

# APHL Newborn Screening Symposium 2024

October 20–24, 2024 • Omaha, NE



[www.aphl.org/nbs2024](http://www.aphl.org/nbs2024)

## General Information

1. The APHL 2024 Newborn Screening Symposium (NBSS) is an in-person event; speakers should plan to present in-person in Omaha, NE.
2. All presenters must register for the 2024 NBSS and assume responsibility for their own transportation, lodging and registration fees. See registration information on the Symposium website.
3. There is no limit on the number of abstracts that registrants may submit. However, authors must be in attendance for their presentations.
4. Accepted abstracts will be posted on the Symposium website. Editorial changes may be made to accepted abstracts at the discretion of the Planning Committee.
5. Membership in APHL is not required for presenting a paper at the Symposium.

## Contact Information

Questions regarding abstract submission may be directed to:

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## Symposium Registration

Full conference (early)	\$675
Full conference (late)	\$725
Student (current ID required)	\$200
Fellow	\$450
One Day	\$350

Registration will open in July 2024 and is to be completed online. All registration fees are payable in US dollars.

# Call for Abstracts

Submission Deadline:  
**April 26, 2024**

Abstract Decisions:  
**June 18, 2024**

## Abstract Submission

Abstracts submitted for the 2024 NBSS will be evaluated for acceptance by the Planning Committee. Please be sure to follow the format instructions carefully; failure to do so may result in rejection. Information in the abstract must not have been previously published in a copyrighted journal.

**Abstract submissions must be received no later than midnight PT April 26, 2024.** All submissions must be completed on the online abstract submission site which has detailed instructions:

▶ [ONLINE ABSTRACT SUBMISSION SITE](#) ◀

You will receive an email confirmation upon submission. All correspondence will be made with the person who submits the abstract.

## Presentation Formats

### Oral

A number of 10-15 minute oral presentations will be slotted for each 90 minute session. Specific length for each presentation will be determined during the review process. Concurrent Panels of related presentations may be suggested but individual abstracts must be submitted and will be judged separately as well as together. At the top of the abstract text box list "Concurrent Panel" along with the last names of the suggested co-panelists so appropriate abstracts can be paired.

### Poster

All posters will be physical and virtual. Freestanding horizontal boards will be provided for presenting in-person posters. Poster presentation surface area is 4'h x 8'w (120cm h x 240cm w). Virtual posters will consist of a visual poster .pdf file which shows your work. It should look like the typical physical poster. You may include a short audio file which will play over your poster.

### Roundtable

Informal discussion of a single topic with up to 50 people. Roundtables will last 60 minutes. Only four will be scheduled.

*Note: Presenters should indicate their preference for presentation. The Planning Committee will make the final decision on presentation format based on quality of abstract and the needs of the Symposium.*

### Poster Award

To encourage excellence in poster presentation, a Best Poster Award for the 2024 NBSS will be selected by the Planning Committee. Certificates will be announced during the Symposium awards ceremony.

A certificate will be awarded to the top three posters. Posters will be judged equally on the following criteria:

1. Importance and Relevancy
2. Broad Interest of the Topic
3. Educational Value
4. Design and Layout

[Selection Criteria and Guidance](#) ▶▶▶

## Selection Criteria and Guidance

Abstracts must accurately and briefly describe:

1. the problem studied and/or objectives;
2. methodology;
3. significant results and findings (include quantitative and qualitative analyses when applicable)
4. conclusions and/or implications and next steps

### RUSP Conditions

- Point-of-care
- Improved testing methods or follow-up
- Reporting on secondary conditions
- 1st and 2nd tier testing methods
- New methodologies and therapies
- Counting conditions and counting cases
- Pre-RUSP Conditions

### Conditions Under Consideration for Addition to or Removal from National and State Panels

- Lysosomal disorders
- Metabolic disorders
- Secondary conditions
- Congenital infectious diseases (e.g., HIV, CMV)
- Non-RUSP conditions (e.g., rare conditions, new therapies)
- Adoption and use of second-tier testing (when appropriate, intersection of newborn screening and diagnosis)
- Testing/follow up algorithms
- Validation lessons learned
- Carrier status

### System Issues, Updates and Initiatives

- Pre-analytical aspects (e.g., data entry, device ordering/send-out, sample quality, parental refusals)
- Post-analytical aspects (e.g., lab reporting mechanisms)
- Transportation issues (e.g., specimen stability during transportation, timeliness benchmarks)
- Process for handling transfusions
- Screening of special populations (e.g., sick, low-birth weight, pre-term or older babies, out-of-hospital births)
- COOP (e.g., security contingency planning, COVID-19)
- Diagnostic testing
- NBS operating structure (e.g., centralized vs non-centralized, 1 sample vs 2 samples)
- Global, regional and national initiatives, emerging programs
- Updates on global NBS programs in low-and-middle-income countries

### Quality Improvement, Quality Control and Quality Assurance Activities

- Process improvements (e.g., using population health to improve NBS)
- Preventing quality failures (Quality Assurance) (e.g., validation, cutoff evaluation, SOP revision in lab and follow up)
- Error detection in product (Quality Control) (e.g., markers used to indicate process error, error message programmed during follow-up process)

### Financial, Legal, Ethical, Policy and Social Implications (FLEPSI)

- Legislative processes
- Drug access and policies
- Storage and use of residual bloodspots
- Consent and privacy issues
- Program coverage for confirmatory testing and family testing

### Training/Education/Communication and Public/Community Engagement/Experiences in Newborn Screening

- Training for providers, legislators, families and the public
- Resources/materials
- Unforeseen adverse impacts of screening (how these may be mitigated or avoided)
- Biobanking, data repositories (e.g., set up, maintenance, management, responsible use, governance)

### Health Information Technology

- ETOR, HL7, birth partner messaging
- Connections with vital records or birth defects
- Interoperability
- LIMS/Case management systems
- Funding laws and rules
- Refusals

### Data Analytics and Bioinformatics

- How to improve the predictive power and risk assessment determinations in NBS
- Artificial intelligence and machine learning technologies
- Data Dashboards
- Model for profile interpretation (ED3N, CLIR, etc.)

### Molecular Technology

- Methods and utility (e.g., NextGen Sequencing, proteomics, metabolomics, genomics methods)
- In-house developed laboratory methods
- Genomics as a first line test in NBS

### Short-term and Long-term Follow-up

- Engagement with providers, specialists, and/or families
- Methods and tools for short-term follow-up
- Methods and tools for long-term follow-up
- Late-onset conditions
- Reporting carrier results (hemoglobin's, etc.)
- The role of long-term outcome studies to assess the impact and efficacy of NBS

### Genetic Counseling

- X-linked disorders
- Use of whole exome/genome in NBS
- Utilization of Genetics Counselors in NBS programs
- Interpretation of rare variants
- Newborn carrier status identified by newborn screening
- Genomics updates
- Traits
- Case studies

### Workforce Issues

- Staff development (e.g., morale)
- Shortages, retention, succession planning
- Remote working
- Fellows/students

### Health Equity in the US and globally

- Access to treatment (e.g., telehealth services)
- Therapies and genetic testing
- Inclusive terminology
- Transformations in genetics testing

Submissions of an educational and/or non-technical matter will also be considered.

1. Studies must be based on accepted scientific practices.
2. The body of work should not have been previously presented or intended for presentation at another scientific meeting. Papers should not appear in print prior to the 2024 NBSS.
3. Results should be summarized. Do not use tables or graphs in the abstract submission.