2017 Alabama Newborn Screening Conference



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Newborn Screening for Sickle Cell Disease

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Disclosures

- Medical Consultant and Speaker Bureau for Novartis Pharmaceuticals, Inc.
- Grant funding from the Children's Oncology Group
- Grant funding from the Alabama Department of Public Health

Disclosures

- Clinical trial agreement with Selexys Pharmaceuticals Corporation with Quintiles providing clinical research organization services
- I will discuss off label use or investigational uses

Sickle Cell Disease

 Sickle cell disease is a genetic blood disorder that affects the hemoglobin protein within the red blood cells that carries oxygen to all parts of the body



Sickle Cell Disease

- Normal red blood cells are flexible and flow freely within a blood vessel
- They last an average of 120 days in the bloodstream



Sickle Cell Disease

- Sickle cells are rigid and tend to stick to the blood vessel which blocks blood flow to areas of the body
- They last an average of 19 days in the bloodstream



Sickle Cell Disease

 This abnormality can result in chronic anemia, serious infections, severe painful episodes, strokes, damage to body organs, and early death



Sickle Cell Disease

- In the 1970s, SCD was recognized as a major public health concern
- 20% children were dead by age 3



Sickle Cell Disease

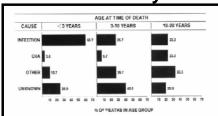
- 50% died before the age of 20 years
- The average lifespan was only 14 years



Cooperative Study of Sickle Cell Disease

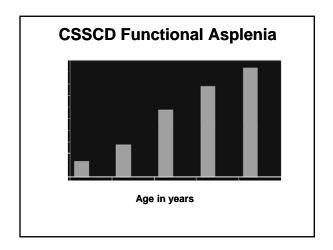
- Initiated in 1978 by the National Institutes of Health to gather data prospectively on the natural history of SCD
- Cohort of 2824 patients registered, followed, and managed (4007 registered)
- 23 clinical centers in the US

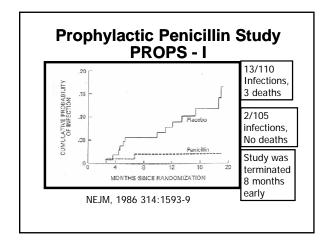
CSSCD Mortality Data

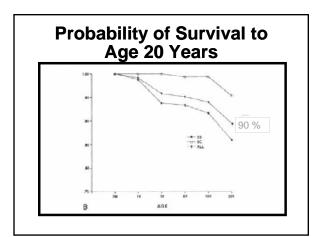


Infection - major cause of morbidity and mortality S. pneumoniae - most common during early childhood. Enteric organisms emerge as important pathogens in older patients

Leinken et al. Pediatrics. 1989;84:500.

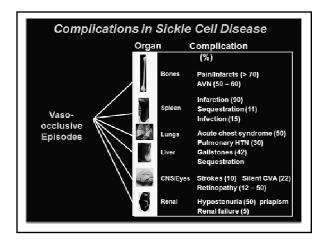






Newborn Screening

- This study provided the greatest impetus for widespread implementation of newborn screening for SCD to
 - Provide early dx and referral
 - -Ensure prompt delivery of care starting with penicillin prophylaxis
 - Permit education and counseling



Newborn Screening

- · Learning about risk can help with
 - -Early diagnosis
 - Better treatment
 - Understanding the chances of passing a disease on to future generation
- Allows opportunity to discuss the availability of therapeutic and potentially curative interventions

Sickle Cell Trait and Disease

• 3.5 million Americans are genetic carriers of SCD and have SCT



Sickle Cell Trait and Disease

- Incidence of SCD
 - -1 in 375 African
 - -Americans
 - -1 in 1,200 Hispanics
 - -1 in 3000 Native Americans

2016 Confirmed NBS

Primary Disorders

Newborn Screening Primary Disorder

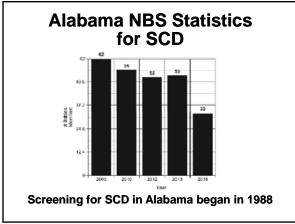
Congenital Adrenal Hyperplatia (CAH Congenital Hypothyroidism

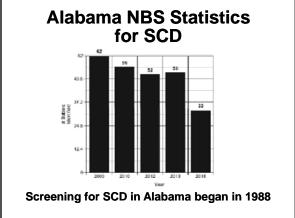
Hyperphenylaninemia (pecondary condition)

Hgb S/Beta Thalassemia

VLCADD TOTAL

-1 in 60,000 Whites







- Stroke prevention * Recurrent acute chest syndrome that is not
- helped by hydroxyurea*
- Frequent acute pain*
- Recurrent splenic
- Leg ulcers* Progressive organifailure (hepatic, renal, cardiac,
- and pulmonary)* Other indications (eg, priapism, complicated pregnancy)*

- Symptomatic anemia
- · Acute chest syndrome
- Multiorgan failure
- Preoperative management

Delayed Puberty Xrays, MRI Fever - w/u infections in the Leg ulcers bloodstream & body tissues Immunizations

Health Maintenance Screenings for SCD

ECHO/EKG

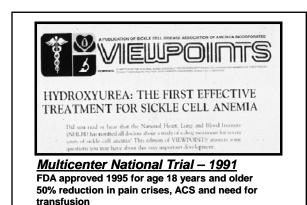
PFTs

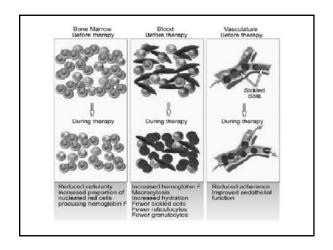
TCD ultrasound

Ophthalmology

Abdominal US

exams



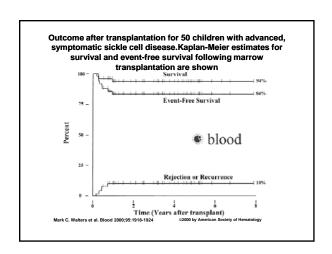


bone Marrow

40% reduction in deaths

The Cure

To date, > 1000 Bone Marrow Transplants have been performed around the world for Sickle Cell Disease



L. NEW PMOLLVB IOURNAL - SUPPLICING

BRIEF REPORT

Gene Therapy in a Patient with Sickle Cell Disease

Jean-Antoine Ribeil, M.D., Ph.D., Salima Hacein-Rey-Abina, Pharm.D., Ph.D., Emmanuel Payen, Ph.D., Alessandra Magnani, M.D., Ph.D., Ilica Magnani, M.D., Ph.D., Michaela Semeraro, M.D., Ph.D., Elisa Magrin, Ph.D., Laure Caccavelli, Ph.D., Benedicte Never, M.D., Ph.D., Philippe Bourget, Pharm.D., Ph.D., W.D., Wassim El Nemer, Ph.D., Pablo Bartolucci, M.D., Ph.D., Leslie Weber, M.S.e., Hervé Puy, M.D., Ph.D., Jeabn-François Mentet, Ph.D., David Grevent, M.D., Yues Beuzard, M.D., Stany Chrétien, Ph.D., Thibaud Lefebvre, M.D., Robert W. Ross, M.D., Olivier Negre, Ph.D., Gabor Veres, Ph.D., Laura Sandler, M.P.H., Sandeep Soni, M.D., Mariane de Montalembert, M.D., Ph.D., Stéphane Blanche, M.D., Philippe Leboulch, M.D., and Marina Cavazzana, M.D., Ph.D.

Gene Therapy in a Patient

With Sickle Cell Disease

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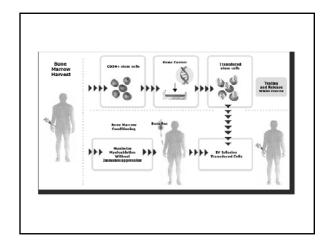
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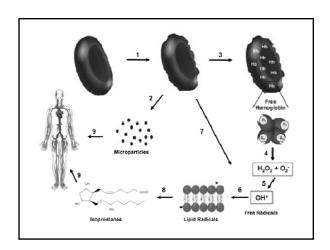
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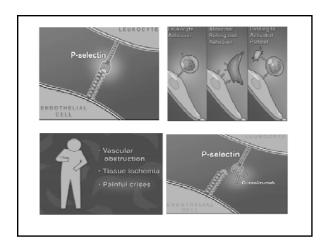
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The SUSTAIN Study Overview

• In this yearlong trial involving patients with sickle cell disease, crizanlizumab, an antibody to P-selectin, was associated with a 45% lower rate of pain crises than placebo and a longer time to their onset

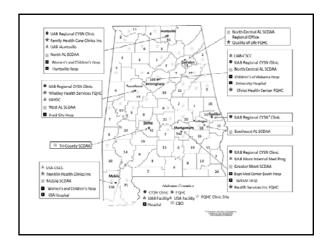
Ataga KI et al. N Engl J Med 2017;376:429-439

The SUSTAIN Study Overview

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 Adverse events included arthralgia, diarrhea, and pruritus

Ataga KI et al. N Engl J Med 2017;376:429-439





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