

2017 Alabama Newborn Screening Conference



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Cystic Fibrosis

Hector H. Gutierrez, MD
Division of Pediatric Pulmonary
and Sleep Medicine
University of Alabama at Birmingham

Outline

- What is CF?
- How we diagnose CF?
- What are the clinical manifestations of CF?
- How do we treat CF?
- New and future treatments for CF

WHAT IS CYSTIC FIBROSIS?

Cystic fibrosis (CF) is a progressive, genetic disease that causes persistent lung infections and limits the ability to breathe over time.

In people with CF, a defective gene causes a thick, sticky buildup of mucus in the lungs, pancreas, and other organs.

WHAT IS CYSTIC FIBROSIS?

In the lungs, the mucus clogs the airways and traps bacteria leading to infections, extensive lung damage, and eventually, respiratory failure. In the pancreas, the mucus prevents the release of digestive enzymes that allow the body to break down food and absorb vital nutrients.

WHAT IS CYSTIC FIBROSIS?

Symptoms of CF

People with CF can have a variety of symptoms, including:

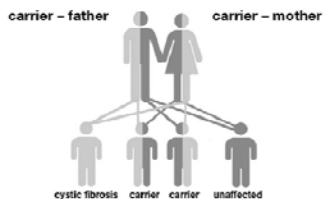
- Very salty-tasting skin
- Persistent coughing, at times with phlegm
- Frequent lung infections including pneumonia or bronchitis

WHAT IS CYSTIC FIBROSIS?

- Wheezing or shortness of breath
- Poor growth or weight gain in spite of a good appetite
- Frequent greasy, bulky stools or difficulty with bowel movements

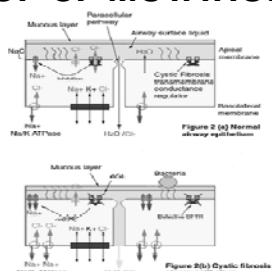
GENETICS of CF

- **Autosomal recessive**
The disorder is inherited by two copies of a defective cystic fibrosis gene. One from each parent.



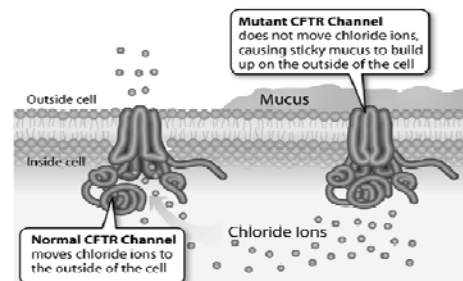
www.cysticfibrosis.org.uk

FUNCTIONAL CONSEQUENCE OF CF MUTATIONS



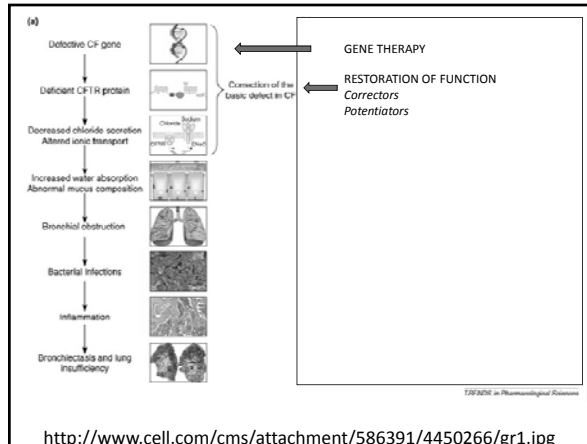
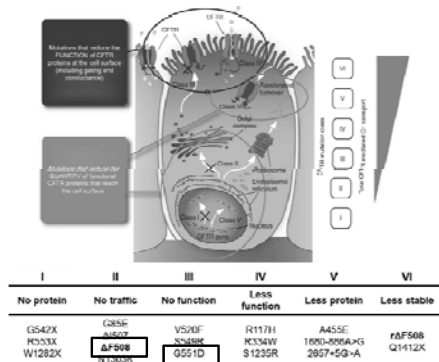
<http://www.cfmedicine.com/htmldocs/images/iontransport.jpg>

FUNCTIONAL CONSEQUENCE OF CF MUTATIONS



<http://learn.genetics.utah.edu/content/disorders/singlegene/cf/images/cf-channel.jpg>

FUNCTIONAL DEFECT in CF



<http://www.cell.com/cms/attachment/586391/4450266/gr1.jpg>

HOW DO WE DIAGNOSE CF?

Blood Spot Screen

Newborn Screening for CF

From Blood spot screen:

1. IRT measurement
2. DNA analysis (Mutation Panel)
3. Sweat Test

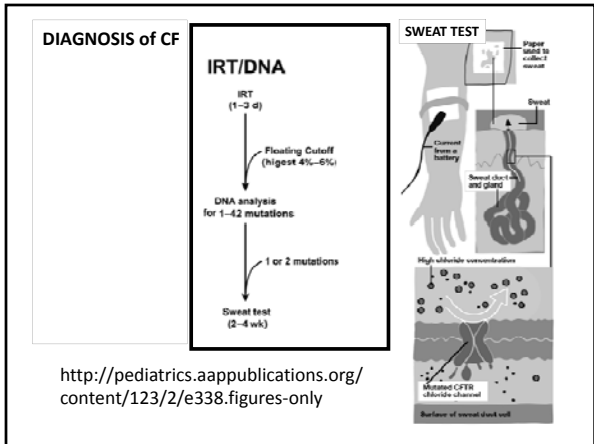
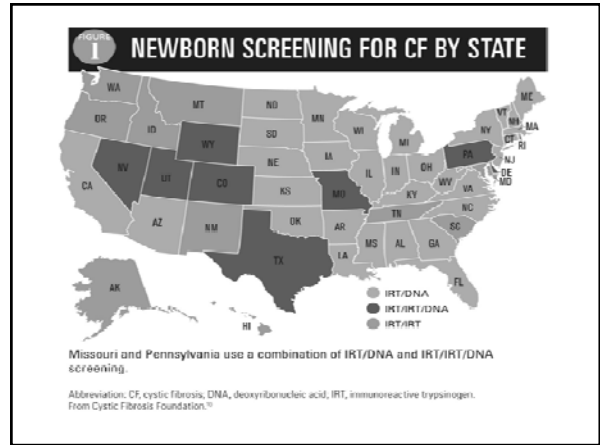
NOTES:

1. IRT level is considered **POSITIVE** if above a cutoff level
2. Mutation panel does **NOT** test of all known CFTR mutations

Blood Spot Screen

AL Confirmed NBS CF Diagnoses

Year	2008	2009	2010	2011	2012	2013	2014	2015	2016
Cases	7	23	13	19	14	12			



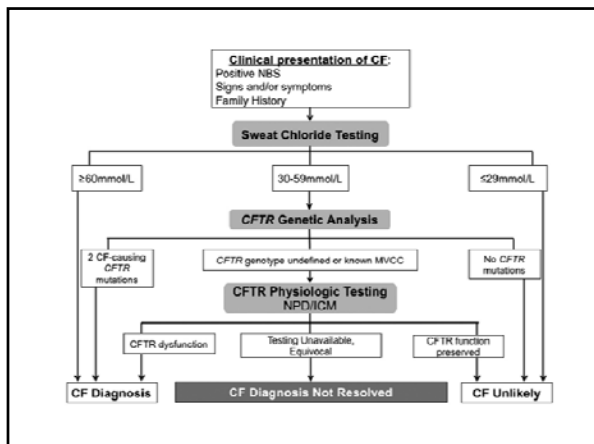
Interpretation of sweat test results (2017)

For newborns, a chloride level of:

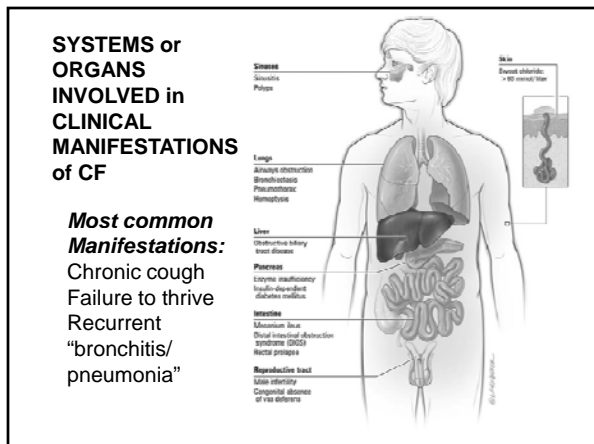
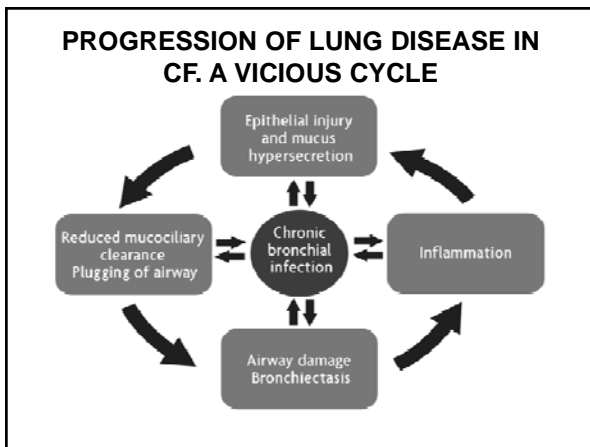
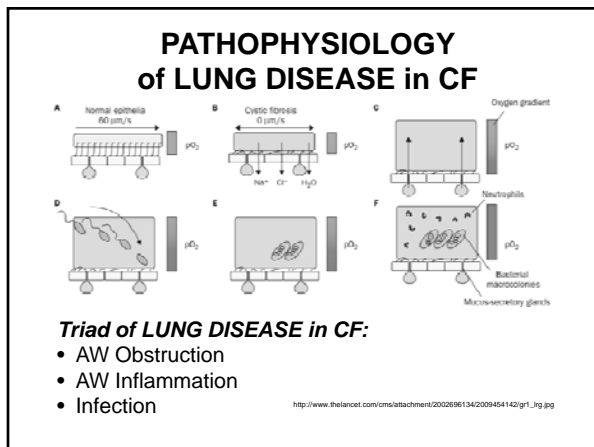
- Less than 30 mmol/L (negative) = CF is very unlikely

For all populations, a chloride level of:

- Less than 30 mmol/L (negative) = CF is very unlikely
- Between 30 - 59 mmol/L (intermediate) = may have CF
- Greater than or equal to 60 mmol/L (positive) = CF is likely to be diagnosed

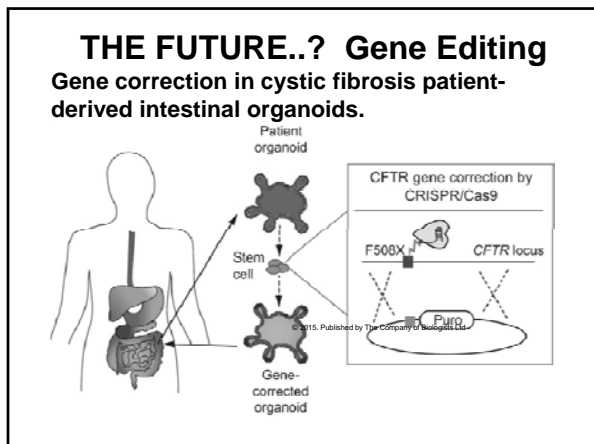


WHAT ARE THE CLINICAL MANIFESTATIONS OF CF?



AGE of ONSET of CLINICAL MANIFESTATIONS of CF

Infancy	Childhood	Adolescence/adulthood
Sinopulmonary		
• Infections	• ARPA • Sinusitis • Polyposis	• ARPA • Haemoptysis, pneumothorax • Respiratory failure • Sinusitis, polyposis, anaemia
Gastrointestinal		
• Fetal echogenic bowel • Meconium ileus • Pancreatic insufficiency • Rectal prolapse	• DIOS • Intussusception • Hepatic steatosis, biliary fibrosis • Rectal prolapse	• DIOS • Intussusception • Biliary fibrosis, cirrhosis • Digestive tract cancer (adenocarcinoma)
Renal, endocrine, other		
• Dehydration • Hyponatraemic hypochloeraemic metabolic alkalosis	• Renal calculi • Hyponatraemic hypochloeraemic metabolic alkalosis	• Delayed puberty, osteoporosis, CFRD • Renal calculi, renal failure • CBAVD, HPDA • Arthritis, vasculitis • Hyponatraemic hypochloeraemic metabolic alkalosis



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Distance Learning &
Telehealth Division
Alabama Department of Public Health
(334) 206-5618
alphntn@adph.state.al.us
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