

SHORT AND LONG OF NEWBORN SCREENING

The New England Experience in Follow-Up for Out-of-Range Markers for Glutaric Aciduria-II

Inderneel Sahai, MD

New England Newborn Screening Program

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Glutaric Aciduria- Type II

- Multiple Acyl-CoA Dehydrogenase Deficiency (MADD)
- Electron transfer flavoprotein enzymes (ETF_A, ETF_B, or ETF_{DH}).
- Long , Medium & Short-Chain Acyl-CoA, Isovaleryl CoA and Glutaryl CoA dehydrogenases

Clinical Presentation: GA-II

Severe / Neonatal

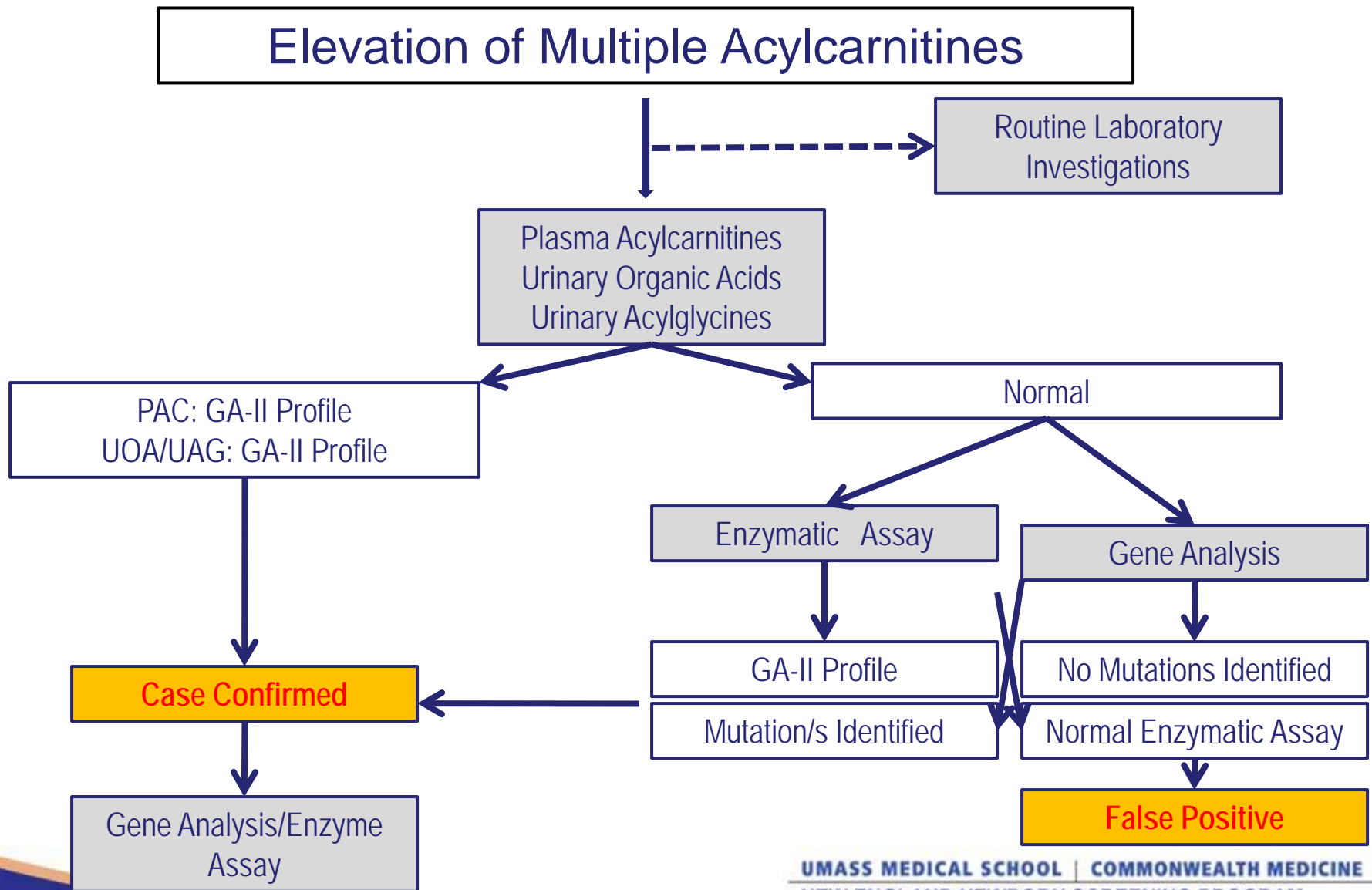
- Congenital Anomalies
- Hypotonia
- Hepatomegaly
- Sweaty Feet Odor
- Metabolic Acidosis
- Hypoglycemia
- Liver Dysfunction
- Death

Mild / Late

- Myopathy
- Exercise Induced Muscle Pain
- Metabolic Crises

Individuals with disorder are most susceptible during periods of increased metabolic requirements (illness) and decreased glucose intake (fasting, vomiting)

FOLLOW-UP ALGORITHM



Optional

GA-II Profile on Newborn Screening

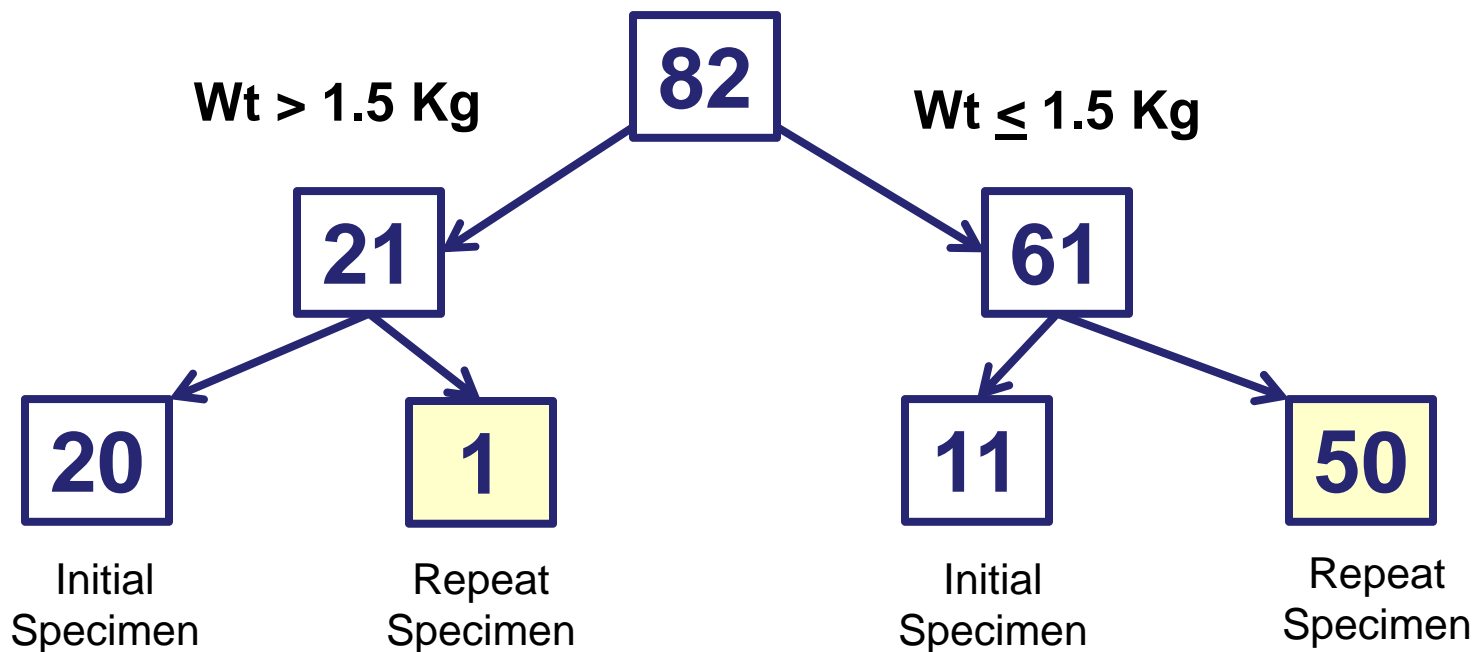
- Elevation of Multiple Acylcarnitines (≥ 2)
 - C4
 - C5
 - C8
 - C5DC
 - C12, C14, C14:1
- Profile not consistent with another Fatty Acid Oxidation Defect.
 - MCAD: C8 & C5DC
 - VLCAD: C12, C14, C14:1 (C14:1 >C14)

Neonates with Elevations of Multiple Acylcarnitines

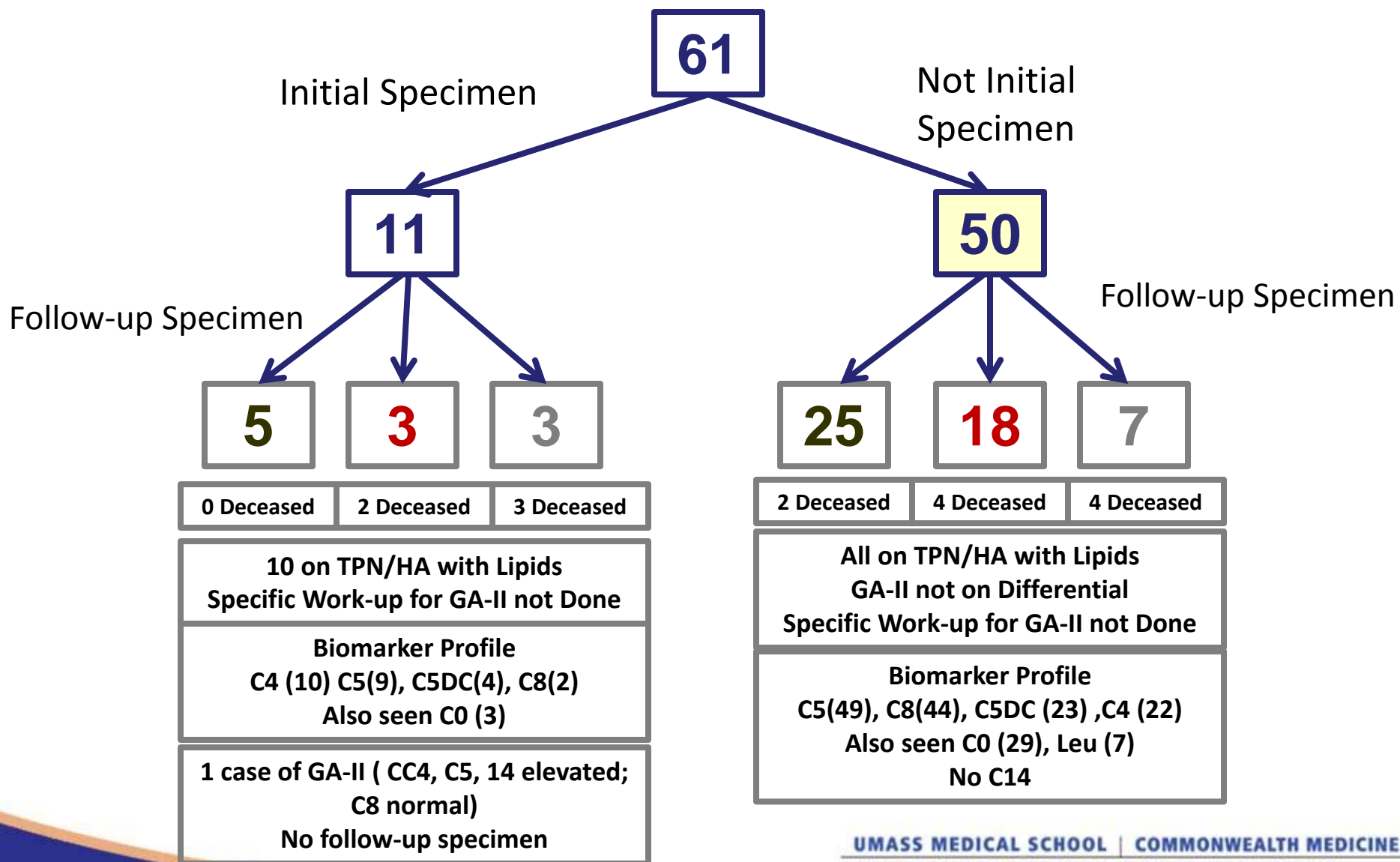
(in screening specimens collected within 30 days of life)

February 1999-Dec 2012 (MA, ME, NH, RI, VT)

1.5 Million Neonates

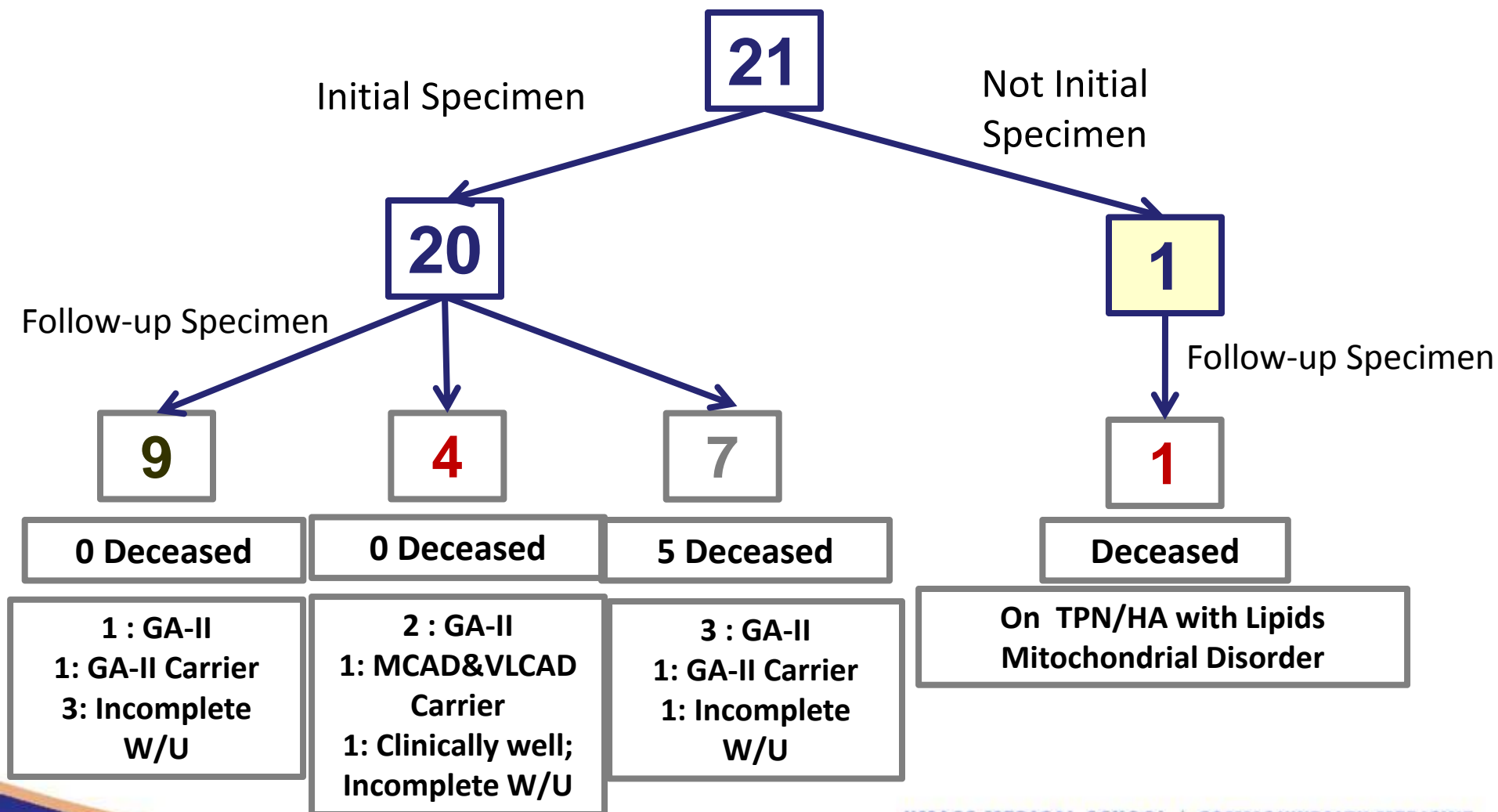


Very Low Birth Weight (< 1.5 Kgs) Neonates with Elevations of Multiple Acylcarnitines



Neonates (> 1.5 Kgs) with Elevations of Multiple Acylcarnitines

(in screening specimens collected within 30 days of life)



Multiple Acylcarnitine Profiles (Neonates > 1.5 Kgs ; Initial Specimen OOR)

	C0	C2	C3	C4	C5	C5OH	C8	C5DC	C14:1	C14	C16										
5.1	-4.4	3.0	-6.0	0.1	-7.3	4.6	7.7	5.3	10.7	0.0	-3.0	0.1	1.3	0.9	7.7	0.2	1.0	0.8	3.8	11.8	3.9
8.7	-2.8	0.4	-4.0	2.6	6.0	6.9	11.5	0.1	-2.3	0.4	5.8	0.2	3.8	1.3	5.6	4.0	9.0	10.3	3.6
7.8	-3.1	4.6	-4.7	0.1	-8.1	3.3	6.7	6.7	11.4	0.0	-3.9	0.2	2.1	0.5	6.2	0.4	2.3	1.5	5.9	8.6	3.0
5.2	-4.3	3.1	-5.9	0.1	-8.9	3.2	6.6	3.3	9.3	0.0	-3.9	0.2	2.7	0.6	6.7	0.5	3.0	2.0	6.8	6.9	2.4
17.9	-0.7	28.9	0.7	2.1	0.6	0.9	2.9	0.3	1.9	0.1	0.5	0.6	7.1	0.2	3.7	2.5	7.3	2.3	7.2	5.7	1.8
37.8	1.5	37.0	1.5	2.2	0.6	13.3	10.7	2.3	8.1	0.1	0.7	3.5	13.3	0.4	6.0	3.3	7.9	5.5	10.1	13.3	4.3
52.0	2.4	2.1	0.5	3.1	6.5	0.9	5.2	0.1	0.2	1.6	10.4	0.3	4.8	4.8	8.9	6.6	10.7	13.3	4.3
23.4	0.1	30.0	0.9	2.2	0.7	1.0	3.4	0.4	2.3	0.1	0.2	0.3	5.0	0.2	4.5	0.9	4.7	0.8	3.7	5.7	1.8
21.5	-0.2	39.6	1.7	1.5	-0.4	0.4	0.5	0.1	-0.5	0.1	0.0	0.3	4.3	0.1	2.4	0.7	3.8	1.0	4.7	6.8	2.3
25.6	2.9	21.5	-0.1	2.2	0.7	2.5	5.9	2.8	8.7	0.1	0.7	1.6	10.5	0.3	5.3	1.4	5.7	2.2	7.2	6.0	2.0
41.5	1.7	32.9	1.1	2.4	0.9	1.4	4.3	0.4	2.8	0.2	1.3	1.9	11.1	0.3	4.9	1.5	5.9	1.6	6.1	5.9	1.9
25.0	0.3	38.0	1.6	2.6	1.1	1.2	3.7	0.4	2.7	0.1	0.0	0.4	5.9	0.2	4.2	1.1	5.2	0.9	4.3	6.7	2.3
24.8	0.4	33.7	1.2	1.5	-0.4	0.4	0.7	0.3	1.3	0.1	-0.3	0.6	6.9	0.1	2.8	1.0	4.8	0.6	3.0	4.8	1.3
61.6	2.9	59.9	2.9	10.1	4.7	2.5	5.9	0.6	4.1	0.3	2.6	0.1	1.3	0.1	1.1	0.4	2.3	0.8	3.9	11.0	3.7
25.5	0.3	25.3	0.3	4.7	2.7	2.0	5.2	0.9	5.3	0.2	0.9	0.9	8.3	0.4	5.5	0.7	4.1	0.8	3.7	5.0	1.4
100.0	4.3	51.6	2.5	9.9	4.7	2.4	5.8	3.2	9.2	0.4	3.7	0.3	4.8	0.1	1.5	0.2	0.2	0.2	-1.1	2.1	-1.1
48.0	2.2	44.0	2.0	2.2	0.7	0.7	2.5	1.3	6.4	0.2	1.8	0.6	7.0	0.2	4.5	0.3	2.0	0.3	1.1	2.6	-0.5
126.0	5.0	116.9	4.9	17.7	6.2	2.1	5.5	1.7	7.2	0.4	3.6	0.3	4.3	0.1	1.1	0.5	3.0	1.0	4.7	12.7	4.2
26.5	-4.3	38.4	1.6	2.2	0.6	0.8	2.6	0.3	2.0	0.2	1.4	0.4	5.6	0.3	5.2	0.9	4.5	1.2	5.1	8.5	3.0
48.2	2.2	58.8	2.9	14.3	85.6	1.9	5.2	1.2	6.2	0.2	2.3	0.1	1.8	0.1	1.1	0.3	2.0	0.4	1.8	5.2	1.6
48.0	2.2	63.7	3.1	4.5	2.6	0.6	1.9	0.4	2.3	0.2	1.8	0.8	8.0	0.3	5.0	0.9	4.5	1.2	5.2	7.9	2.8

(Neonates > 1.5 Kgs; Initial Specimen OOR)

Outcome	Repeat Screen	[C4xC5xC8xC14]/ [C0xC3]	Z Score
GA-II	...	4.051	15.62
GA-II	...	9.291	16.71
GA-II	...	8.062	16.52
GA-II	...	12.132	17.06
GA-II	Abnormal	0.010	7.72
GA-II	Abnormal	7.209	16.38
GA-II	Normal	0.260	12.03
GA-II Carrier	...	0.002	5.51
GA-II Carrier	Normal	0.000	3.77
Incomplete Work-W/U	Normal	0.429	12.69
Incomplete Work-W/U	Normal	0.018	8.51
Incomplete Work-W/U	Normal	0.003	6.11
Incomplete Work-W/U	Normal	0.001	4.68
Incomplete Work-W/U	Normal	0.000	2.94
Incomplete Work-W/U	Normal	0.010	7.76
FP	...	0.000	3.63
FP	...	0.002	5.54
FP	...	0.000	3.76
FP	Normal	0.002	5.69
FP	Normal	0.000	2.65
MCAD & VLCAD Carrier	Abnormal	0.001	4.70

Glutaric Aciduria- II Confirmed Cases

4/7 Deceased

- Prenatal Findings:
IUGR, Oligohydramnios (1/4)
- Congenital Anomalies (3/4)
Renal cysts (2/3), Cystic lesions in brain (1/3)
Cleft palate (1/3)
- Initial Clinical Presentation (Birth-DOL 2)
Hypotonia (3/4), Respiratory Distress at Birth (1/4)
Change in Mental Status / Seizures (2/4)
Cardiac Arrest (1/4)

Glutaric Aciduria- II Confirmed Cases

- **Laboratory Findings:**
 - Hypoglycemia, Acidosis (4/4)
 - Hyperammonemia (1/4)
- **Diagnostic Testing:**
 - GA-II Profile on UOA, PAG and PAC(4/4)
 - Enzymatic assay (Performed on 1)
 - DNA Studies (Performed on 1)
- **Deceased: On DOL 3 (3/4), DOL 7 (1/4)**

Case 5

- Clinically Asymptomatic
- NBS DOL 2: Screen positive for GA-II
- Repeat Screen DOL 7: Markers in range.
- Diagnostic testing (In 1st month):

UOA: EMA only

UAG: Hexanoyl & Butryl.

Enzymatic activity: Mild increase in C4 (SCAD)

? SCAD

Case 5: Clinical Course

- 7 months (GI Illness)
Lost babbling, Hypotonia, Hypoglycemia
- 1 year: Food aversion
Hypoglycemic Episodes, G-Tube
- 1-1/2 Year (During Illness)
Biochemical studies c/w GA-II
DNA & Repeat Enzymatic Studies: GA-II
- Current (Age 11 years):
Height & Weight 50th%ile; Cognitively intact
G-Tube feeding at night, Mild hypotonia,
Difficulty with sustained activities

Case 6

- **DOL 2:** Pale, Tachypnea. Anemia (h/o intrauterine bleed), Mild hypoglycemia that resolved with IV dextrose.
- **NBS DOL 2:** Screen positive for GA-II (as was repeat screen)
- **Diagnostic Testing:** GA-II Confirmed
- **Current (Age 5 years)**
Mild hypotonia. Cognitively intact.
G-Tube feeding at night
Metabolic decompensations when ill.
Persistent elevations of LFT's

Case 7

- NBS DOL 3: Screen positive for GA-II
- Evaluated in ER: Asymptomatic, but glucose 30 mg/dl. LFT's slightly high.
- Diagnostic Testing:
Urine: C/W GA-II, PAC: ? VLCAD
DNA: 1110C>G / 250G>A in ETFDH gene
Enzyme Test: Pending

Conclusions

- Severe form not likely to benefit from Screening
- Mild forms may have normal repeat screens or atypical biochemical profiles
- Enzymatic/Molecular studies should be completed; even if initial biochemical tests are normal, especially in neonates with a positive screen on initial specimen when not on TPN/lipids .
- C14 (& other long chain acylcarnitine species) are typically not seen as part of multiple acylcarnitine elevations due to TPN/lipids

Contributors

State Screening Program

New England Newborn Screening Program

Joyce Bailey, MS, RNC
Anne M Comeau, PhD
Roger B Eaton, PhD
Inderneel Sahai, MD
Thomas Zytковicz, PhD

Maine:

Ellie Mulcahy, RNC

New Hampshire:

Marcia Lavochkin, RN,BSN

Rhode Island:

Christelle Larose, MPH

Vermont:

Cynthia Ingham, RN, BSN

Metabolic Specialists/Centers

Children's Hospital Boston

Philip James, MD

Harvey Levy, MD

Massachusetts General Hospital

Inderneel Sahai, MD

Tufts Medical Center

Cheryl Garganta, MD, PhD

University of Massachusetts

Memorial Medical Center

Madelena Martin, MD

Hasbro Children's Hospital

Chanika Phorphutkul, MD