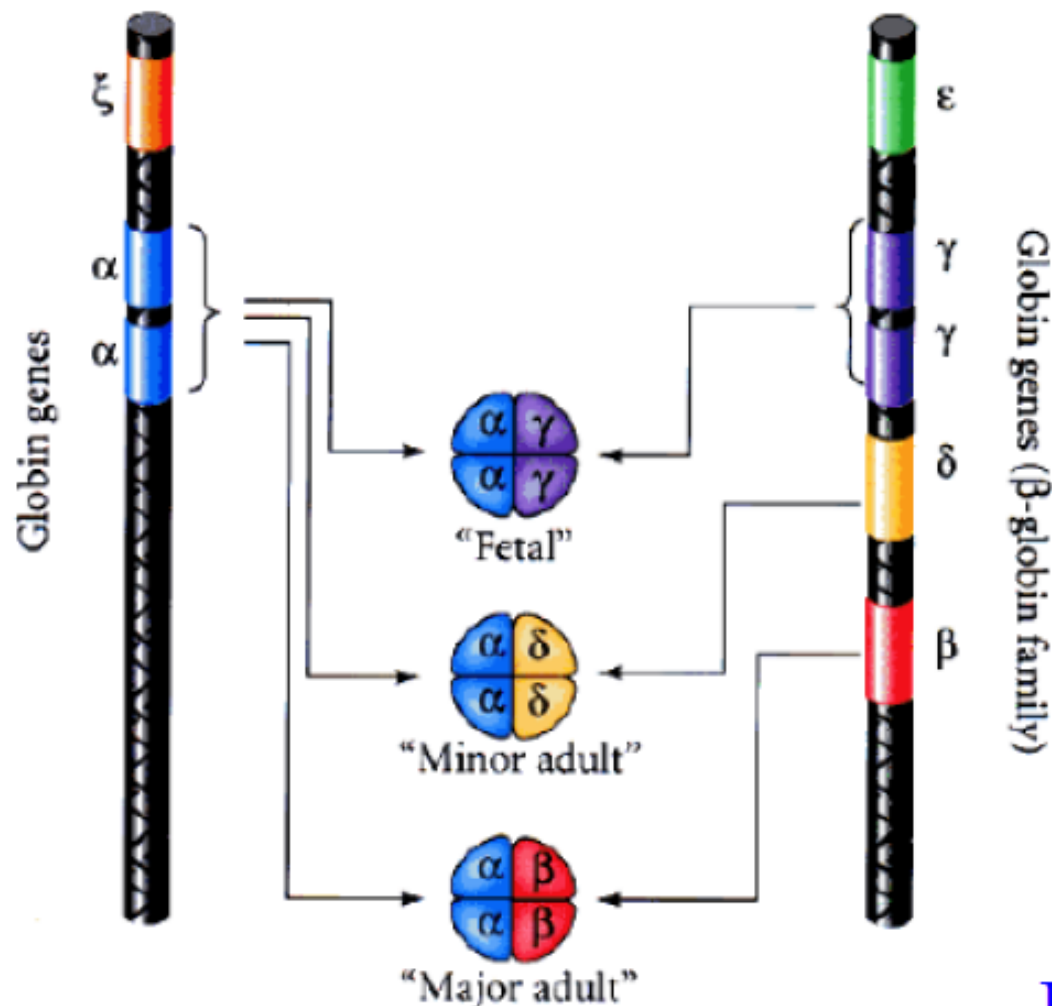
Genetics of Hemoglobinopathies

Human Hemoglobin Genes and Products

Chromosome 16

Globin proteins

Chromosome 11



Globin genes (β-globin family)

F:	$\alpha_2\gamma_2$	60-90%
A ₂ :	$\alpha_2\delta_2$	<1%
A:	$\alpha_2\beta_2$	10-40%

Hemoglobins at Birth

Nomenclature in SCD

Common Types of Sickle Cell Disease

Genotype	Common Term	Preferred Term	Preferred Acronym
β^S / β^S	Sickle cell anemia	Sickle cell disease SS	SCD-SS
	Hemoglobin SS disease		
β^S / β^C	Sickle cell hemoglobin C disease	Sickle cell disease SC	SCD-SC
	Hemoglobin SC disease		
β^S / β^0	Hemoglobin S beta-zero thalassemia	Sickle cell disease $S\beta^0$ thalassemia	SCD- $S\beta^0$ th
β^S / β^+	Hemoglobin S beta-plus thalassemia	Sickle cell disease $S\beta^+$ thalassemia	SCD- $S\beta^+$ th

Hemoglobinopathies Newborn Screening

Newborn with Hemoglobin Bart's

Hemoglobin St. Bartholomew's (Hb Bart's):

- Abnormal tetramer of gamma globin (γ_4) suggests excess gamma globin and by inference, deficiency of alpha globin (α thalassemia) to make Hb F ($\alpha_2\gamma_2$)
- Relative quantity of Hb Bart's reflects degree of alpha thalassemia

Reporting Hemoglobin Bart's

FA + Bart's

FX + Bart's

FYZ + Bart's



Sickle Cell Disease and Other Hemoglobinopathies

Proficiency Testing Program

Carla Cuthbert, PhD FACMG

Newborn Screening and Molecular Biology Branch
Centers for Disease Control and Prevention



Hemoglobinopathy PT program

- Hemoglobinopathy PT program has been in operation since 1991
- Current participants include 51 domestic and 26 international laboratories
- Extent of participant enrollment by NSQAP is limited by availability of materials



Results by Year (2000-2009)

Year	Total # Specimens	Percentage of Errors	
		Phenotype	Clinical Assessment
2000	1000	0.5	0.3
2001	920	0.4	0.4
2002	1020	0.1	0.1
2003	884	0.2	0.3
2004	1080	1.0	0.9
2005	1100	0.5	0.6
2006	1094	0.8	0.6
2007	1020	0.3	0.1
2008	786	0.0	0.0
2009*	1056	1.2	1.2

* 1st year single donor specimens used



Future Directions for Hb Program

- NSQAP is expanding our current program to increase the number and variety of specimens
- New partnerships are being developed to achieve expansion
- Expansion will allow us to serve those laboratories currently on the waiting list





Testing for Hemoglobinopathies in the Texas Newborn Screening Program

Rachel C. Lee and Chris Moore

Texas Department of State Health Services
Austin, Texas



Hemoglobinopathy Screening Procedures in Texas

- Isoelectric Focusing (IEF) to screen all specimens
 - ~800,000 specimen per year
 - ~2,700 specimens per day (6 days a week)
- Retest IEF for all abnormal specimens
 - ~100 specimens per day
- HPLC for certain abnormal specimens
 - ~10 specimens per day
- 2nd tier molecular testing
 - ~500 per year
- Identify an average of 35 clinically significant results per month

California Newborn Screening for Hemoglobinopathies

Shellye Lessing, MS, CGC

Genetic Disease Screening Program

California Department of Public Health

May 25, 2010

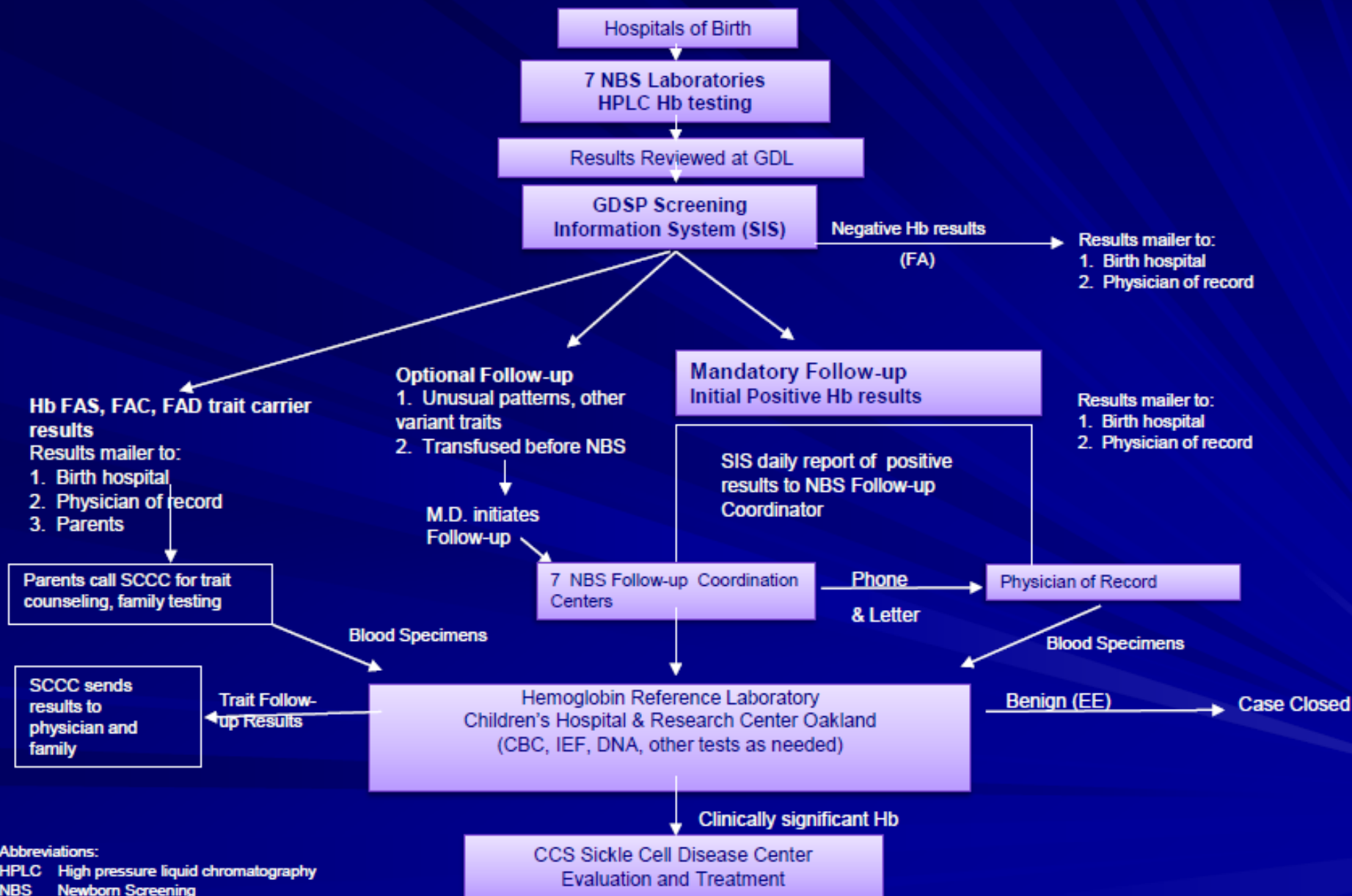


Newborn Screening Laboratory Methodology

- High pressure liquid chromatography (HPLC)
- Identifies hemoglobins F, A, S, D, C, E, Bart's, and 5 unknown Variants

CALIFORNIA NEWBORN SCREENING PROGRAM

Hemoglobinopathy Screening



Abbreviations:

- HPLC High pressure liquid chromatography
- NBS Newborn Screening
- GDSP Genetic Disease Screening Program
- SCCC Sickle Cell Counseling Center
- CCS California Childrens Services

Non-Targeted Hemoglobinopathies: Challenges and Considerations

Kathryn Hassell, M.D.

Professor of Medicine, Division of Hematology
Director, Colorado Sickle Cell Treatment and
Research Center

NBS Hemoglobinopathy Follow-Up Program,
Colorado and Wyoming



Harmonizing laboratory reporting Is It Possible?

Issues and Answers Series –
Hemoglobinopathy NBS
Children's Hospital Oakland
Research Institute
May 25, 2010

Roger B. Eaton, PhD, Director
New England Newborn Screening Program



The BIG ISSUE

Standardization vs. Idiosyncrasy

- **54089-8 Newborn Screening Panel, American Health Information Community (AHIC)**
 - HPLC : 79 codes
 - IEF : 79 codes
- **15 State NBS labs (*after grouping*): about 272 patterns**

Remaining Issues

- **LA12057-8** =
“Hb F, A, and other than C,D,E,S,O-Arab”
Similar for
FSV, FV, FACV, FADV, FAEV, FASV
FSV, FVB, FAVB, SV, V, AV
- **LA11982-8** = “Hb F, D”
Many labs acknowledge they can not
reliably distinguish D/G
- Have not discussed “Disorder List” today
- Have not addressed “method specificity” issue
- >20 labs not represented
- Hundreds of patterns still not covered ...



Introduction to Hb H-Disease Epidemiology and Natural History

Elliott Vichinsky, MD
Hematology/Oncology

May 25, 2010

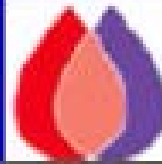


Hemoglobin H Disease Longitudinal Observations During Childhood

Ash Lal, M.D.
Hematology/Oncology
Nutrition & Metabolism Center



CHILDREN'S HOSPITAL
& RESEARCH CENTER OAKLAND



Northern California
Comprehensive Thalassemia Center

California Newborn Screening Program for Thalassemias

**APHL Hemoglobinopathy Lab Workshop
Children's Hospital Oakland
May 26, 2015**

**Fred Lorey, Ph.D
Genetic Disease Screening Program
CA Department of Public Health**





California Newborn Screening Program for Thalassemias: Confirmatory Testing and Follow-up

Issues and Answers Series
Hemoglobinopathy Newborn Screening
May 25, 2010

Carolyn Hoppe, MD
Hemoglobinopathy Reference Laboratory
Children's Hospital & Research Center Oakland



Report from Evidence Review

*Advisory Committee on Heritable Disorders in
Newborns and Children*

May 14, 2010

Alex R. Kemper, MD, MPH, MS

Department of Pediatrics, Duke University





Thank You!

<http://genes-r-us.uthscsa.edu>