

The Feasibility of Improving Positive Predictive Values of MCAD Deficiency Screening by Using Additional Acylcarnitine Markers

Jacob Voudren

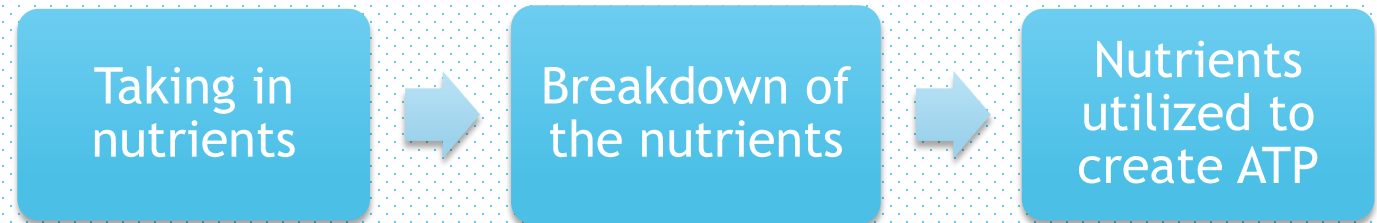
Introduction

❑ Metabolism

- ❑ Series of chemical changes that result in creation of ATP (1)

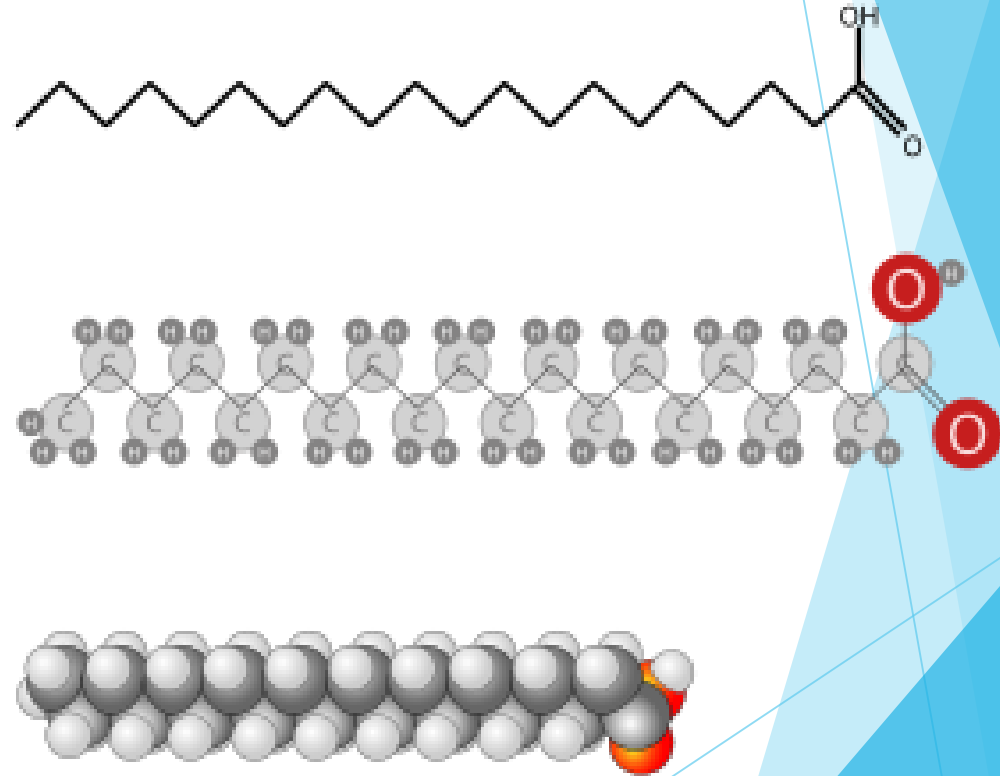
- ❑ ATP essential for (1)

- ❑ Signal Transduction
 - ❑ Metabolism
 - ❑ Basic biochemical functions within cells



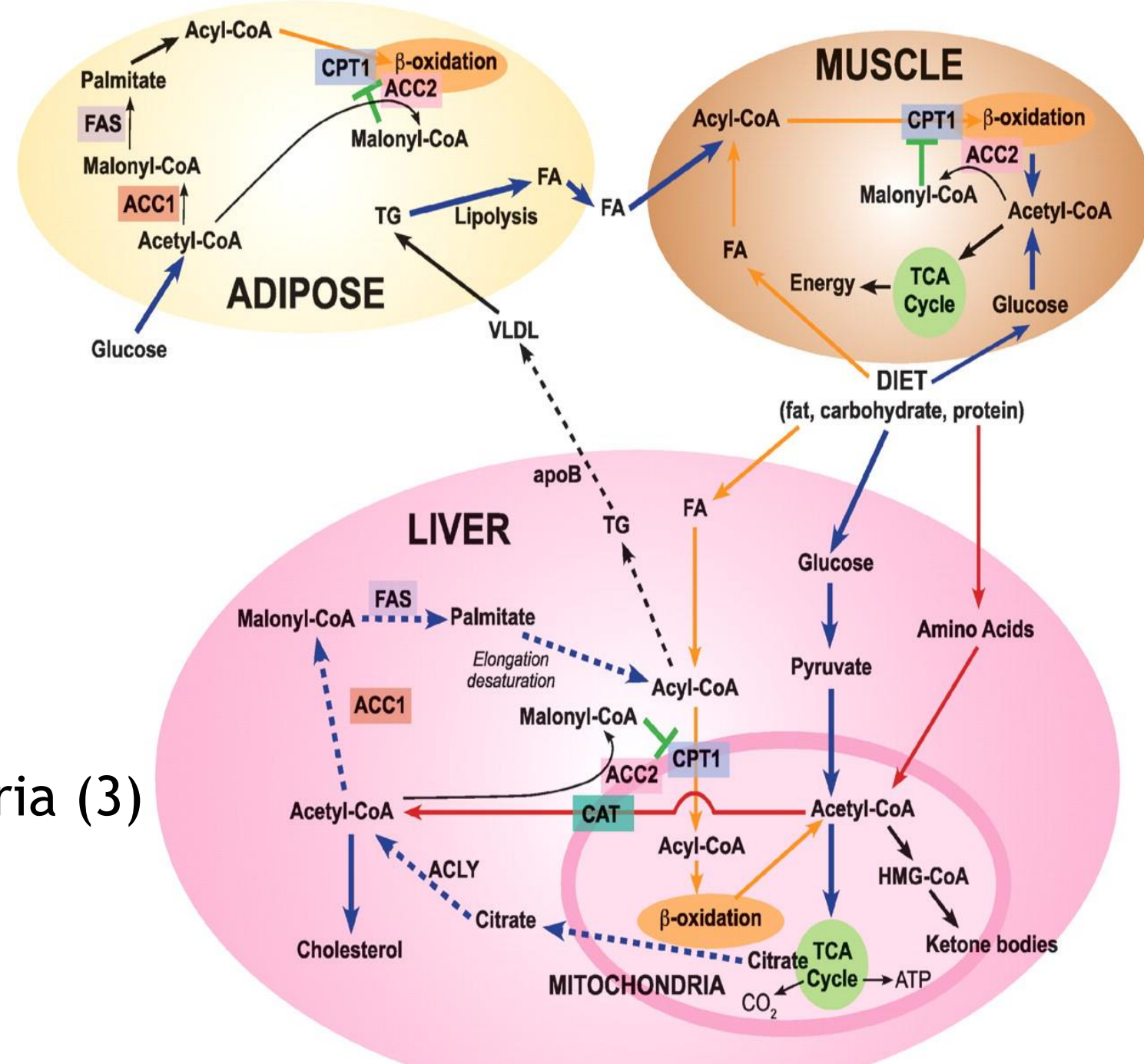
Introduction

- Fatty Acids: most basic fat in the body(1)
- Supports:
 - Brain Function & Growth
- Controls:
 - Inflammation by providing the building blocks to create prostaglandins(1)



Introduction

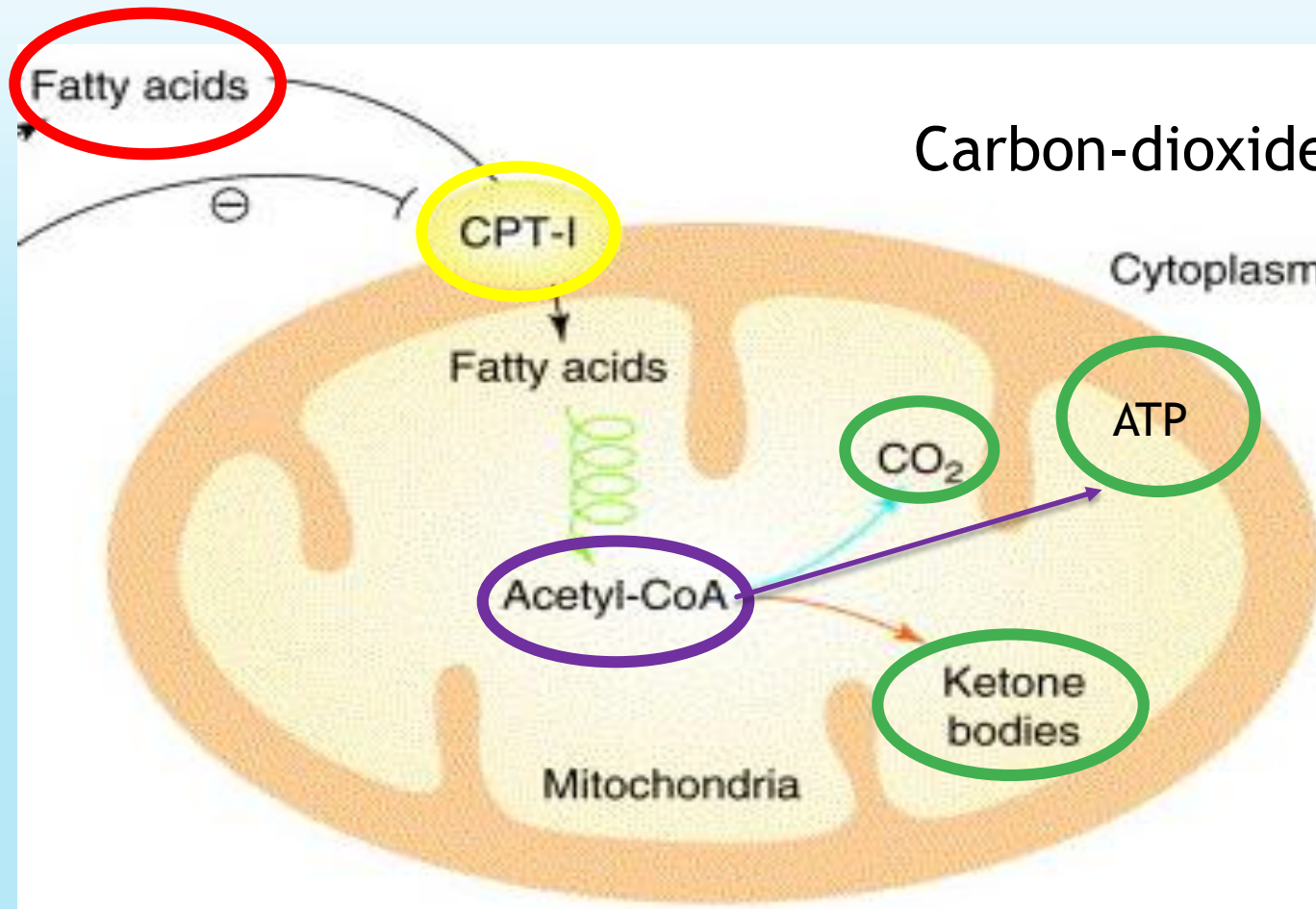
- ❑ Metabolism of Fatty Acids (3)
 - ❑ Energy
 - ❑ Synthesizes new lipids
- ❑ Broken down in mitochondria (3)



Fatty Acid Oxidation

CPT-1 bring fatty-acids into mitochondria (3)

Enzyme Acetyl-CoA metabolizes fatty-acids (3)



Carbon-dioxide: expelled

ATP: provides energy to heart and muscles

Ketones: used as energy sources when glucose is unavailable

Introduction

❑ Fatty Acid Oxidation Disorders (FOD)

▶ Inherited metabolic disorders

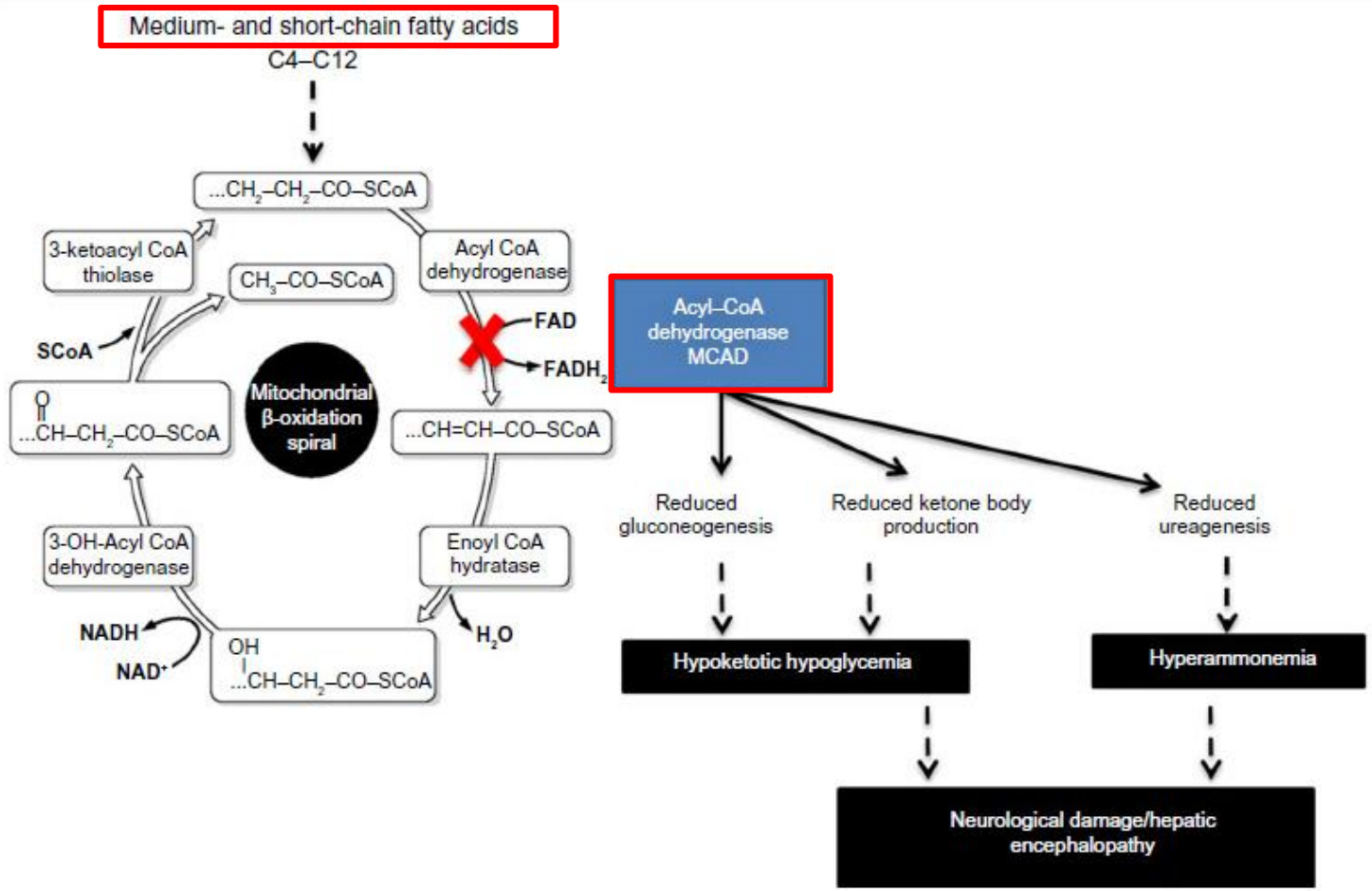
- ❑ Short Chain Acetyl-CoA Dehydrogenase Deficiency (SCADD)
- ❑ Medium Chain Acetyl-CoA Dehydrogenase Deficiency (MCADD)
- ❑ Long Chain 3 Hydroxyl Acyl-CoA Dehydrogenase Deficiency (LCHADD)
- ❑ Very Long Chain Acetyl-CoA Dehydrogenase Deficiency (VLCADD)
- ❑ Multiple Acetyl-CoA Dehydrogenase Deficiencies (MADD)

Introduction

Multiple Acetyl-CoA Dehydrogenase Deficiency

Lack of catalysts required to convert stored fat into energy (38)

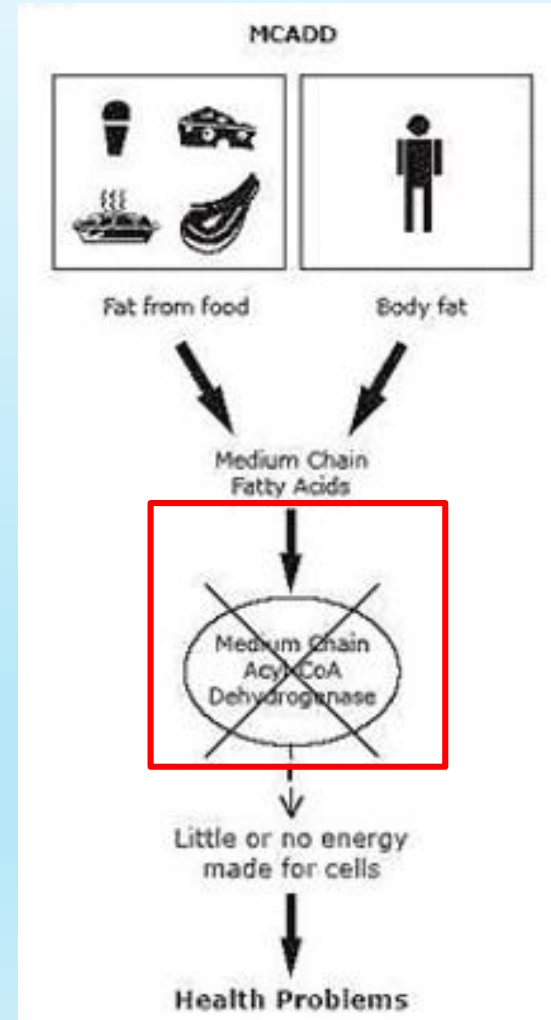
Screened for by the newborn screening system (NBS)



Introduction

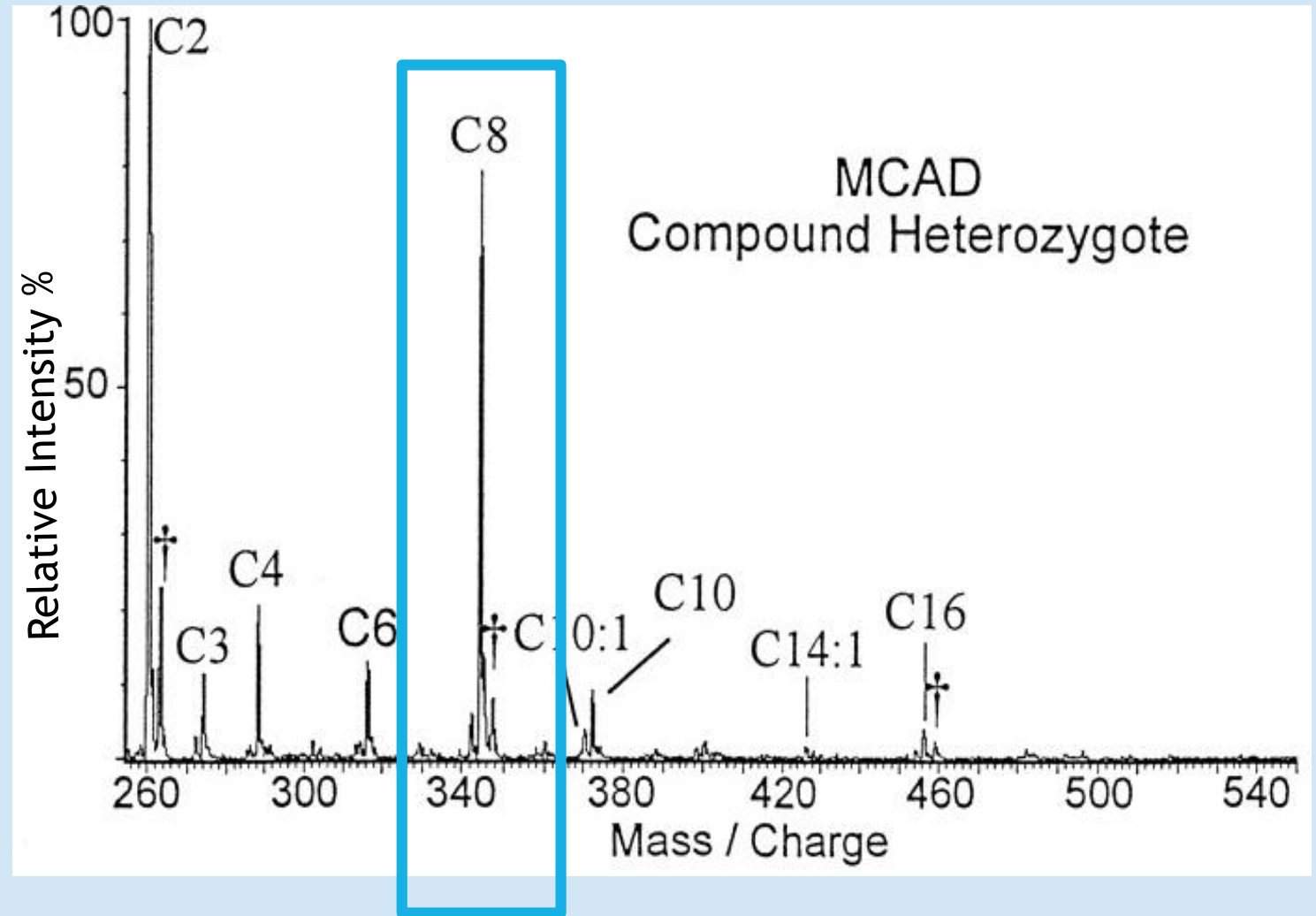
Medium Chain Acetyl-CoA Dehydrogenase Deficiency (MCADD)

- ❑ Lack of catalyst required to break down medium chain fatty-acids
- ❑ Effecting approximately 1 in 50,000 children (37)
- ❑ Screened for by the newborn screening system (NBS)




Introduction

- ❑ **Newborn Screening System (NBS)**
 - ❑ Series of diagnostic tests to analyze inherited genetic disorders of infants (35)
 - ❑ **MCADD** determined by **elevated C8** levels in the bloodstream



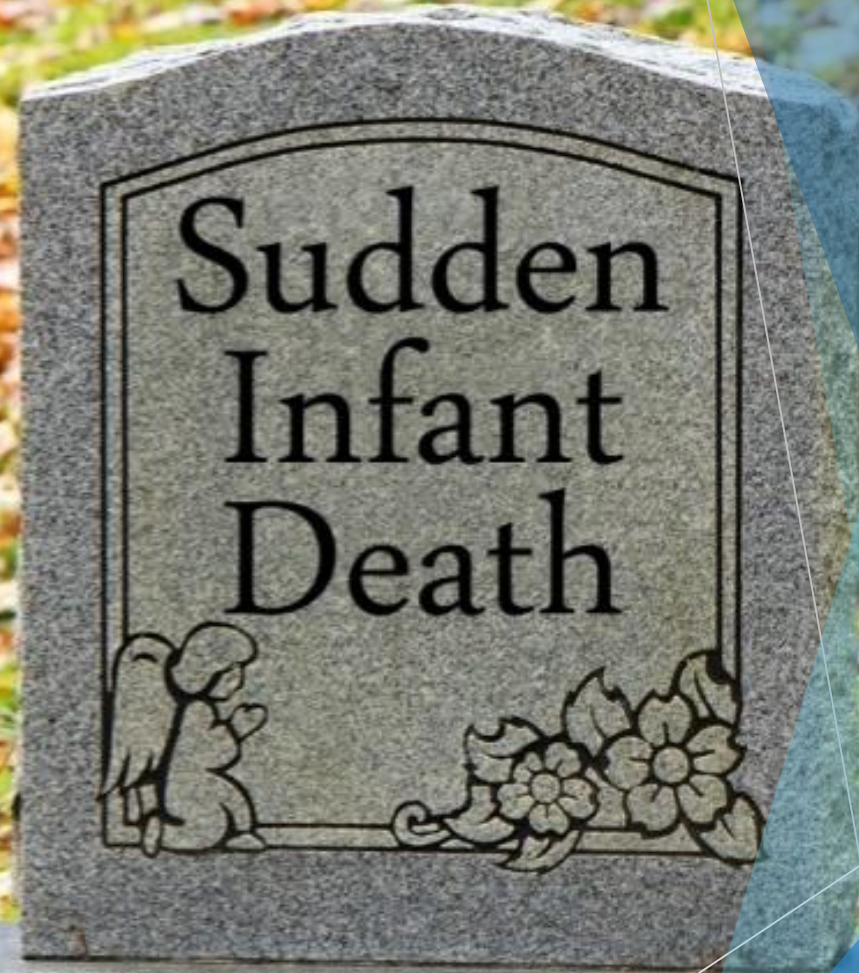
Literature Review

Rate of sudden unexpected death in infancy (SUDI)  32 %
from 1990-2000

- ▶ Red Nose: Saving Little Lives

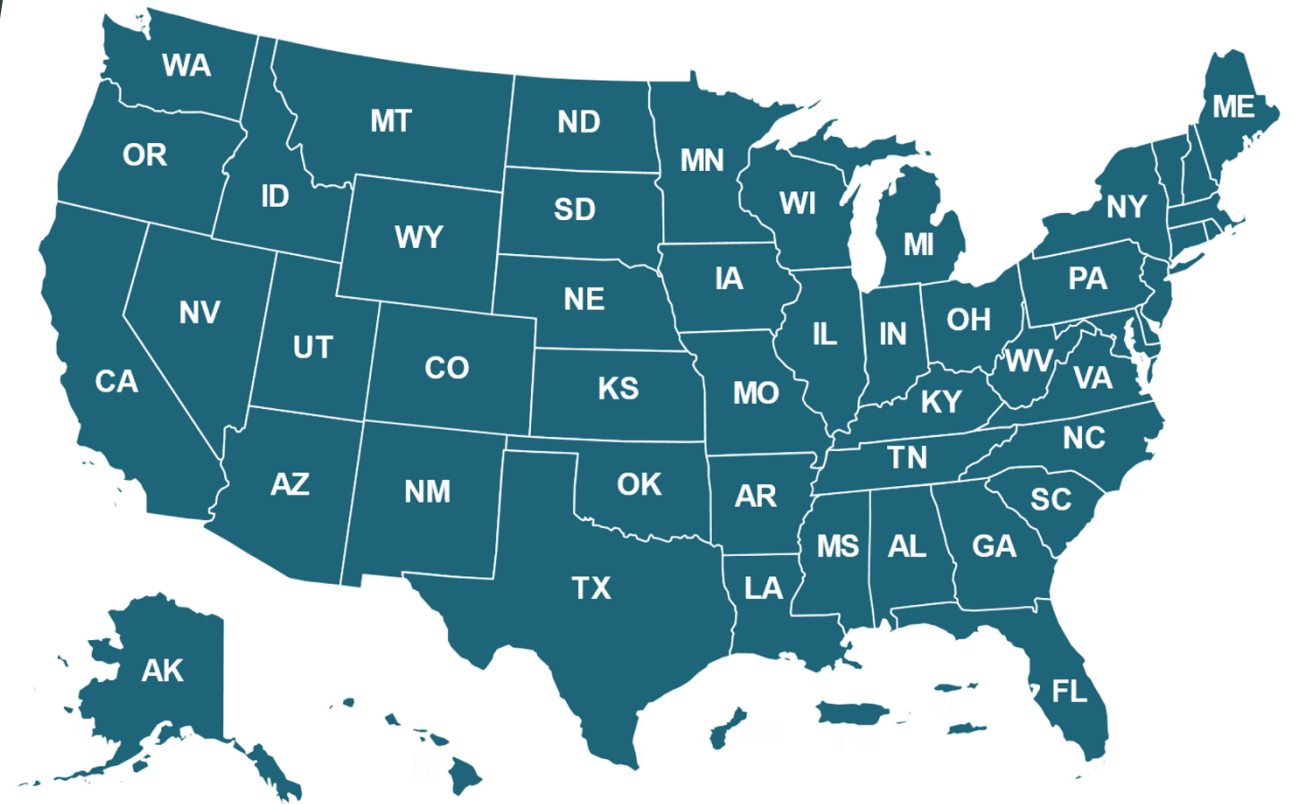
Confirmed FODs were one of
the **genetic causes of SUDI**

- ▶ Lovera et al. 2003



Literature Review

- ❑ 2007 Congress enacted the Newborn Screening Saves Lives Act
 - ❑ Promote NBS Education
 - ❑ Funded various state's NBS
 - ❑ Mandated all 50 states



Literature Review

Tarini et al. 2011

- ❑ Gestation age *did impact* newborn screening results (24)
- ❑ Neonatal screening reduces incidences of metabolic crisis and death (17,18)

The image shows a completed NHS Newborn Screening Blood Spot Test form. The form is titled 'NEWBORN SCREENING BLOOD SPOT TEST' and features the NHS logo. It contains a large barcode and a central box with the baby's NHS number (578 655 6875) and other identifying information. The form is divided into several sections for data entry, including fields for the baby's name, date of specimen, gestation, and various screening results. There are also fields for the mother's details and the person taking the sample. The form is marked with a '1' in the top right corner, indicating it is the first of four pages. The bottom right corner shows the expiry date as 08-2012 and a space for the surname.

NEWBORN SCREENING BLOOD SPOT TEST	
Baby's NHS No. 578 655 6875	
ZZZTEST001, Baby001 05-12-2011 Male Tower House Surgery, 169 West Wycombe... HP12 3AF 3400g Ethnic Cat: L Rank: 1/1 40 weeks Mother, ZZZTEST001 01-01-1981 CHAN, C K82001 RXQ-STOKE MANDEVILLE H... Printed on: 28-12-2011	
G.P. PRACTICE NAME	MOTHER'S FULL NAME
G.P. ADDRESS	MOTHER'S DOB
G.P. PRACTICE CODE	MOTHER'S NHS NUMBER
PCT	PARENT TELEPHONE NUMBER
HOSPITAL OF BIRTH	ALTERNATIVE SURNAME
	TEL. NO. OF PERSON TAKING SAMPLE
	NAME OF PERSON TAKING SAMPLE (PRINT)

DATE OF SPECIMEN: DD MM YY
Is this a repeat (✓): YES NO
Has baby had a blood transfusion (✓): YES NO
If yes, date of last transfusion: DD MM YY
Is the baby in hospital (✓): YES NO
If yes, current hospital and ward: _____

COMMENTS (Family history e.g. Mother's carrier status (Antenatal HBO code, HBO Outcome code); temporary address)

Expiry Date: 08-2012

Surname

Gap in the Research

NYS DOH 2012
173 borderline test
results for MCADD (18)



NYS DOH 2016
325 borderline test
results for MCADD (18)



Increase of 152 borderline
screens for MCADD



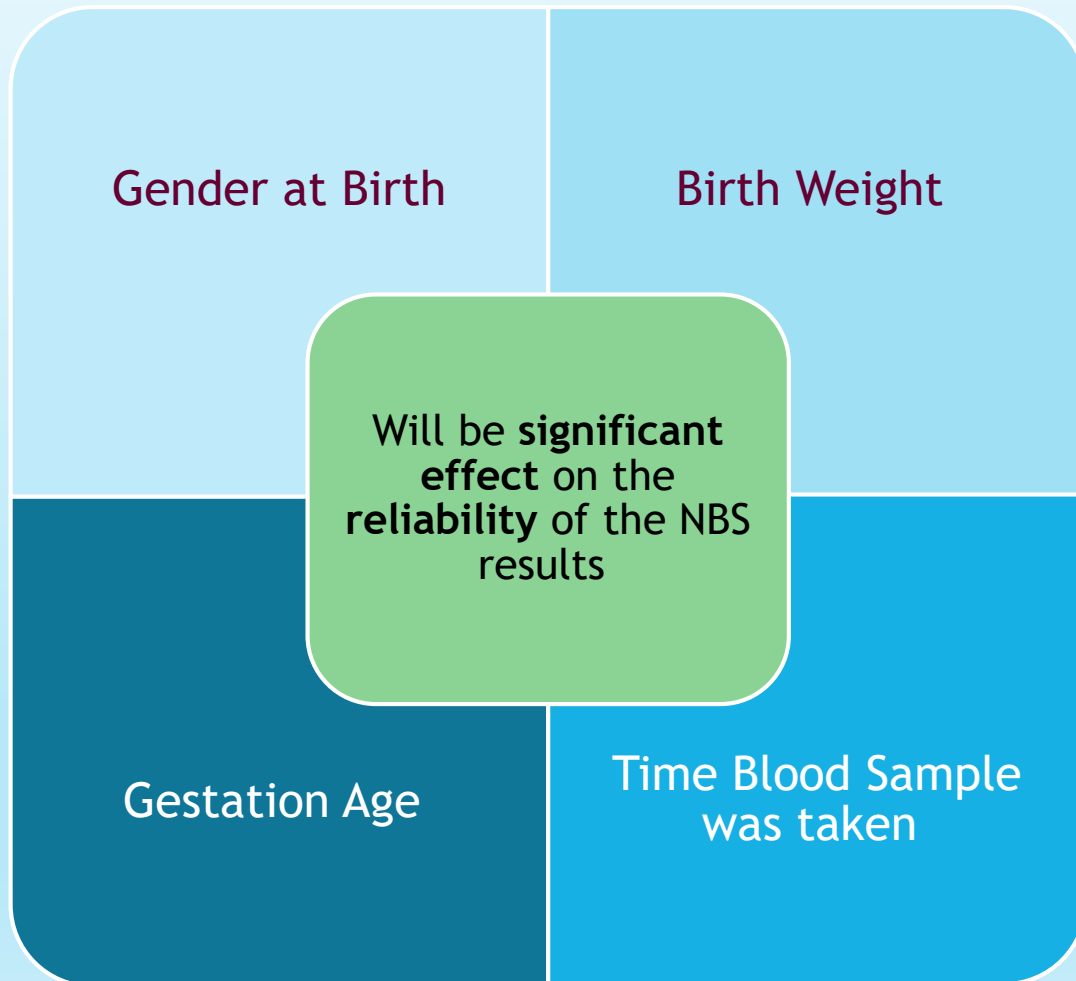
Lack of research into other
potential more accurate
biomarkers

Goals of Research

**Identify potential
secondary
acylcarnitine markers
and ratios to improve
the NBS for MCAD
deficiency**

**Improve the reliability
of the NBS biomarkers
for MCAD deficiency**

Hypotheses



Significant correlation *between* screening results for biomarkers **C14** and **C16** in infants with **MCADD and MADD**

Heel prick test
sent to lab within
48 hrs after
birth



<https://www.medgadget.com/2018/11/global-newborn-screening-lc-ms-reagent-kit-revenue-is-nearly-212-m-usd.html>

Methodology

Desired samples
were hole
punched to fit into
well-plates



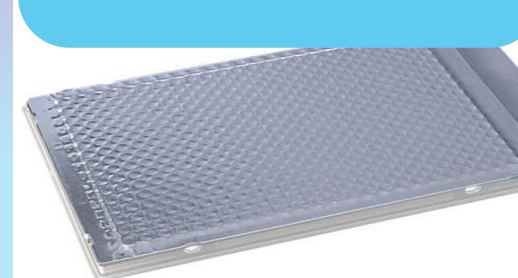
<https://www.perkinelmergenomics.com/india/healthcare-providers/newbornhealth/basic-screening/index.html>

200 μ L of Internal
Standard were
added



<https://cn360.alibaba.com/shopping-guides/water-bird-metal-rod-etching.html>

Foil was placed over
the samples



Sample were
incubated at 60°C
for 45 minutes

40 μ L is
extracted and
placed into a
new well plate



Methodology



Foil was then
placed on the
well-plate

75 μ L
of butanolic HCl
were added to the
sample



200 μ L of Internal
Standard



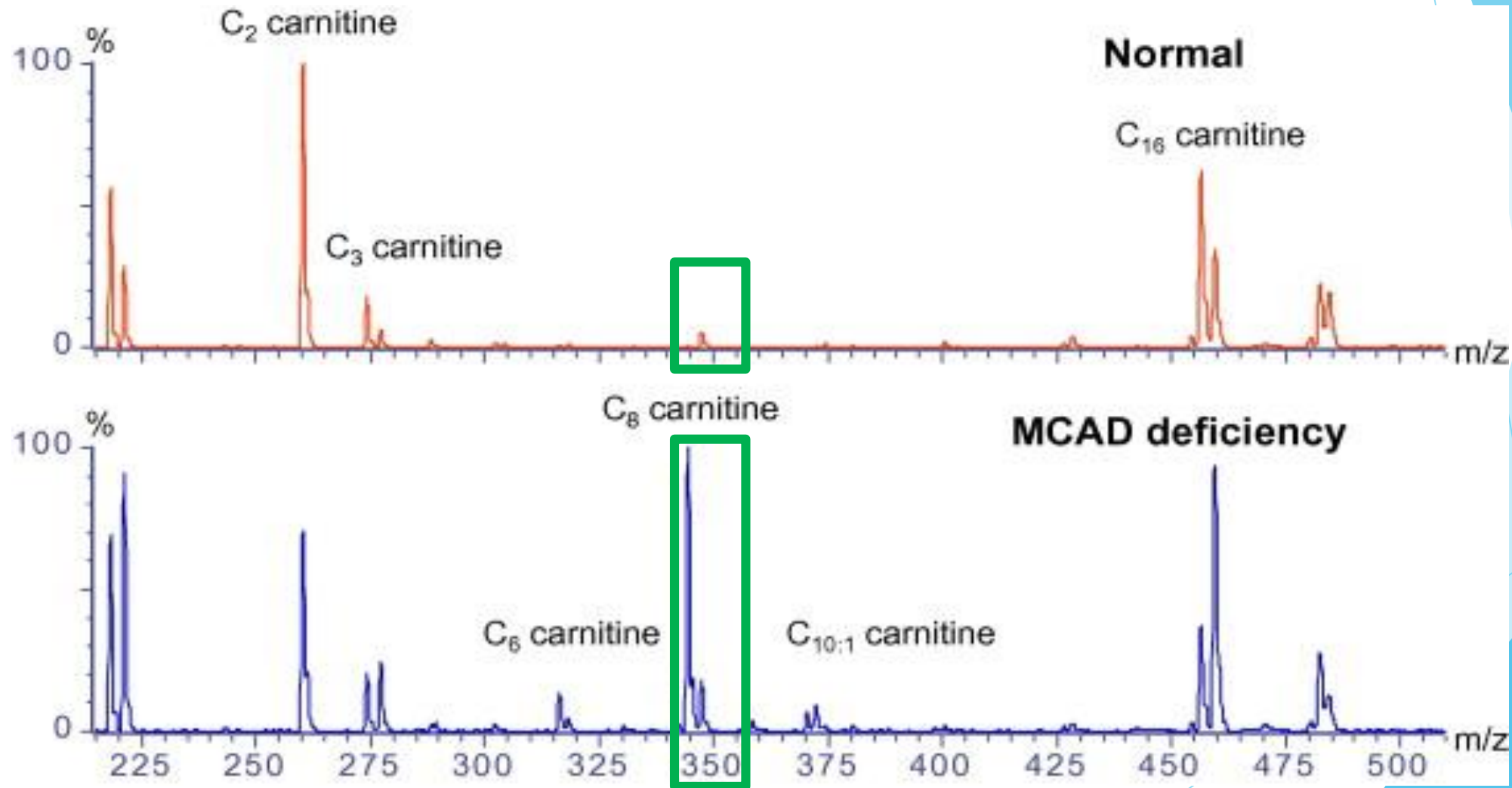
Incubated for
20 minutes at
60°C



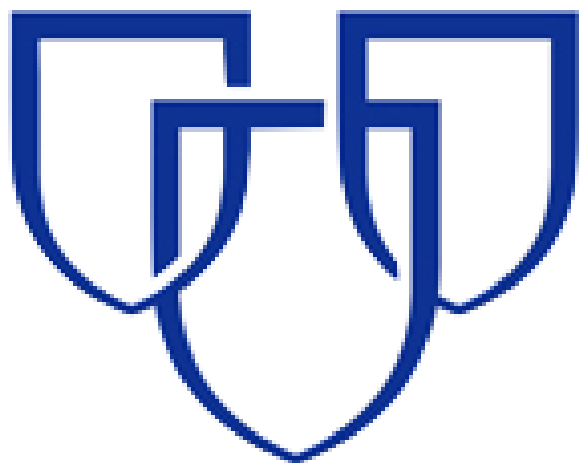
200 μ L of
reconstitution
solution



Methodology



MAYO
CLINIC



Collaborative

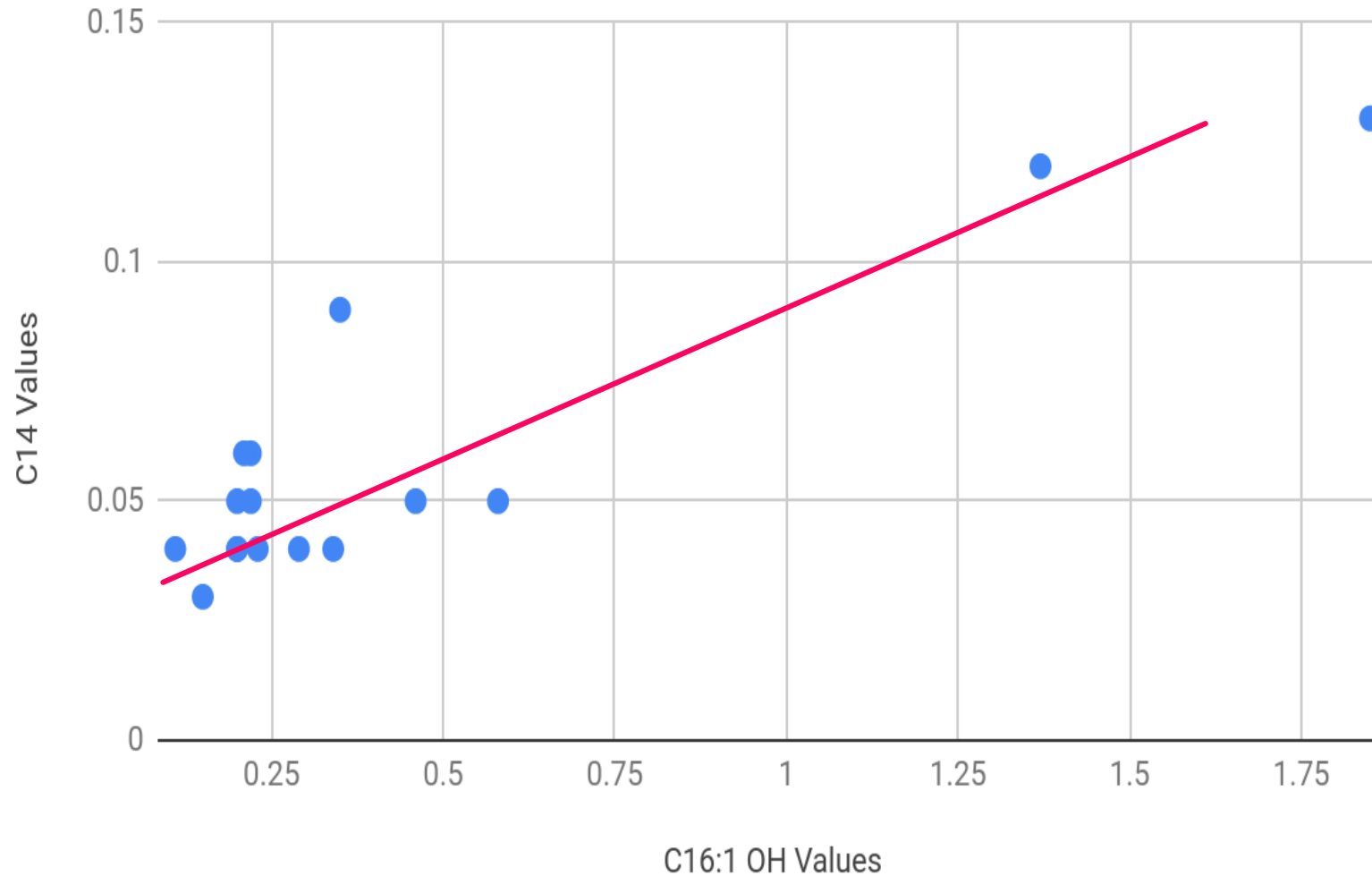
Laboratory

Integrated

Reports

Results

C14 to C16:1 OH Ratio



C14 and C16:1 OH levels

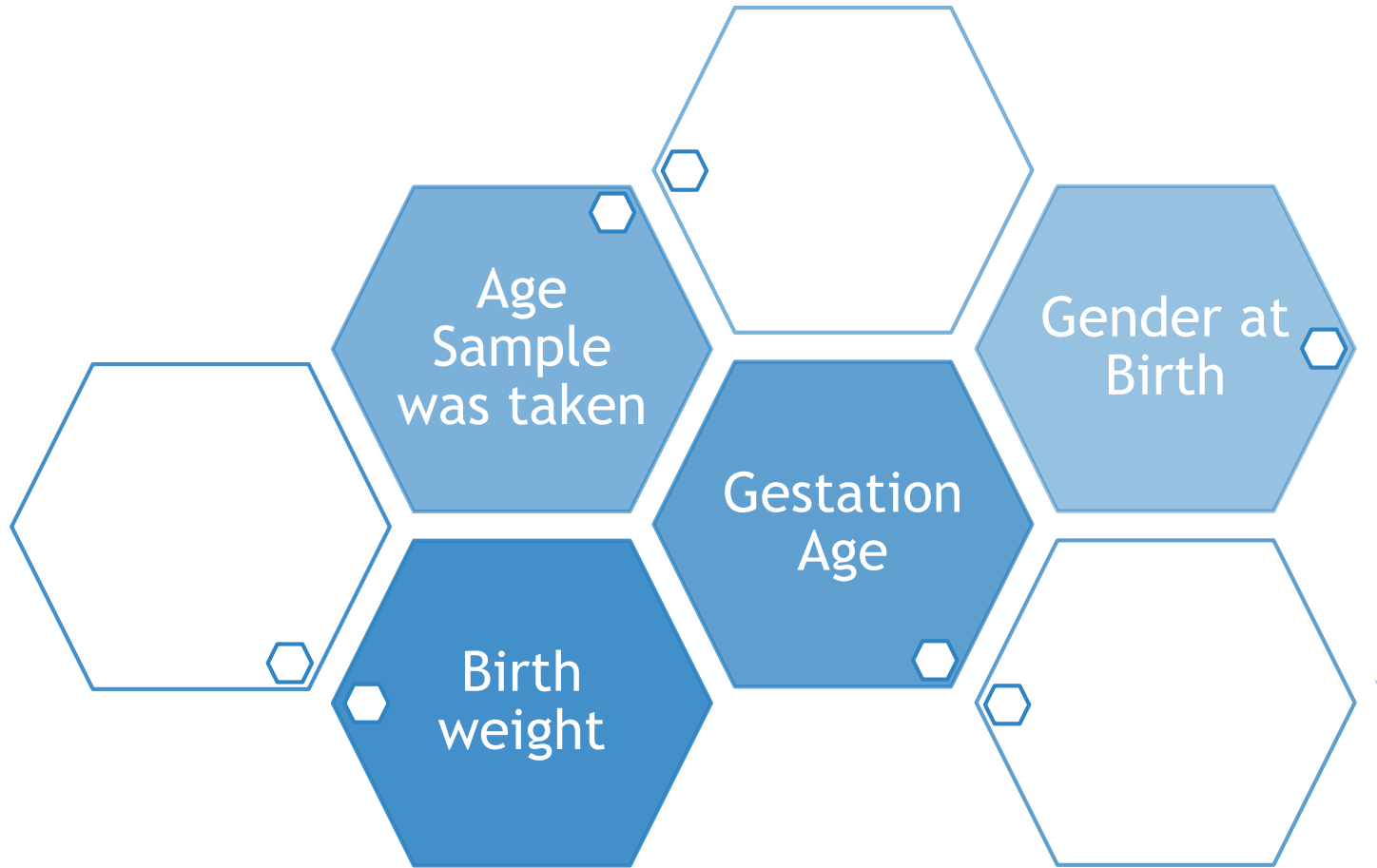
► Positive correlation
0.887

C14/C16:1 OH ratio & C8

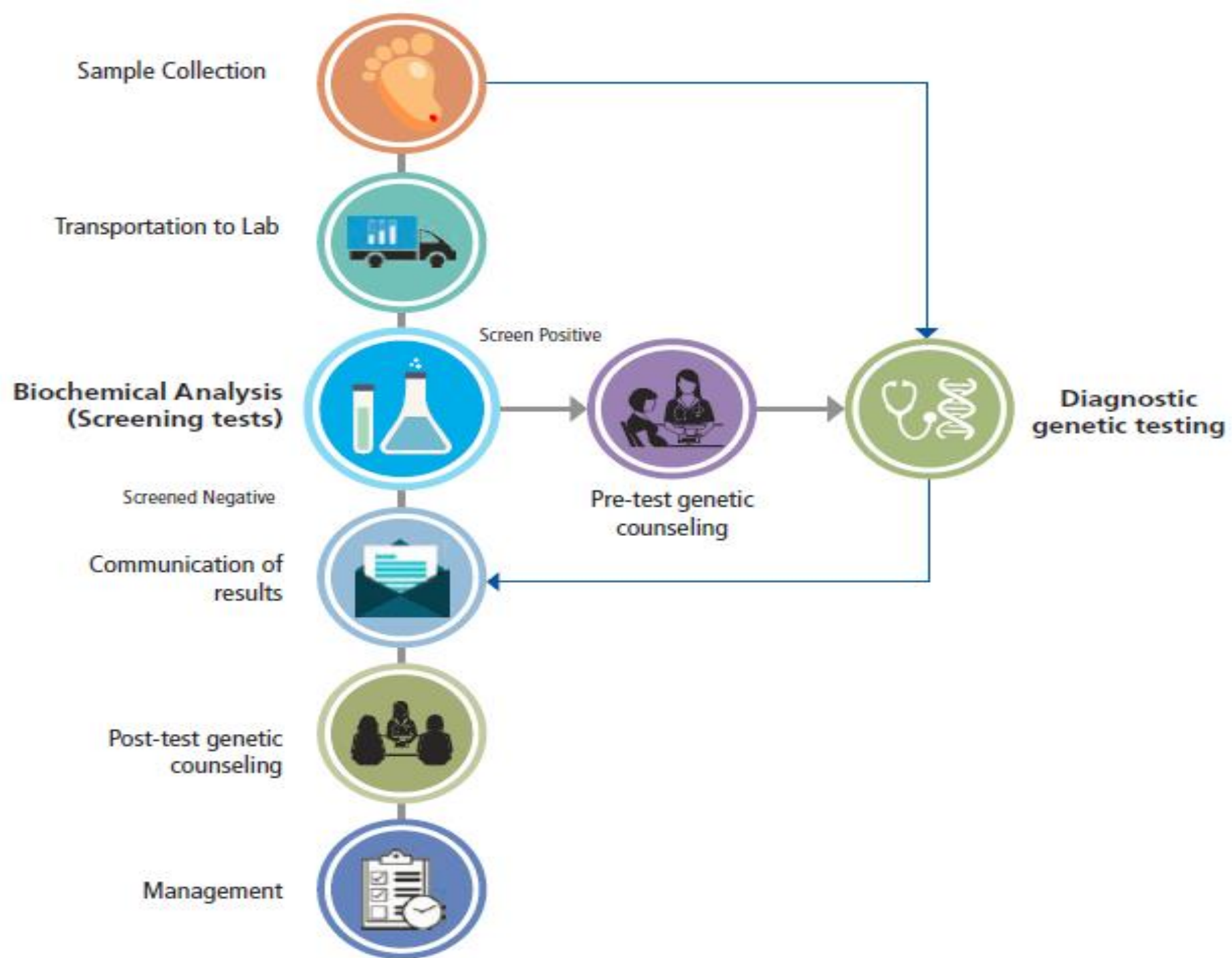
► Statistically significant
negative correlation

Results

No significant correlation involving levels of acylcarnitine blood profile



Discussion



Discussion

Wasserstein et
al. 2017

```
graph TD; A[Wasserstein et al. 2017] --> B[Expansion of newborn screening panels as technology advanced]; A --> C[Additional biomarkers improve validity of results];
```

Expansion of
newborn screening
panels as technology
advanced

Additional
biomarkers **improve**
validity of results

Discussion

Lack of correlation between

- ▶ Gestation age
- ▶ Time of sample taken
- ▶ Gender
- ▶ Birth weight



Department of Health

Results of NBS are independent of these Factors

INCREASES VALIDITY

Discussion

Correlation of C14 & C16:1 OH

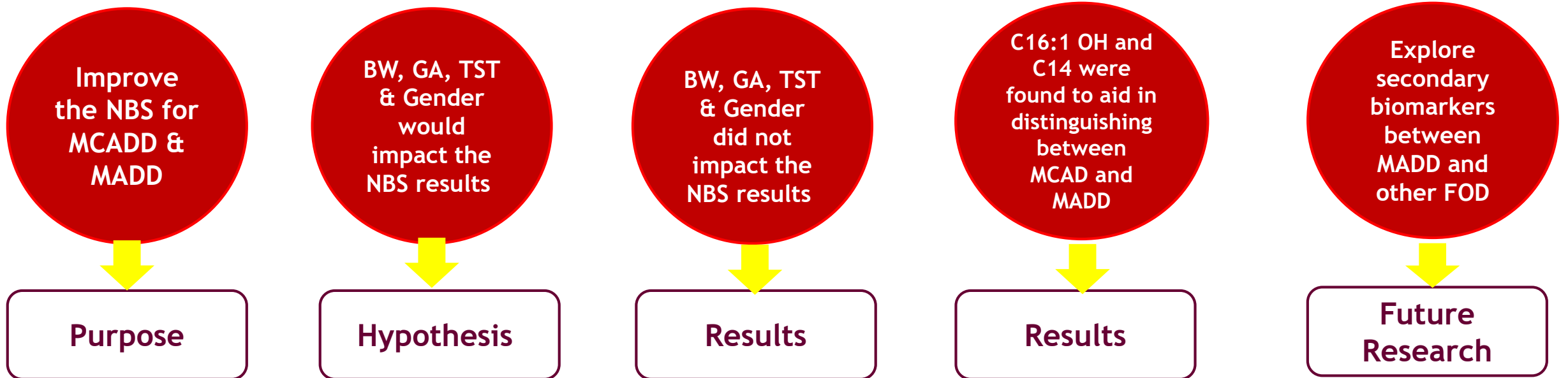
- ❑ Improves screening for MCADD & MADD
- ❑ Decreases the SUDI population

Limitations

- q Sample degradation
- q Sample size



Conclusion



Acknowledgements

- ❑ My Little Brother Noah
- ❑ Dr. Mark Morrissey
- ❑ Ms. Gillian Rinaldo
- ❑ My Parents & Grandma
- ❑ My Science Research Peers

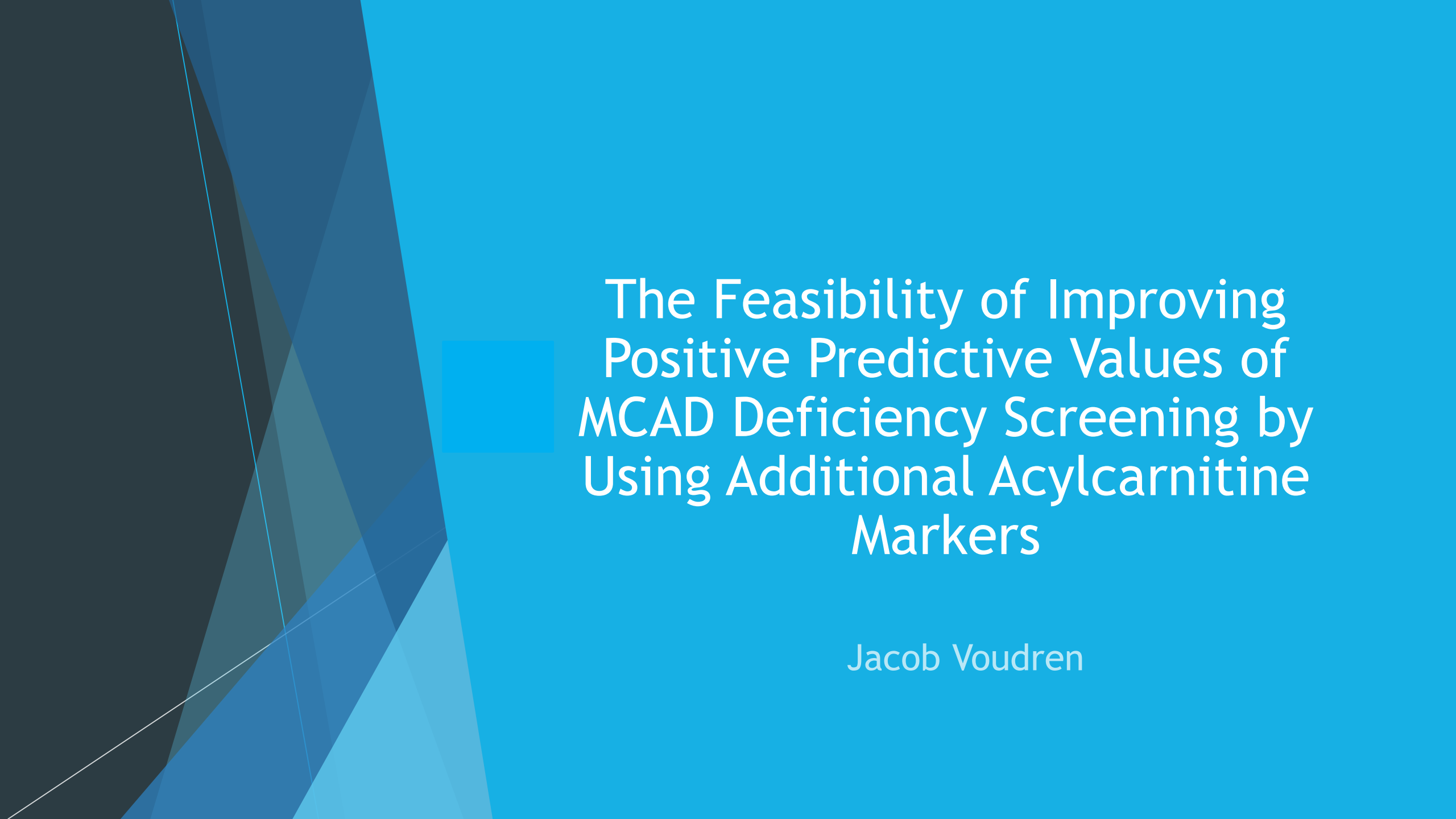


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