



# Cystic Fibrosis Newborn Screening: Prompt Care Improves Outcomes

Adrienne Savant, MD, MS

Tulane University, New Orleans, LA

Children's Hospital of New Orleans, New Orleans, LA

Join the Q&A and  
answer MOC questions  
at

**slido.com**

with the code

**#CENLApotpourri**



# Speaker Disclosure

I have no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in this CME activity.

Research Support from: **Centers for Disease Control, Cystic Fibrosis Foundation**

I do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation..

I have not used artificial intelligence in the development of this presentation.

# Objectives

- At the conclusion of this activity, learners will be able to:
  - Recognize the multisystem nature of cystic fibrosis, highlighting the critical importance of early diagnosis and treatment
  - Examine variation in cystic fibrosis newborn screening systems
  - Associate clinical outcomes from newborn screening for cystic fibrosis with delayed diagnosis/treatment and disparities based on construct of race and ethnicity

Join the Q&A and answer MOC part 2 questions at [slido.com](https://www.slido.com). Log in with the code #CENLApotpourri



# Overview

**Introduction to Cystic Fibrosis**

**Cystic Fibrosis Newborn Screening**

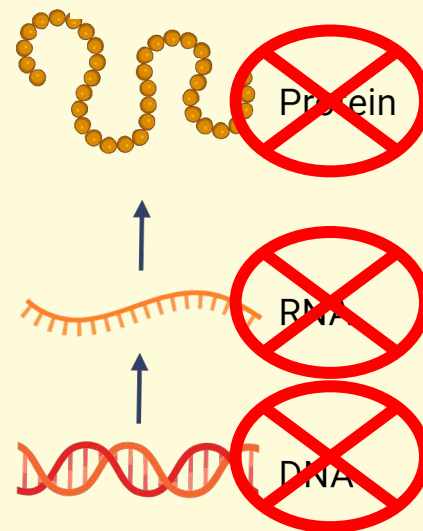
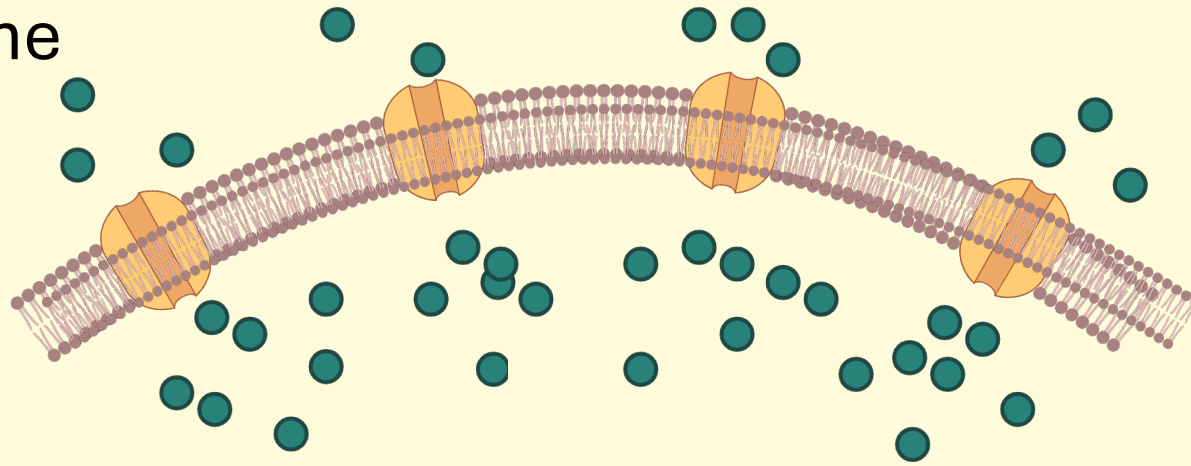
**Outcomes in Cystic Fibrosis After Newborn Screening**

# Introduction to Cystic Fibrosis

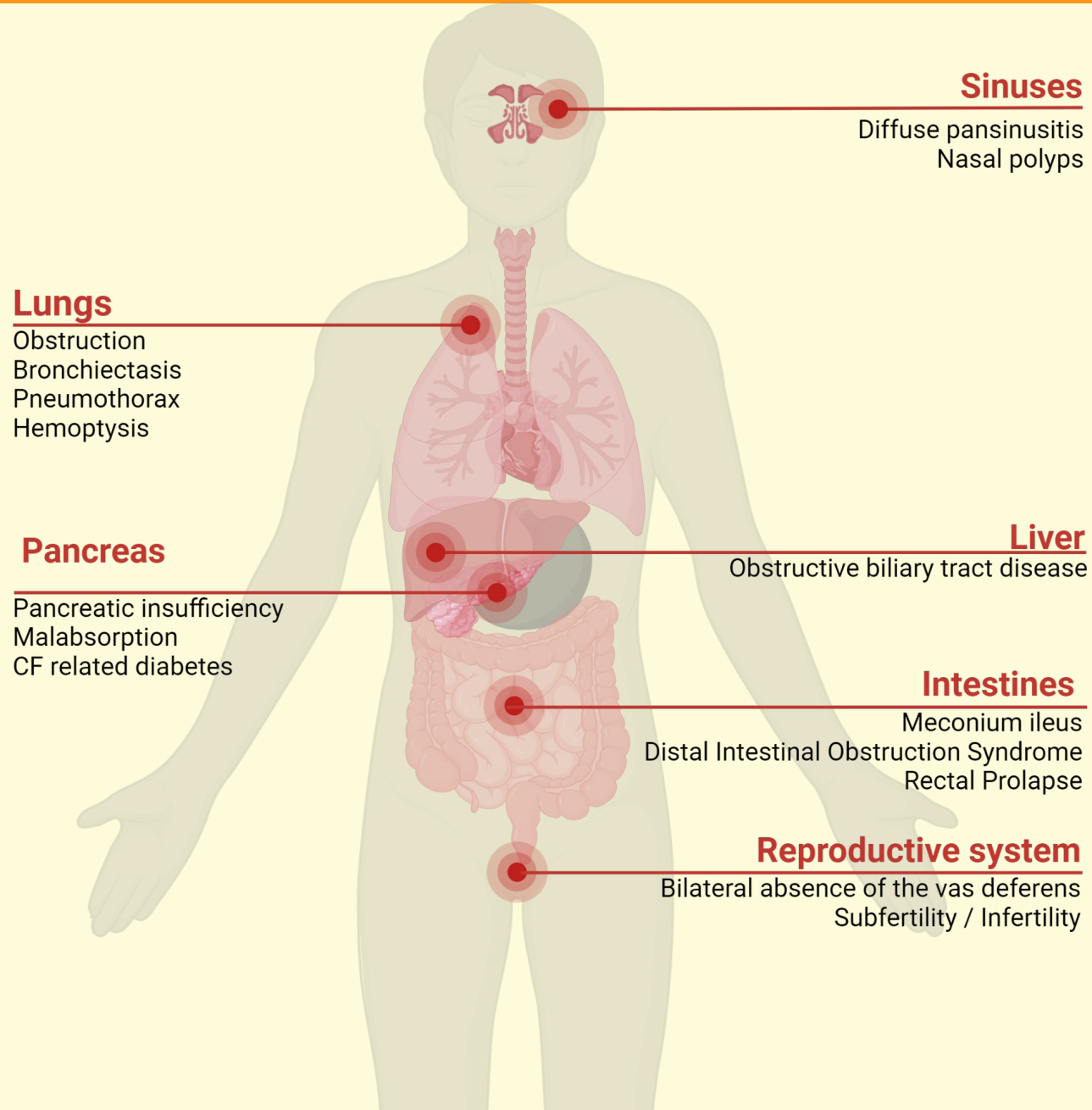


# CF: Autosomal Recessive Multi-System Disease

- Variants (aka mutations) in CFTR (CF transmembrane conductance regulator) gene

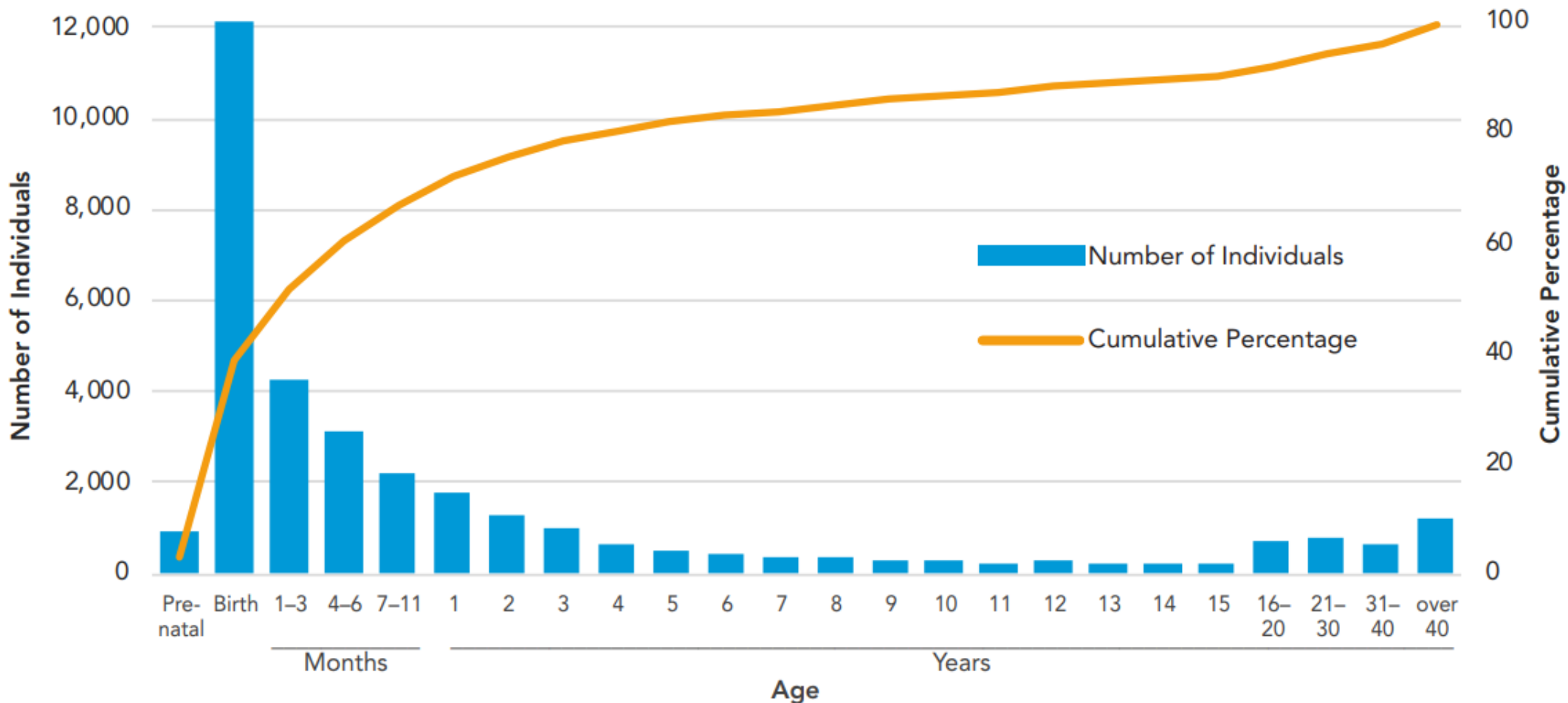


# CF: Autosomal Recessive Multi-System Disease



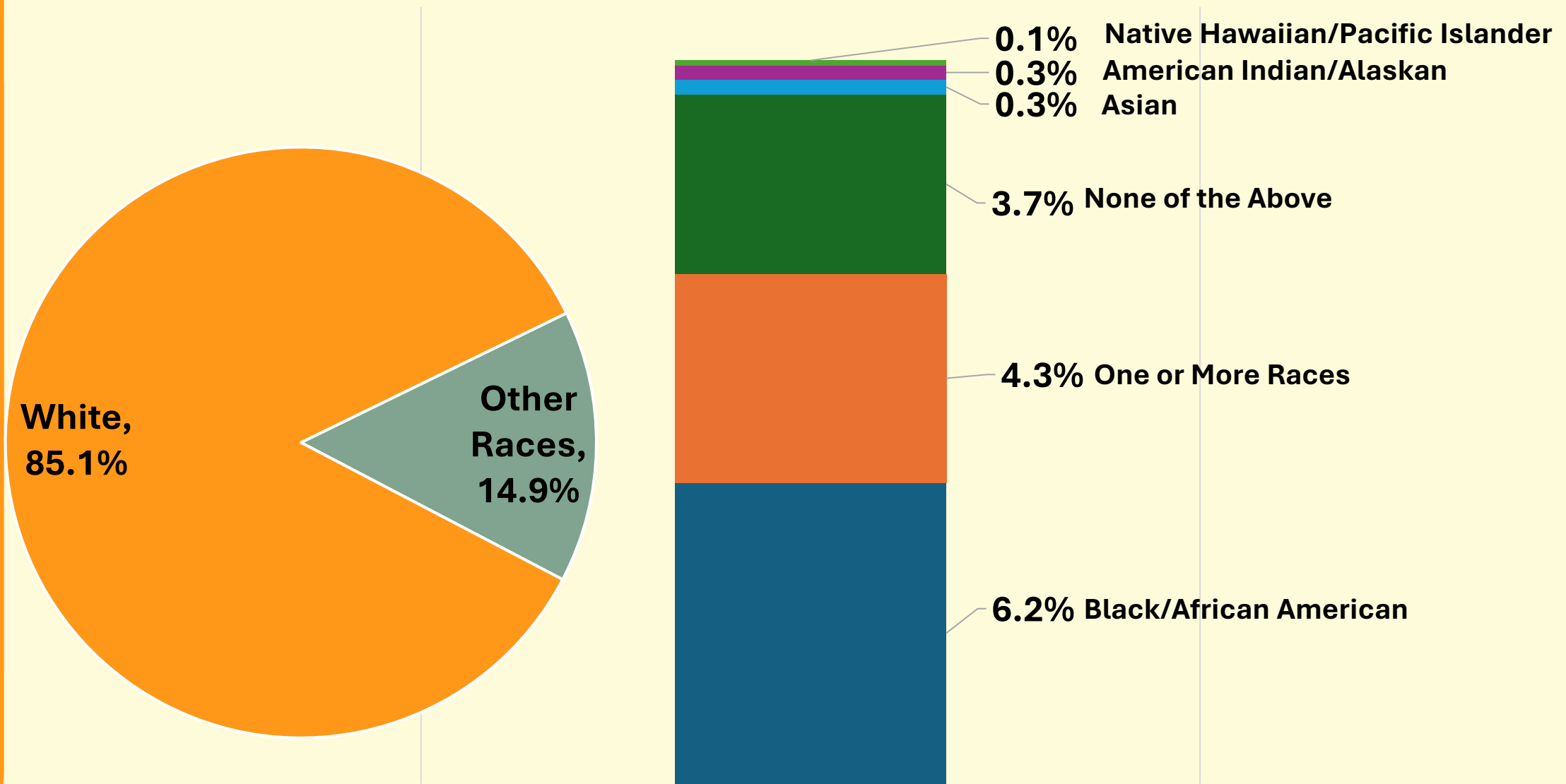
# CF can be Diagnosed at All Ages

Age at Diagnosis of All Individuals With CF Seen in 2022

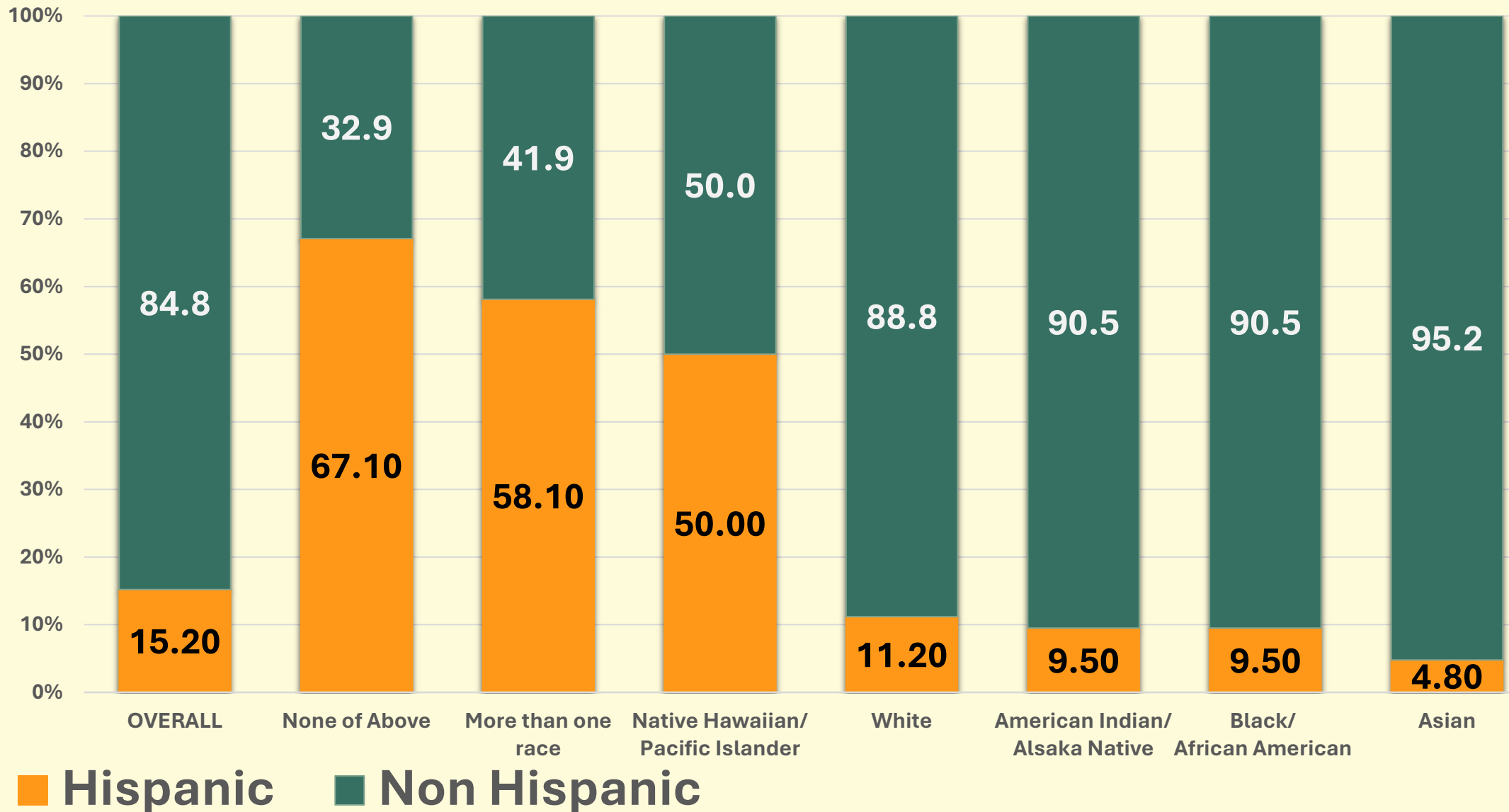




# Race of Infants Born between 2010-2018, Diagnosed with CF after NBS

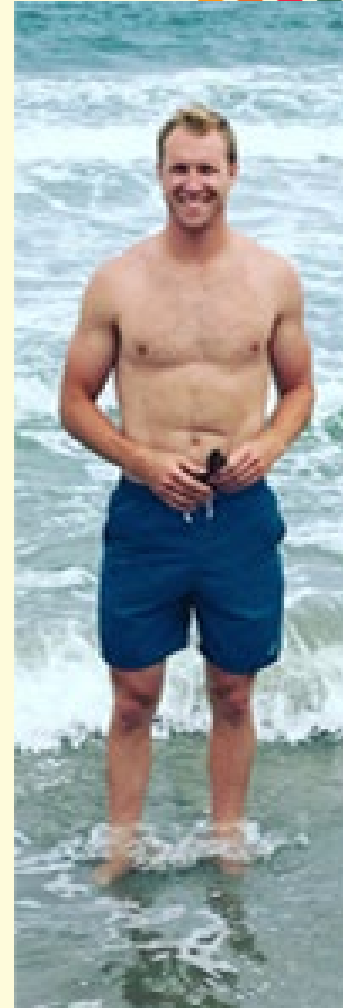
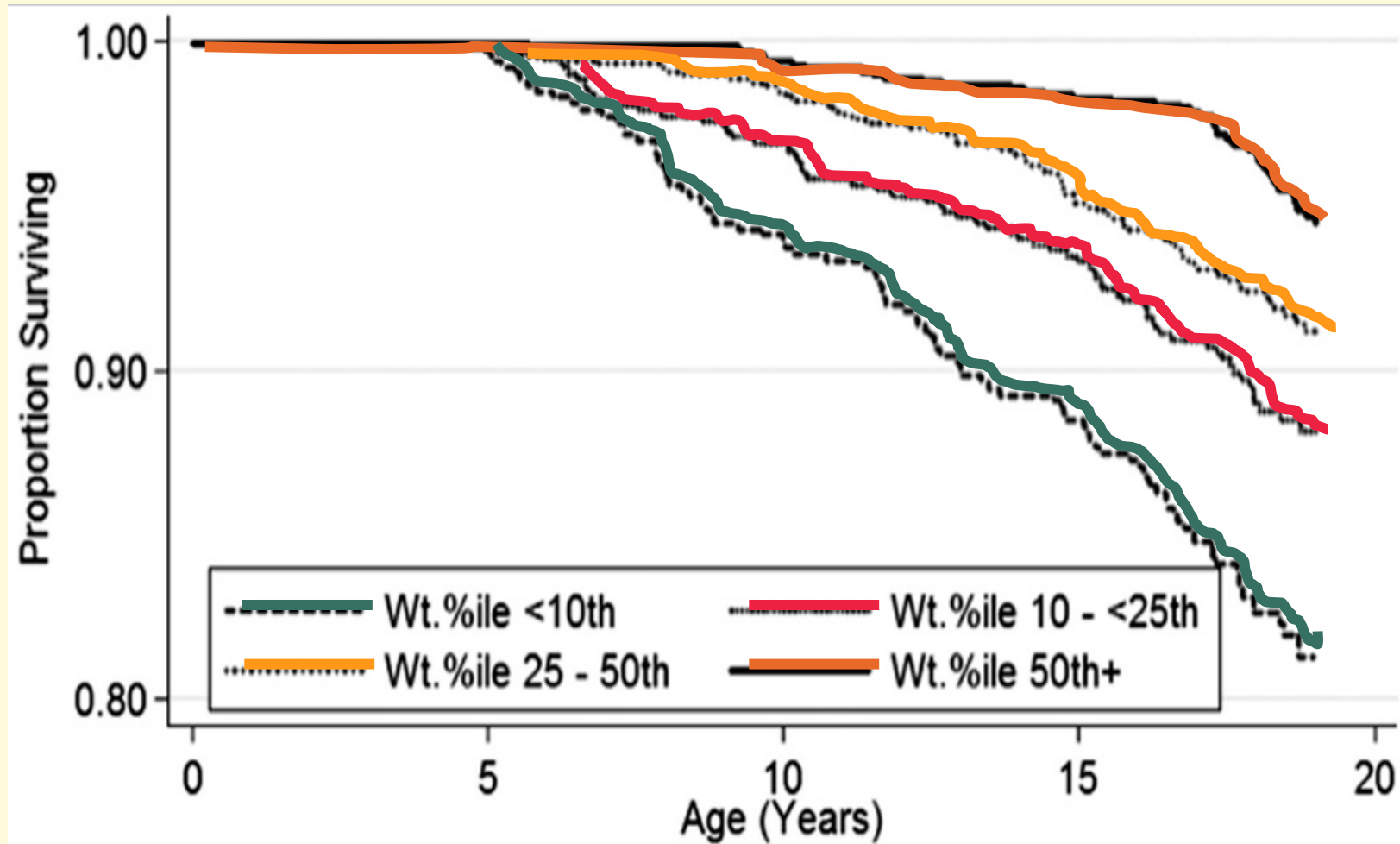


# Hispanic Ethnicity of Infants With CF Born 2010-2018



# Without Treatment, CF is Fatal in Early Life

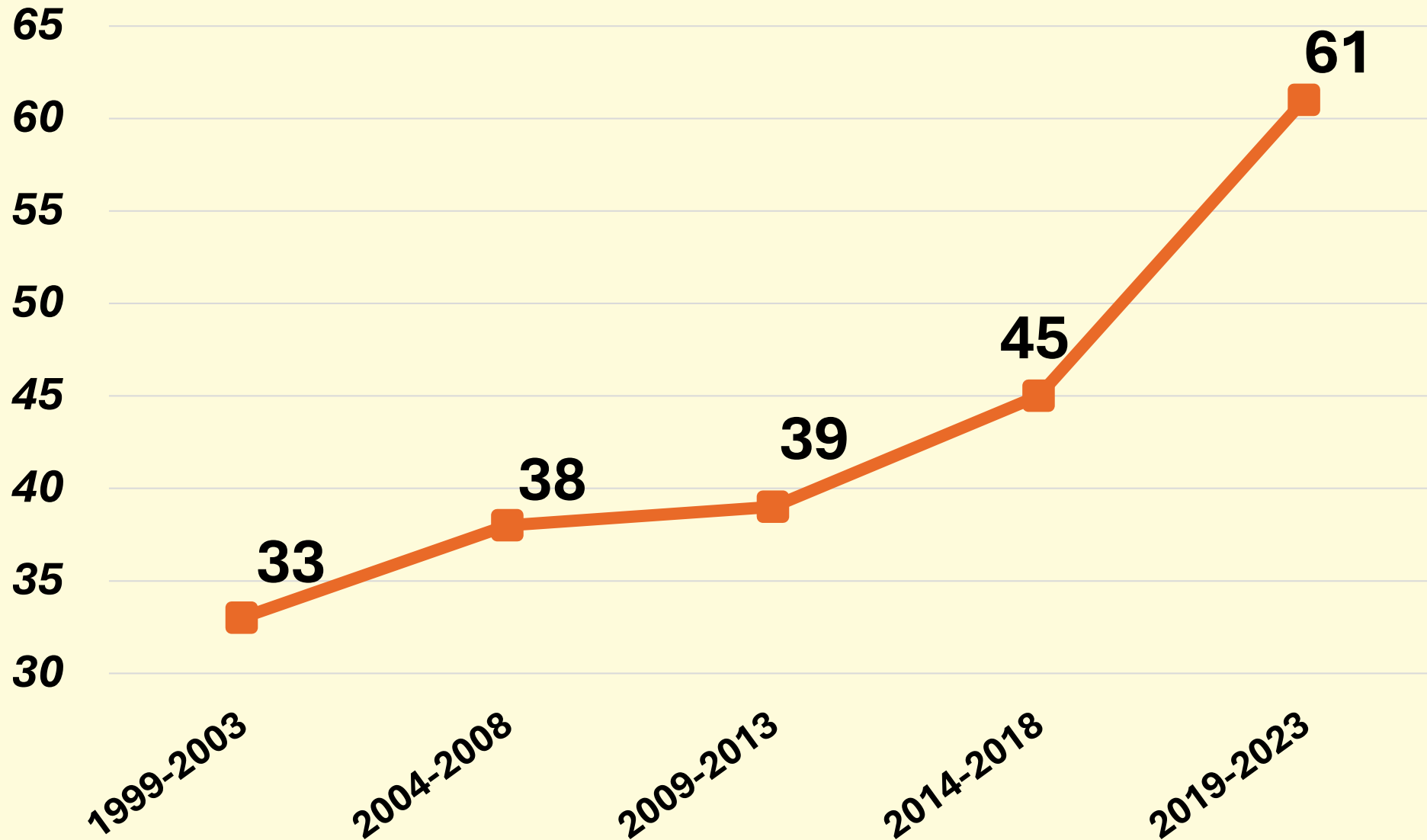
- Malnutrition, vitamin deficiency, hyponatremia can be **fatal in early infancy**
- Childhood weight and height percentiles **predict survival** to adulthood in CF



# Early Nutrition, Improved Lung Function

# Accelerated Improvement in CF Life Expectancy

## Median Predicted Survival, Years

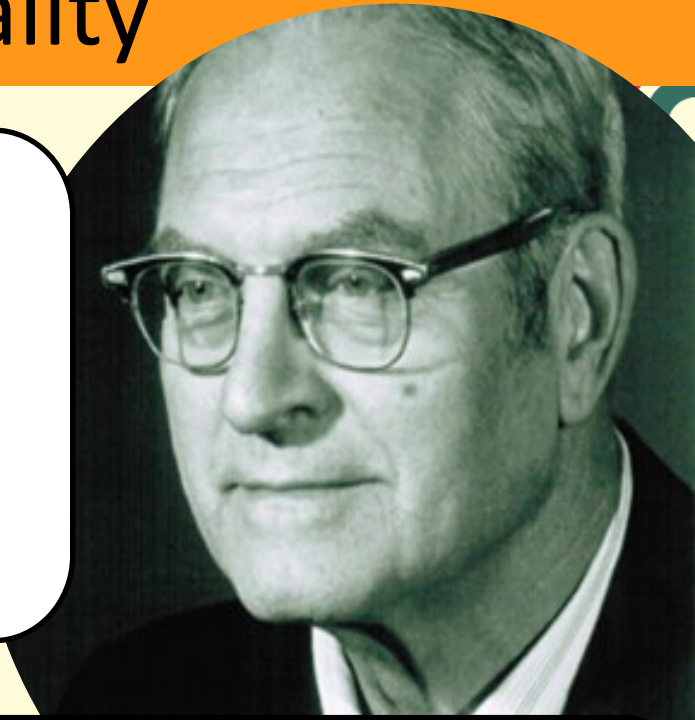


# Cystic Fibrosis Newborn Screening



# NBS Reduced Morbidity/Mortality

The history of NBS begins with Bob Guthrie, who developed an assay for phenylketonuria (PKU) and a filter paper card for blood collection



NBS tests infants for medical conditions that lead to significant morbidity or mortality and have a treatment that can improve outcomes

# Primary Care Providers Play Crucial Role in NBS

**NBS is standard for a growing number of disorders**

**Parent education in newborn period to increase**

- Awareness
- Acceptance (to reduce refusal)
- Action (follow-up results, testing if positive screen)

**Positive screens are common - Follow up promptly**

**Know state algorithms**

**Act promptly when there is a positive (out of range) screening test result**



# CDC Recommend Screening for CF Addition in 2004

Evidence from randomized controlled trials, cohort studies, comparisons of screened patient versus unscreened, and registry data showed

**“the magnitude of the health benefits from screening for CF is sufficient that states should consider including routine newborn screening for CF in conjunction with systems to ensure access to high quality care”**

IRT

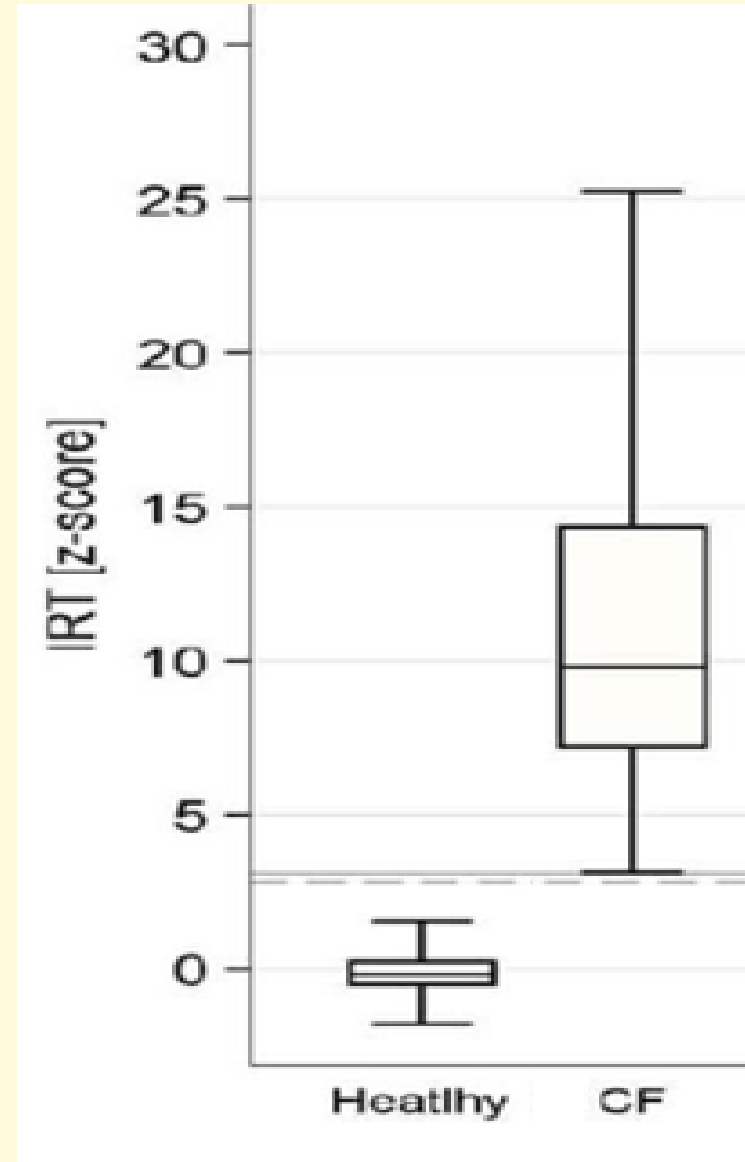
DNA

Sweat  
Chloride

# Blood Spot Tested for IRT (immunoreactive trypsinogen)

IRT levels are 2 to 5 times higher in neonates with CF

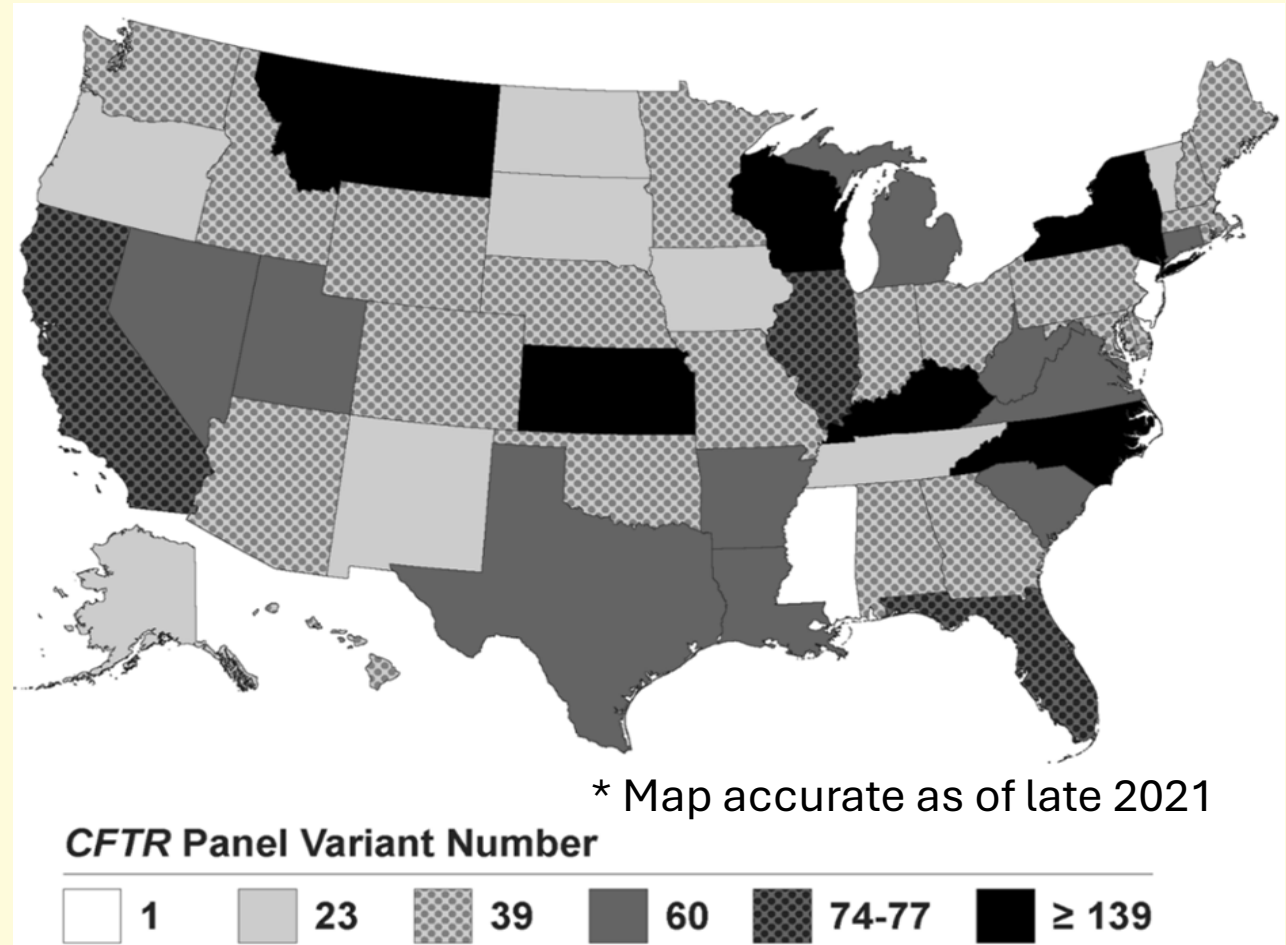
Reflects leakage of pancreatic secretions into the blood during fetal life due to blockage of pancreatic ducts



# Elevated IRT Leads to Genetic Analysis

Bloodspot is analyzed for CFTR variants

Number of CFTR variants differs between states

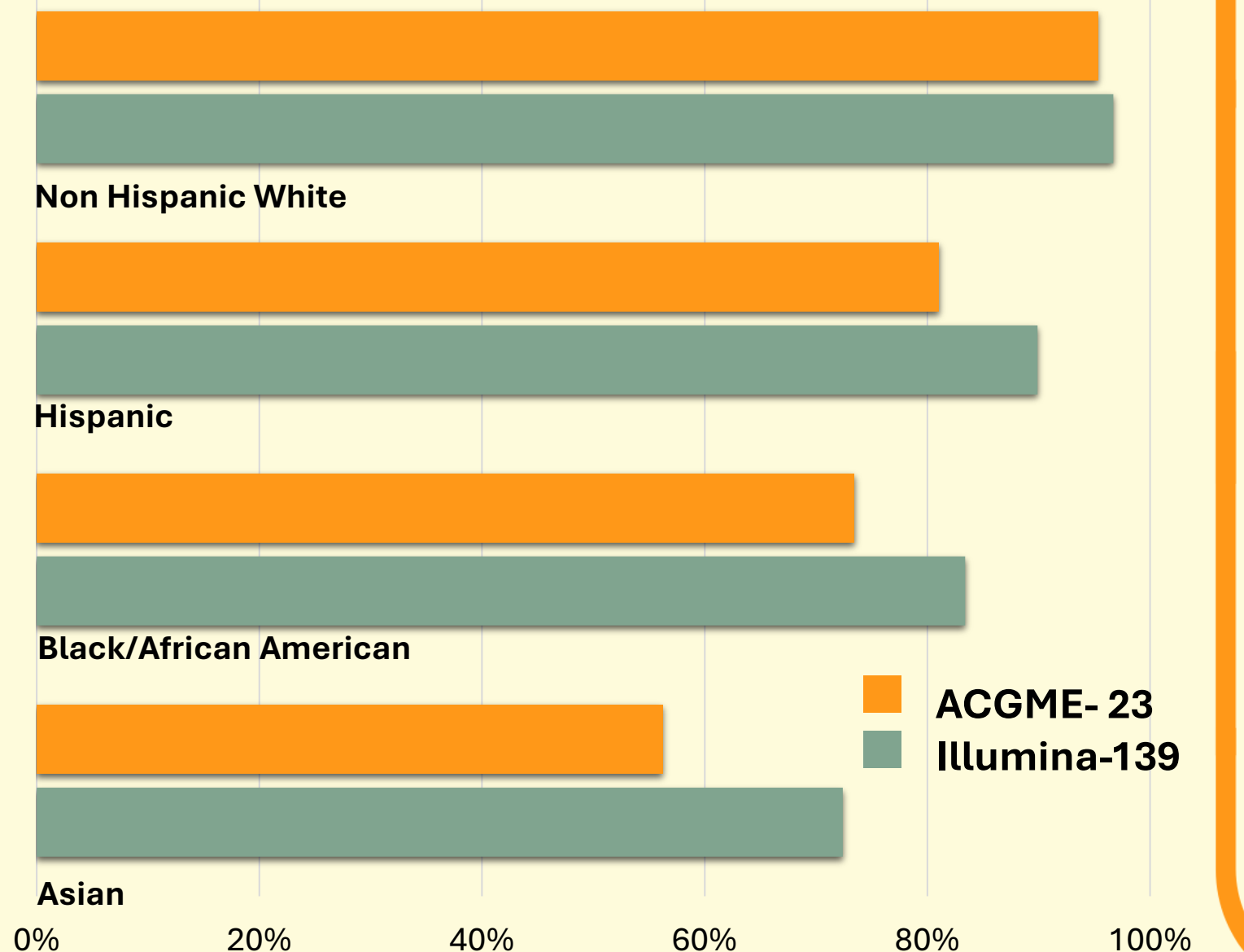


# Variation in Genetic Analysis Leads to Disparities

When fewer CFTR variants analyzed, detection rate lower in minoritized populations

NBS panels under-represent CFTR variants seen in Black and Hispanic people with CF

Percent of NBS positive for 1 + CFTR variants





**Sweat test is  
Diagnostic GOLD  
Standard is Sweat  
Chloride Test**

**Collaborate  
with CF Center**

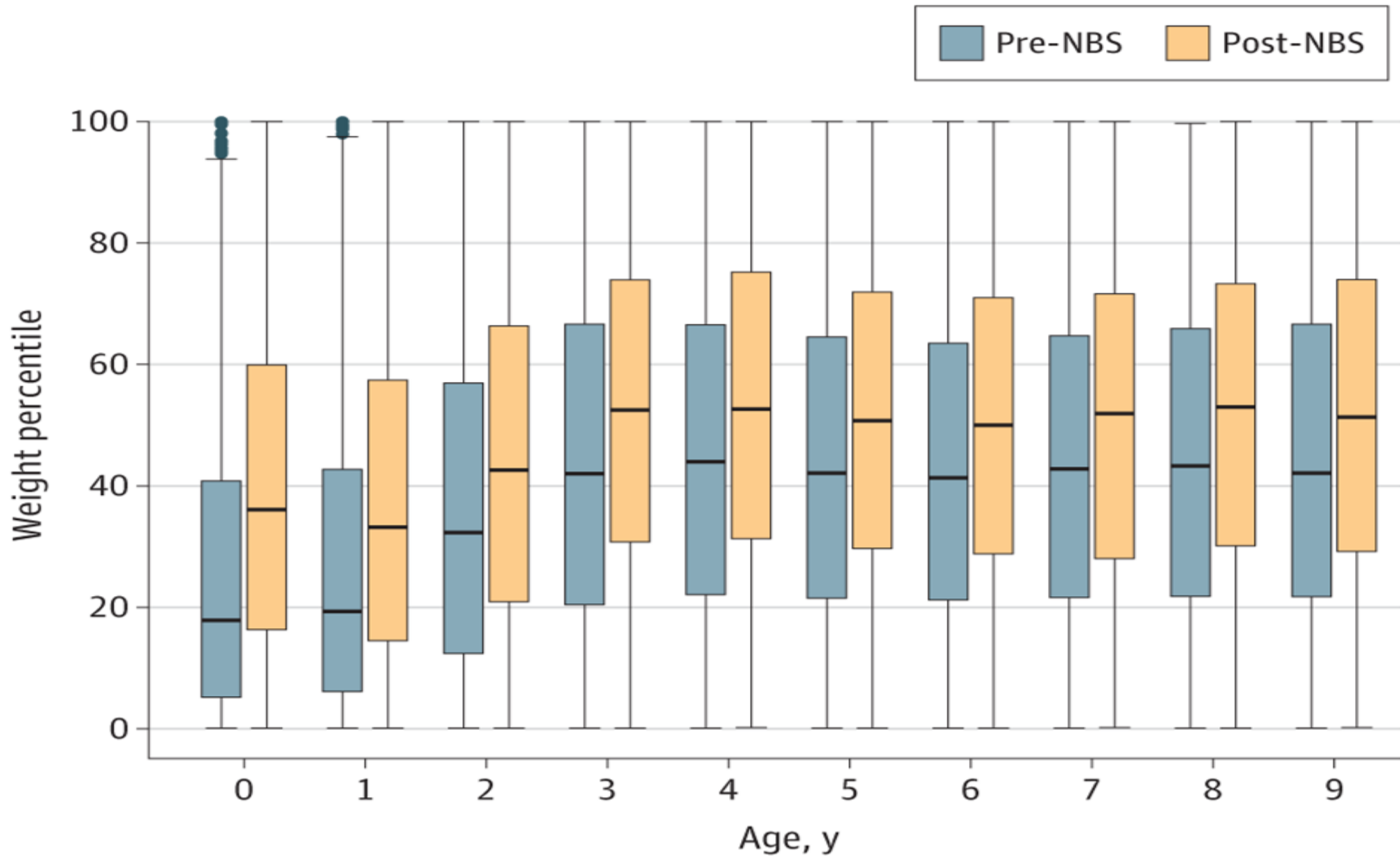
WHO needs sweat test?

- Abnormal NBS  
(regardless of mutations  
found)
- Normal NBS with  
symptoms of CF or full  
sibling with CF

# Outcomes in Cystic Fibrosis After Newborn Screening

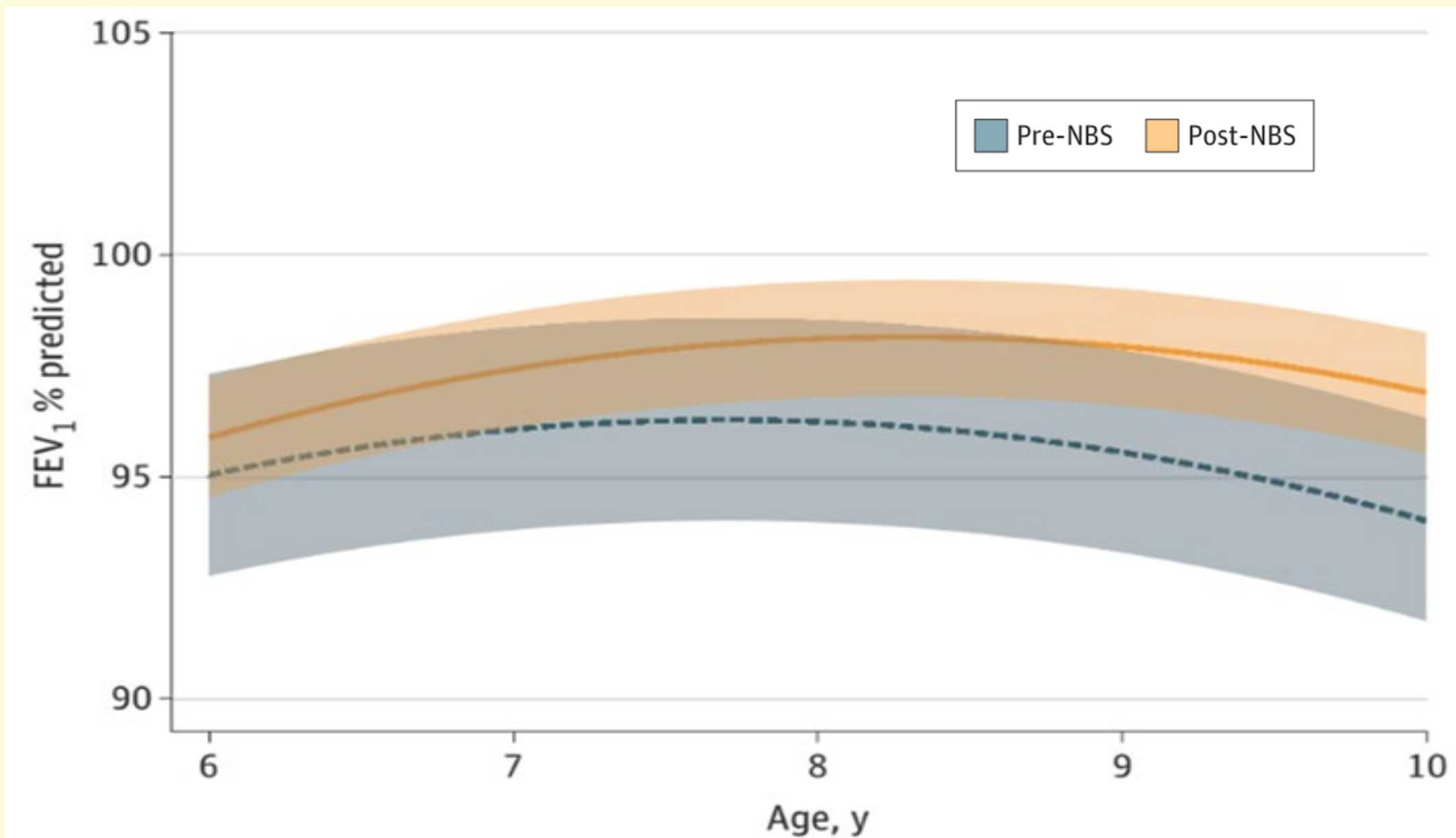


# Improved Nutrition after Implementation of CF NBS

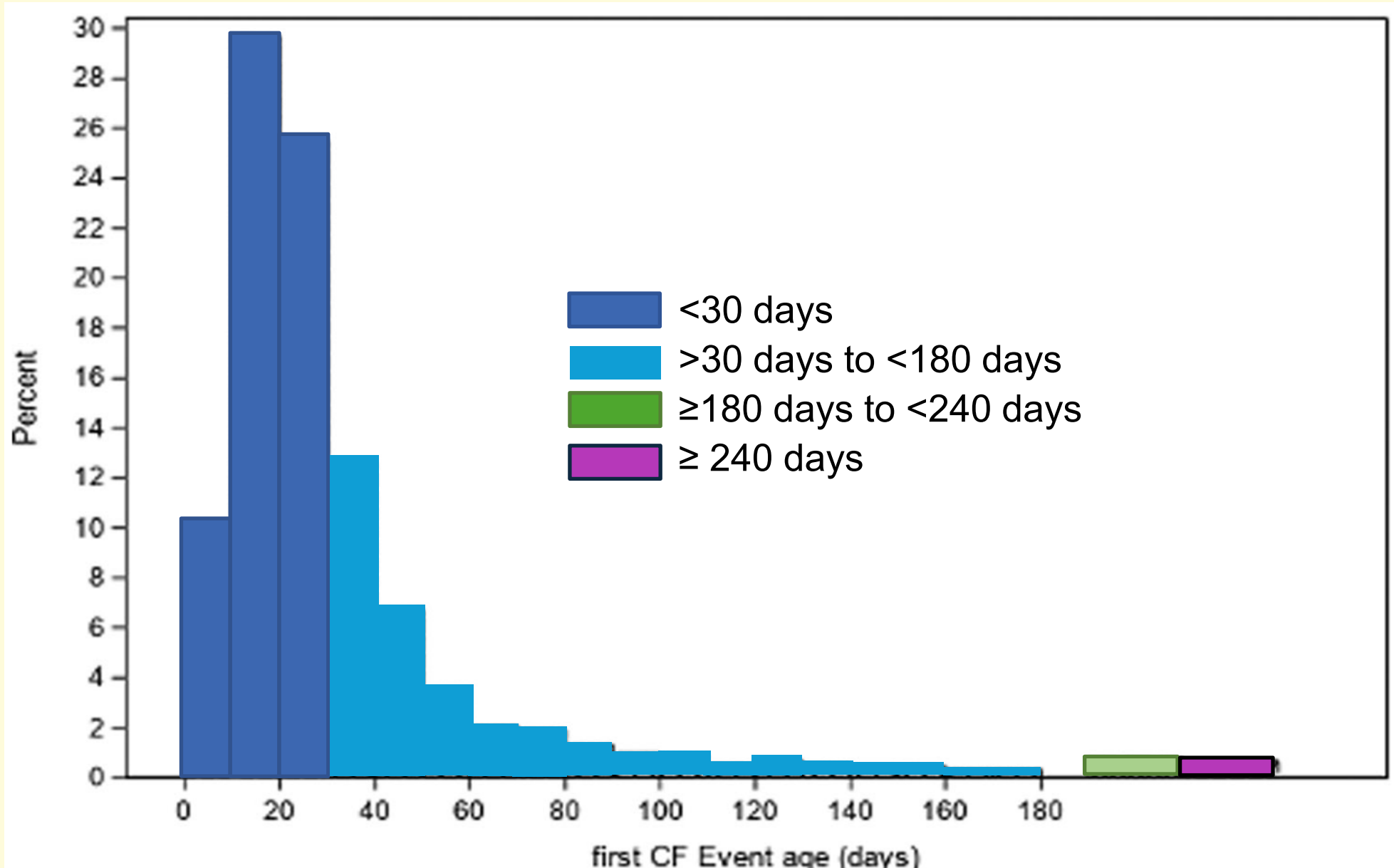




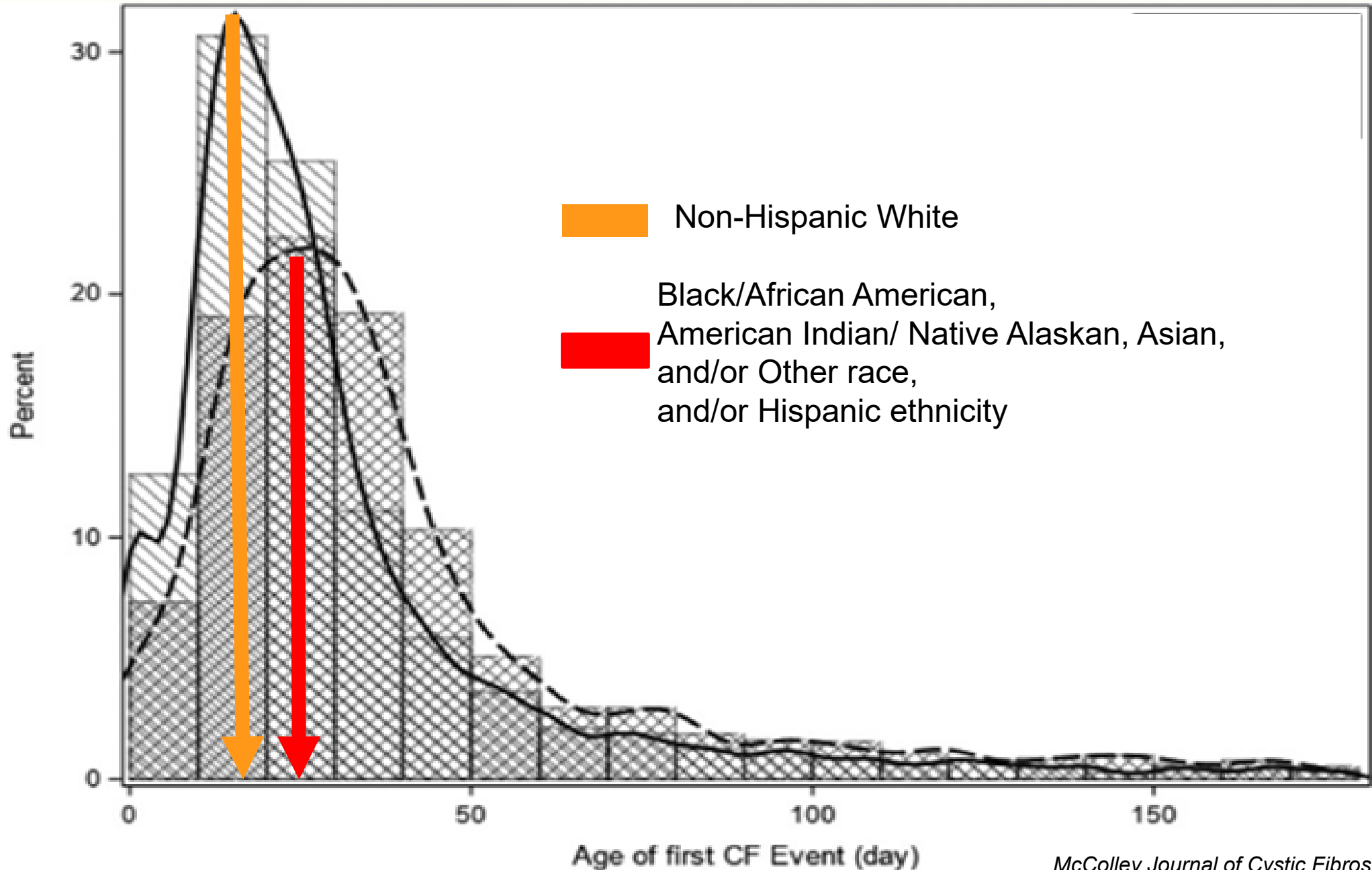
# Pulmonary Function Improved since NBS Started



# During 9 Years of NBS Delays to First Encounter Persists



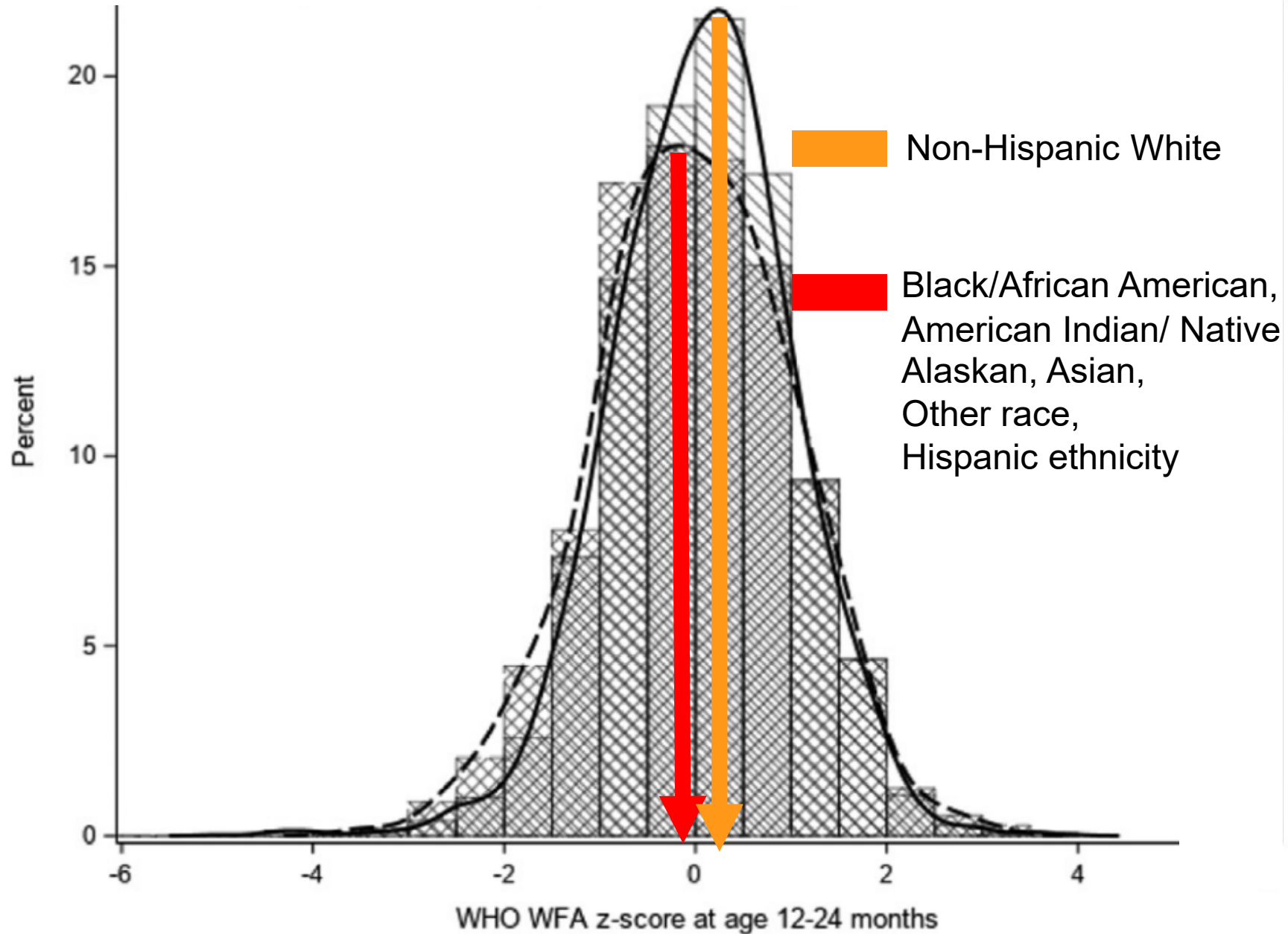
# Disparity in Follow-up by Race/Ethnicity



# Delayed Age at First Event Associated with Worse Outcomes

- More respiratory symptoms
- More failure to thrive
- Nutrition outcomes
  - First Visit: Lower median height & higher frequency with height <10<sup>th</sup>ile.
  - 12–24-month visit: Lower weight & height for age
- Higher rate of hospitalizations for pulmonary exacerbation

# Nutritional Gaps by Race/Ethnicity Continue Despite NBS

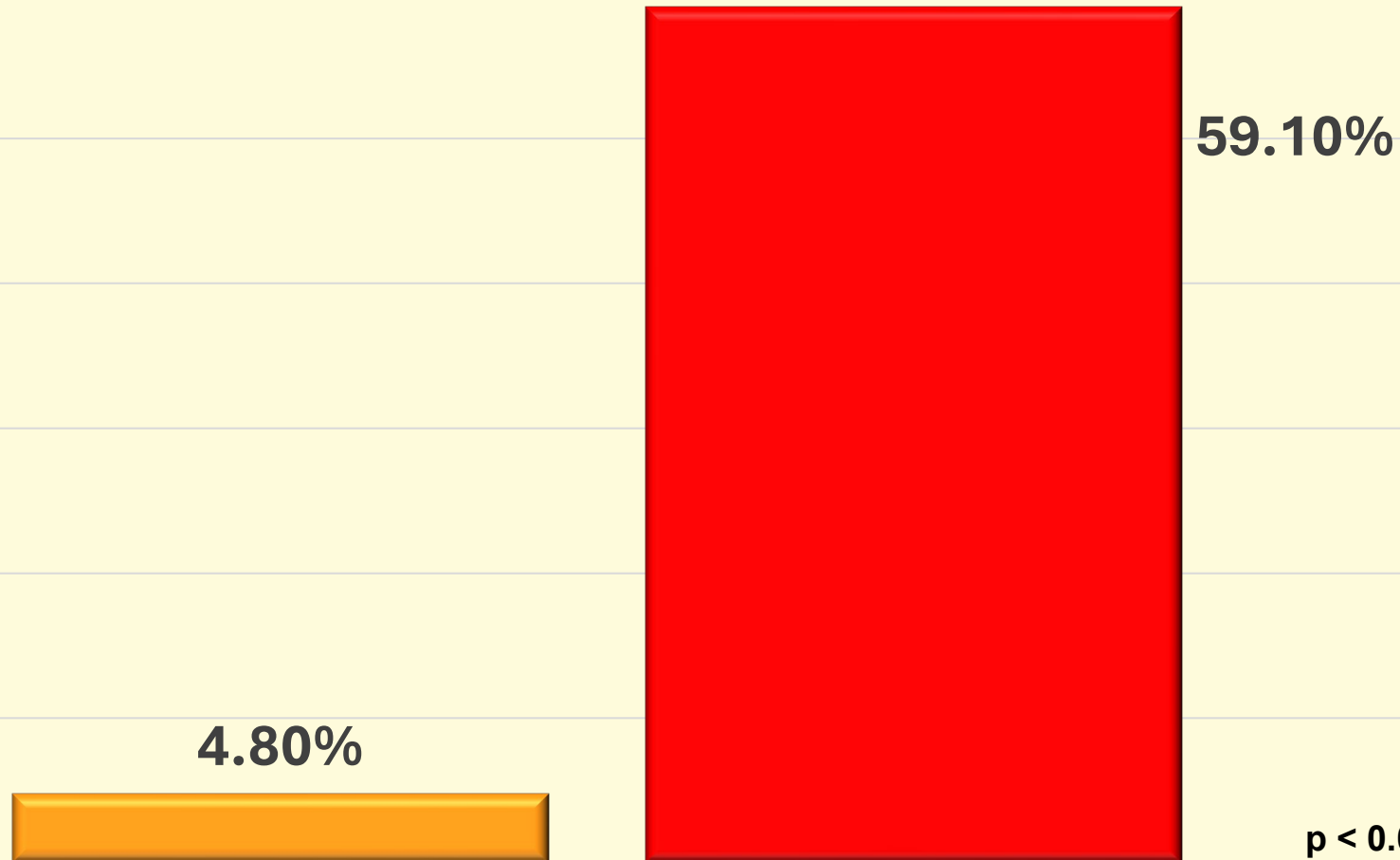


# Hospitalization for Exacerbation Higher in Delayed Care

## Percent Hospitalized for Pulmonary Exacerbation

**Early Cohort**  
**(Median 10 days)**

**Late Cohort**  
**(Median 47 days)**



**p < 0.001**

# Summary

- CF is a multisystem disease affecting ALL ages, races, and ethnicities.
- Without treatment, CF is often fatal in early life.
- Life expectancy is increasing
- NBS contributes to earlier diagnosis and improves outcomes.
- Disparities persist, with delayed diagnosis and worse outcomes.
- **To optimize health and reduce disparities for infants and children with CF, immediate referral for diagnostic testing and treatment is needed.**