



# Severe Combined Immunodeficiency (SCID) In-Person National Meeting

## Meeting Summary and Notes

August 8 – 9, 2017  
Washington, DC

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## NewSTEPS

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## BACKGROUND

Severe Combined Immunodeficiency (SCID) was added to the Recommended Uniform Screening Panel (RUSP) in May 2010. As of August 2017, 47 newborn screening (NBS) programs offer universal newborn screening for SCID and the remaining NBS programs continue to work towards full implementation. Supporting widespread adoption of early and accurate laboratory detection of SCID in newborns requires relationships with specialists in immunology and the development of clinical referral networks that can assist with follow-up and treatment.

## PURPOSE

The purpose of this meeting was to convene SCID newborn screening stakeholders and to facilitate the strengthening of relationships between the SCID clinical network and the newborn screening community within each state. During this meeting participants shared solutions for SCID newborn screening implementation in order to support ongoing quality practices, quality data collection and interpretation across the United States. Participants included representatives from state newborn screening laboratories, follow-up programs, and clinicians.

## OBJECTIVES

- Provide input and offer expert guidance on implementation of SCID
- Share information on progress toward universal SCID newborn screening in the United States and discuss emerging challenges
- Identify quality improvement initiatives in SCID newborn screening
- Develop interactive relationships between clinical and NBS program staff to facilitate collaboration
- Consider case definitions for SCID and the value of data reporting

## INTRODUCTION

In 2014, the Association of Public Laboratories was awarded \$4 million dollars through a two-year cooperative agreement from HSRA. At that time, less than half of states were screening for SCID. Under this cooperative agreement, APHL, in close partnership with the Colorado School of Public Health, provided funding to support full implementation of SCID newborn screening in 12 states and programs. Through this collaborative initiative, NewSTEPS provided technical and financial assistance to help expand the capacity of existing newborn screening programs to incorporate the addition of SCID screening, education and/or follow-up health care services.

In July 2015, APHL held a national meeting which addressed current challenges faced by states newborn screening programs in implementing SCID screening including the integration of new technology, laboratory staffing to conduct screens, clinical follow-up capacity and resources, funding for personnel, equipment, education and legislative or statutory approval. The audience during that first national APHL SCID meeting was laboratory and follow-up staff from newborn screening programs.

Two years later, the SCID community has come so far, with 47 newborn screening programs now offering population screening for SCID. It was an opportune time to hold a second meeting which focused on engaging the newborn screening community and clinicians to strengthen clinical referral networks within each state and region.

The format for this meeting was not unprecedented. With an expanding field, new screening technologies and more conditions being added to the RUSP, the newborn screening community has had many reasons to convene for joint strategizing. NewSTEPS 360 engaged the newborn screening community with the clinical community at the Cystic Fibrosis Foundation Meeting in June 2016 in Denver, which considered issues of timeliness in cystic fibrosis screening and diagnostic testing. Additionally, NewSTEPS held a meeting in Orlando in October 2016, which brought together short follow-up coordinators with state pulmonologists to brainstorm ways to improve timeliness of state NBS systems and address other issues affecting state system performance.

While this meeting focused on educational presentations, there were many opportunities for interactive engagement and idea sharing. Participants were encouraged to share their experiences, to learn from others, and to tackle existing issues together.

# SCID NEWBORN SCREENING STATUS

Figures 1 - 10 depict the evolution of SCID newborn screening from 2008 through August 2017.

Figure 1

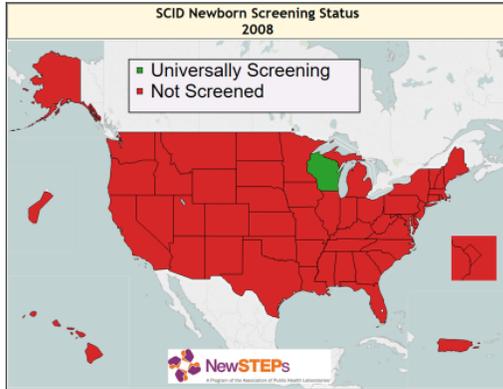


Figure 2

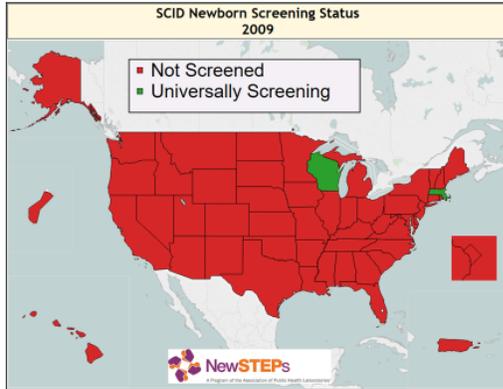


Figure 3

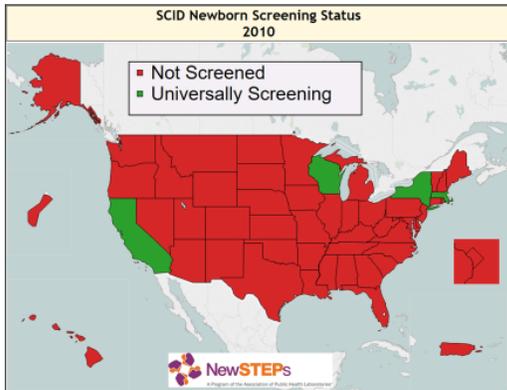


Figure 4

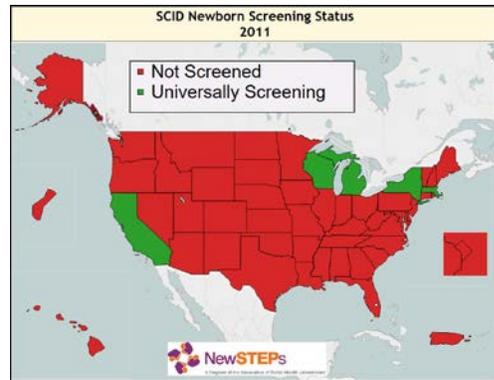


Figure 5

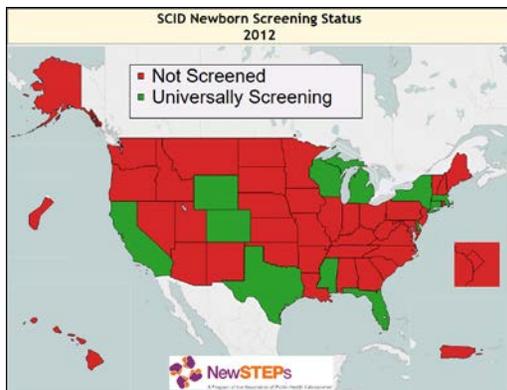
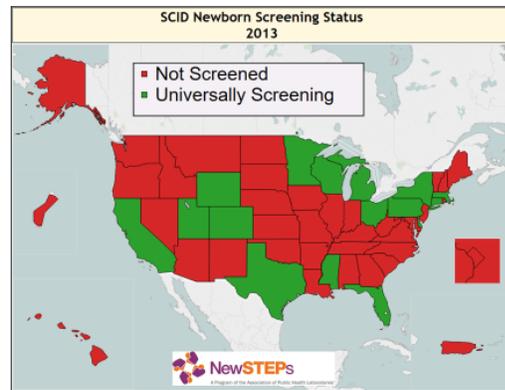


Figure 6





Brief summaries of each of the presentations presented during the in-person National Severe Combined Immunodeficiency (SCID) meeting of August 2017 are found below. The purpose of this meeting was to convene SCID newborn screening stakeholders and to facilitate the strengthening of relationships between the SCID clinical network and the newborn screening community within each state. During this meeting participants shared solutions for SCID newborn screening implementation in order to support ongoing quality practices, quality data collection and interpretation across the United States. Participants included over 100 representatives from state newborn screening laboratories, follow-up programs, and clinicians, representing 38 states.

The presenters are listed in order of appearance during the SCID In-Person Meeting. For additional details, please contact Ruthanne Sheller (ruthanne.sheller@aph.org).

## **State of SCID Newborn Screening in the United States**

*Presenter: Ruthanne Sheller, MPH, NewSTEPS, Association of Public Health Laboratories*

Ruthanne Sheller, MPH, Specialist for NewSTEPS at the Association of Public Health Laboratories, reviewed the progression of SCID newborn screening in the United States. In 2014, the Association of Public Laboratories was awarded \$4 million dollars through a two-year cooperative agreement from HSRA. At that time, less than half of states were screening for SCID. Three years later, as of August 2017, 47 newborn screening programs offer universal SCID newborn screening.

## **The Newborn Screening Process: Birth to Confirmation**

*Presenter: Carol Johnson, Iowa Newborn Screening Follow-Up Program*

Carol Johnson, Follow-Up Coordinator of the Iowa Newborn Screening Program, provided an overview of the newborn screening process, capturing steps and complexities from pre-analytic through post-analytic stages. Carol highlighted the variability that exists in SCID NBS algorithms across states. Programs are unique, but all working toward the same goal.

## **Newborn Screening for SCID in the Laboratory**

*Presenter: Francis Lee, PhD, MSc, Centers for Disease Control and Prevention*

Dr. Francis Lee, PhD, MSc, Research Microbiologist at the Centers for Disease Control and Prevention, discussed the different methods of testing, analysis and reporting being used in different state public health NBS labs.

## **SCID Case Definitions**

*Presenters: Marci Sontag, PhD, NewSTEPS, Colorado School of Public Health & Careema Yusuf, MPH, NewSTEPS, Association of Public Health Laboratories*

Dr. Marci Sontag, PhD, Associate Director of NewSTEPS, stressed the value of entering SCID data in the NewSTEPS National Data Repository for newborn screening. These case definitions are intended to count infants consistently across time, hospitals and states.

## **Diagnosis of SCID and Disorders with Insufficient T-Cells**

*Presenter: Jennifer Puck, MD, University of California, San Francisco, School of Medicine*

Dr. Jennifer Puck, MD, Professor of Pediatrics at the University of California, San Francisco, highlighted all of the steps that need to happen once a baby screens positive for SCID through diagnosis and up to treatment. Dr. Puck emphasized the need to harmonize diagnosis terminology and discussed current challenges.

## **SCID Newborn Screening: Building the Clinical Network**

*Presenter: Lisa Kobrynski, MD, MPH, Emory University School of Medicine*

Dr. Lisa Kobrynski, MD, an allergist-immunologist in Atlanta, Georgia, highlighted the importance of establishing and maintaining clinical referral networks. Dr. Kobrynski stressed that strong clinical networks require multiple partners and that communication is key.

## **Multiplexing Real-Time PCR Assay to Simultaneously Screen for SCID and SMA**

*Presenter: Mei Baker, MD, FACMG, Wisconsin State Laboratory of Hygiene*

Dr. Mei Baker, MD, FACMG, Wynne Mateffy Professor in the Department of Pediatrics and Co-Director of the Newborn Screening Laboratory at the University of Wisconsin School of Medicine and Public Health, shared information on Spinal Muscular Atrophy (SMA), highlighting the similarities in polymerase chain reaction (PCR) based methodology and the ability to harness existing SCID infrastructure for implementing SMA newborn screening.

## **Multiplexing TREC & KREC in NYS**

*Presenter: Carlos A. Saavedra-Matiz, MD, NYSDOH Wadsworth Center*

Dr. Carlos A. Saavedra-Matiz, Supervisor of the Molecular Laboratory of the New York State Department of Health, highlighted information on a combined TREC/KREC approach that can increase the scope of what is detected by newborn screening.

## **Next Generation Sequencing in Newborn Screening for SCID in New York State**

*Presenter: Carlos A. Saavedra-Matiz, MD, NYSDOH Wadsworth Center*

Dr. Carlos A. Saavedra-Matiz, Supervisor of the Molecular Laboratory of the New York State Department of Health, provided an overview of next generation sequencing in newborn screening for SCID in New York. Next generation sequencing can be used to detect mutations in genes that can cause SCID. New York is currently developing an assay and pilot test next generation sequencing in a population that screening positive for SCID in New York.

## **Case Presentations and Discussion**

*Presenters: Susan E. Prockop, MD, Memorial Sloan Kettering Cancer Center; Christine Seroogy, MD, University of Wisconsin, School of Medicine; James Verbsky, MD, PhD, Medical College of Wisconsin; and Suzanne Skoda-Smith, MD, Seattle Children's Hospital*

Clinicians from various states talked through unique cases and challenges they have faced from initial diagnostic testing through post-transplant treatment.

## **Baby's First Test: An Educational Resource for Healthcare**

### **Providers**

*Presenter: Jackie Seisman, MPH, Baby's First Test*

Jackie Seisman, Assistant Director of Baby's First Test, provided an overview of educational resources available for health care providers, including trainings, newborn screening promotional materials, resources for patients, and online forums. More information can be found [online](#).

## **Immune Deficiency Foundation: Materials for Parents Following Newborn Screening**

*Presenter: Lynn H. Albizo, Esq. and Jamie Sexton, Immune Deficiency Foundation*

Lynn H. Albizo, Esq., Director of Public Policy for the Immune Deficiency Foundation (IDF), and Jamie Sexton, Government Relations Specialist for the IDF, provided an overview of the IDF's SCID initiative to expand public awareness, serve as advocates, fund research efforts, and provide educational events for individuals and families affected by SCID. The following resources have been developed by the IDF to support parents and are available [online](#): A Guide for Parents Following a Diagnosis (flyer); Abnormal Screening (flyer), Rotavirus Vaccine (brochure); and Understanding the Low T Cell Results from Your Baby's Newborn Screening (brochure).

## **SCID: Long Term Follow-Up: USIDNET and PI Connect**

*Presenter: Charlotte Cunningham-Rundles, MD, PhD, Mount Sinai School of Medicine*

Dr. Charlotte Cunningham-Rundles, David S. Gottesman Professor of Immunology at the Mount Sinai School of Medicine in New York, described the value of linking public health to clinical care. Dr. Cunningham-Rundles provided an overview of USIDNet, a registry that collects clinical and laboratory data on patients with rare diseases and aims to promote recognition of defects, identify optimal therapies, improve research efforts, and investigate what leads to better quality of life. Additionally, PI Connect, a registry which aims to integrate patients, clinicians, and researchers, with an interest in research in primary immune deficiencies, was highlighted.

## **SCID Long Term Follow-Up in California**

*Presenter: Tracey Bishop, BS, Genetic Disease Screening Program, California Department of Health*

Tracey Bishop, Chief of the Newborn Screening Branch with the California Department of Health, provided an overview of California Long-Term Follow-Up process; including data elements collected, how California is working with specialists to collect this information, and current barriers to this process.

## **Networking Lunch; Identifying Next Steps with State/Regional Teams**

Newborn screening programs were asked to identify priorities for the SCID community moving forward. The following priorities were identified:

- Better guidelines for treatment of asymptomatic patients
- Insurance/policy coverage (ex. treatments, insurance coverage for costs associated with NBS)
- Establishment of networks of communications between newborn screeners and pediatric immunology consultants
- Formal recommendations on Long-Term Follow-Up
- Sharing of secondary algorithms
- Education for healthcare providers of newborn screening process through treatment
- Information shared with parents (resources available through IDF)
- Invite legislative representatives from states to conversations/meetings
- Integration with Infectious Disease Specialists
- Peer review/evidenced based and/or published articles/statements concerning transfusion

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