



LABORATORY DIAGNOSIS OF INBORN ERRORS OF METABOLISM IN CROATIA

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**15th International Conference on Rare Diseases
„Rare Diseases - Open Your Heart And Mind”**

CROATIA - BASIC INFORMATION



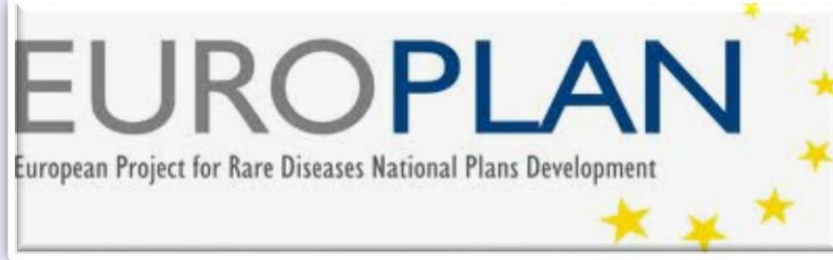
Area: 56,594 km²
Population: 4,437,460
Births per year: 39 000

- Rare disease patients ?
- Inborn errors of metabolism: ?
- NBS laboratory: 1
- Metabolic laboratory:1

INBORN ERRORS OF METABOLISM ?

- Registry is essential to show the real situation regarding rare diseases
- It provides a source of real-time information to develop guidelines for monitoring and to support patient management
- It assists **the health care strategists in the country** to devise a long-term strategic plan to ensure resources for diagnostics and treatment

Without the International Classification of Diseases (ICD-11) and national register –
the diseases are not visible !!!



The Croatian national plan for rare diseases has been developed around of the following nine priority areas:

1. Promotion of the knowledge and availability of information on rare diseases;
2. Support of rare disease registries and securing their sustainability;
3. Establishment of referral centres and centres of expertise activities;
4. Improvement of the availability and quality of health services for rare disease patients (prevention, diagnosis, treatment);
5. Improvement of access to treatment with orphan medicinal products;
6. Securing the availability of special social services for rare diseases patients;
7. Empowerment of patient's organisations;
8. Encouraging research activities in the field of rare diseases;
9. International networking in the field of rare diseases.

THE CROATIAN ALLIANCE FOR RARE DISEASES



Croatian Alliance
for Rare Diseases

RIJETKI ALI JEDNAKI

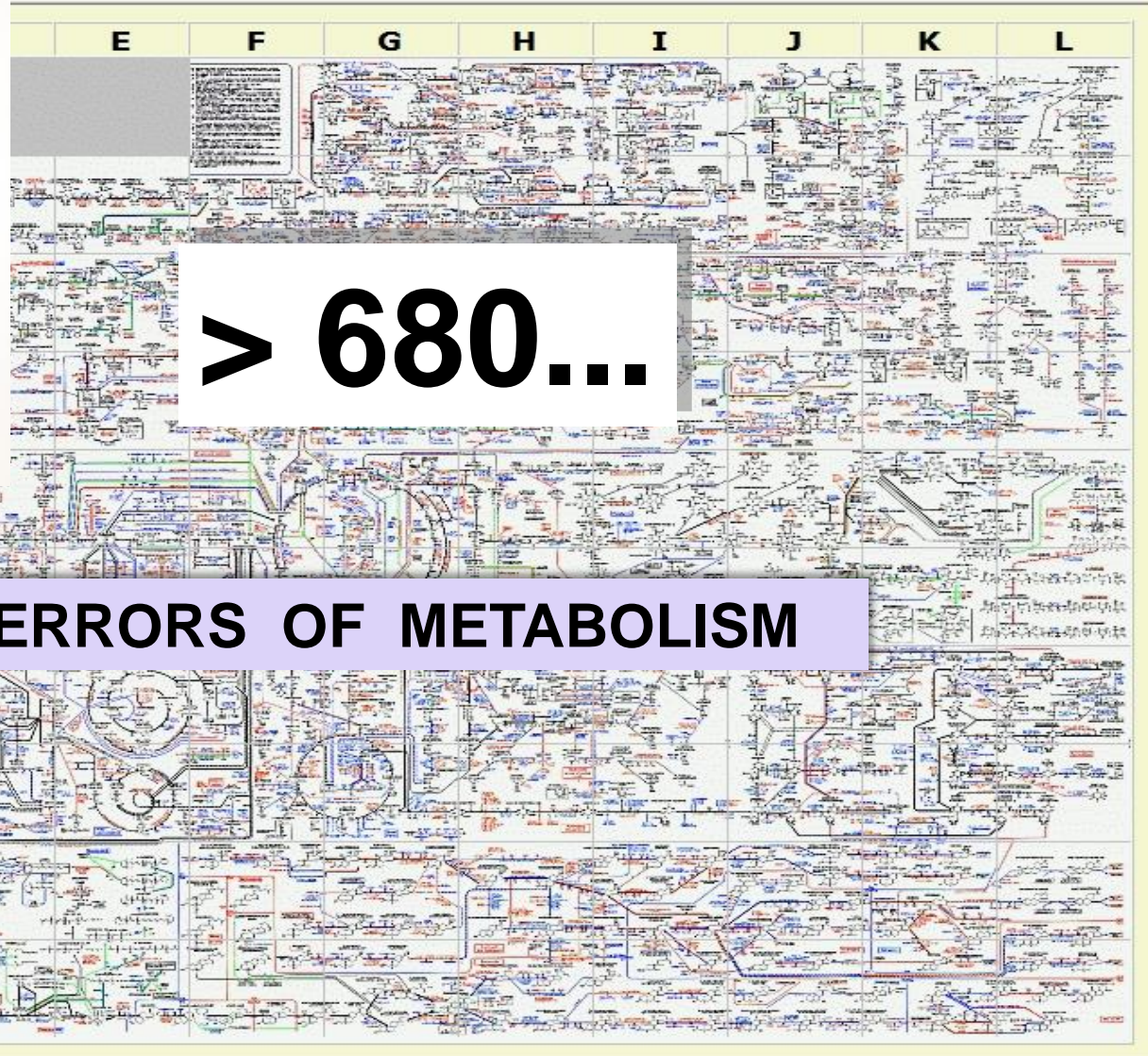
- The umbrella organisation for rare diseases that gathers **20 non-profit organisations**
- At present there are more than **350 different rare diseases** registered in the association.
- The Society are taking care for more than 1500 patients



Diagnosis of Rare Diseases

Patients living with rare diseases **visit an average of 7.3 physicians** before receiving an accurate diagnosis, according to a recent survey of patients, family members, physicians and health care professionals.

RARE DISORDERS 6,000 - 8,000



ORGANIZATION OF LABORATORY DIAGNOSTICS OF INBORN ERRORS OF METABOLISM IN CROATIA

**NATIONAL
SCREENING
PROGRAM**

**SELECTIVE
SCREENING**



**Department of Laboratory Diagnostics,
University Hospital Center Zagreb**

Department of Laboratory Diagnostics, University Hospital Center Zagreb



Laboratory is
accredited by
medical laboratories
ISRN EN ISO 15189



Hrvatska akreditacijska agencija (HAA)/Croatian Accreditation Agency is an independent and non for profit public institution that acts as the national accreditation service in the Republic of Croatia

NATIONAL SCREENING PROGRAM

- Neonatal screening is centralised in Croatia and is an obligatory part of health care.

- Neonatal screening is provided for **phenylketonuria** and **hypothyroidism**



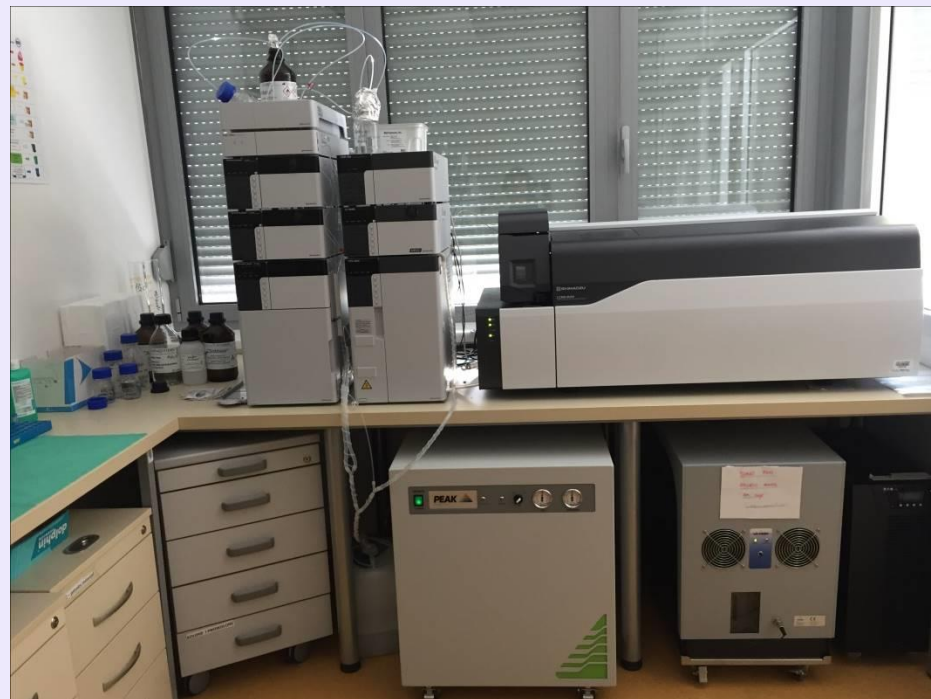
EXPANDED NBS - CROATIA



Republika Hrvatska
Ministarstvo zdravlja

Isovaleric acidemia
Glutaric acidemia type I
Carnitine uptake defects

MCAD deficiency
VLCAD deficiency
LCHAD deficiency



NEWBORN SCREENING

II VAŽENJE MOLIMO PISATI VELIKIM, TISKANIM SLOVIMA. PAŽLJIVO PROČITATI UPUTE NA POKLADINI.

Podaci o majci: Prezime majke: P. BEZIK
Djevojačko prezime majke: _____
Ime majke: L. DUSANA
Adresa (ulica, broj, mjesto): UDVORAR LUKOVARSKA 23
Poštanski broj: 101000
Telefon: 09141539534

Podaci o djetetu: Prezime djeteta: _____
Ime djeteta: L. DUSANA
Datum rođenja: dan: 26, mjesec: 09, godina: 2019, sat: 15
Infuzija: glukoza
Ispit:
Amnionit:
Ugroženo dijete:
Zutica:
Anemija:
Transfuzija krvi:

Podaci o ustanovi: ZIG USTANOVE - RODIŠTA
MILOSHINAC
ZENSKE BOLES
POMOĆNIŠTVO
Virovački ogranak 29
MATELOSKI ODSIP
Telefon: _____

Datum i vrijeme uzimanja uzorka: dan: 02, mjesec: 09, godina: 19, sat: 17
Potpis osobe odgovorne za uzorkovanje: 120492C

32 Birth clinics

Screening laboratory

Primary contact physician

Metabolic specialist

Metabolic center

Dietitians...

Parents

Scientific evaluation

Effective NBS requires a close working relationship between hospitals, newborn screening program, and follow-up program



DURHAM, N.C., February 3, 2017 – Baebies, Inc., announced today it has received *de novo* clearance from the U.S. Food and Drug Administration (FDA) for SEEKER

SEEKER is the first and only platform in newborn screening for lysosomal storage disorders authorized by the FDA!

SEEKER is a high throughput laboratory solution that quantitatively measures the activity of lysosomal enzymes from newborn dried blood spot specimens. Reduced activity of these enzymes may be indicative of **Mucopolysaccharidosis Type I (MPS I), Pompe, Gaucher or Fabry disease.**

Pompe Disease- *March 2015 ...* **US implementation 35%**
MPS I- *February 2016.....* **US implementation 21%**
X-ALD- *February 2016.....* **US implementation 62%**

More conditions are coming...

ACID LIPASE DEFICIENCY
AMINO ACIDS DISORDERS (9+)
DUCHENE MUSCULAR DYSTROPHY
GAMT
FRAGILE X
HYPERBILIRUBINEMIA
INFECTIOUS DISEASES
G-6-PDH
METAL DISORDERS
NCL2
SPINAL MUSCULAR ATROPHY

LYSOSOMAL DISORDERS

Fabry
Gaucher
Krabbe
NPAB
Galactosialidosis
MLD
MPS II, III, IV, VI

TREATMENT OPTIONS FOR INBOR ERRORS OF METABOLISM

- Hematopoietic stem cell transplantation
- Enzyme replacement therapy
- Substrate reduction therapy
- Human cell and gene therapy
- ...

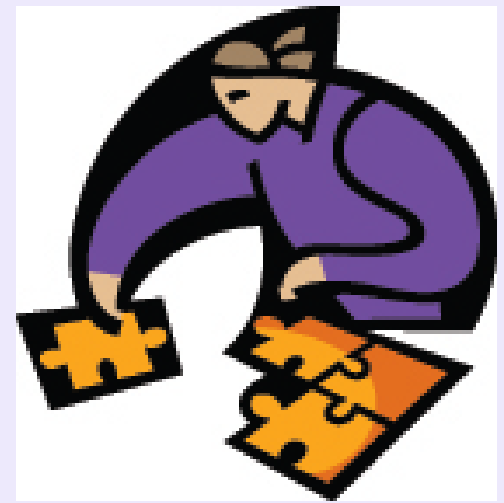
**SUPPORTIVE
THERAPY**

**OPTIMAL
THERAPY**

**SPECIFIC
THERAPY**



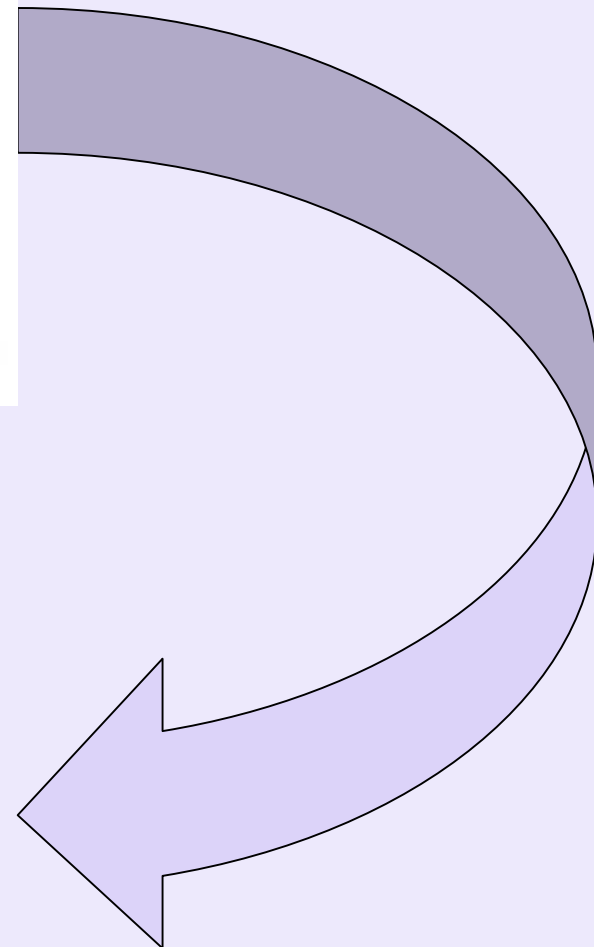
One should be aware:



**The efficacy of many current
therapies relies on
early detection
and treatment
prior to the onset of
irreversible pathology!!!**

INBORN ERROR OF METABOLISM ?

> 680



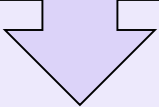


SELECTIVE SCREENING APPROACH

CLINICAL SUSPICION



SPECIALIST MANAGEMENT



LABORATORY DIAGNOSTICS



clinical observations should accompany the samples



DIAGNOSTICS OF INHERITED METABOLIC DISORDERS - SELECTIVE SCREENING

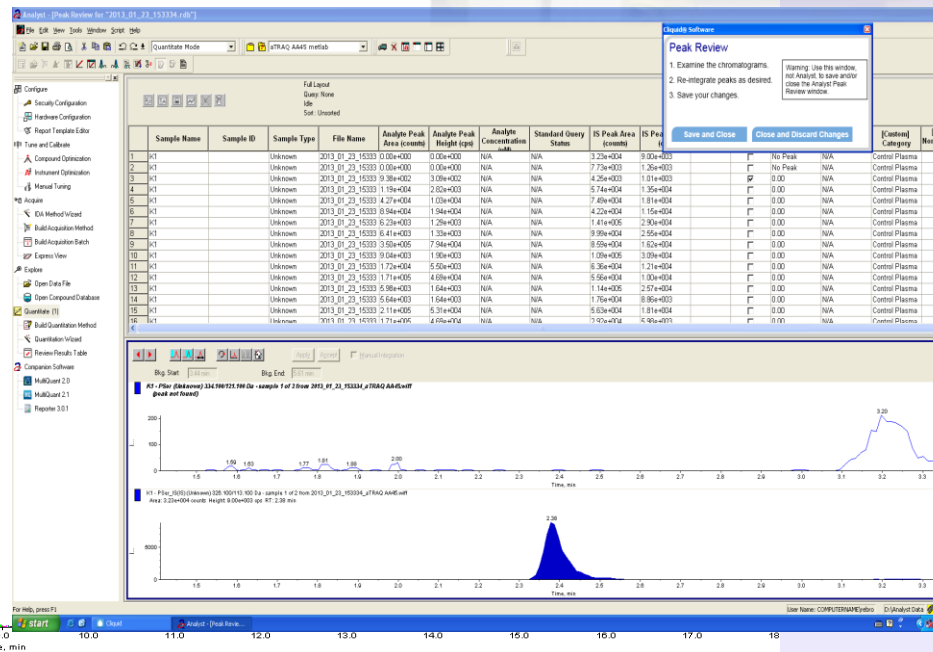
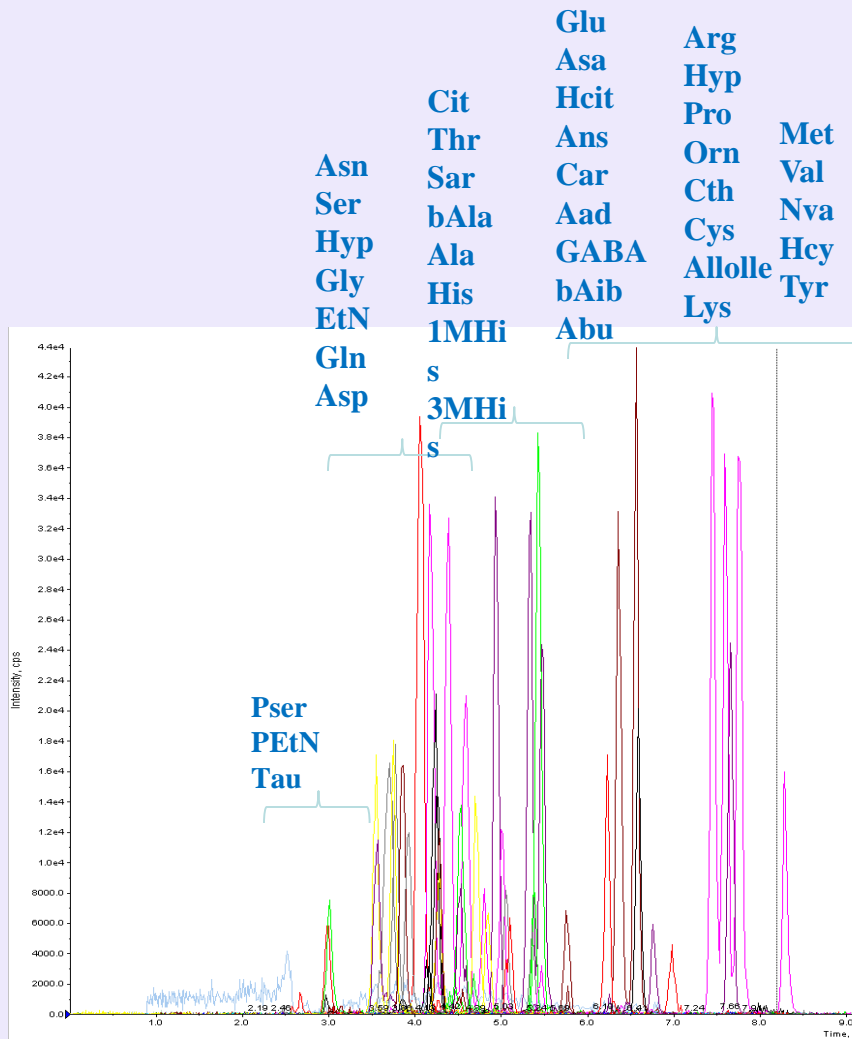
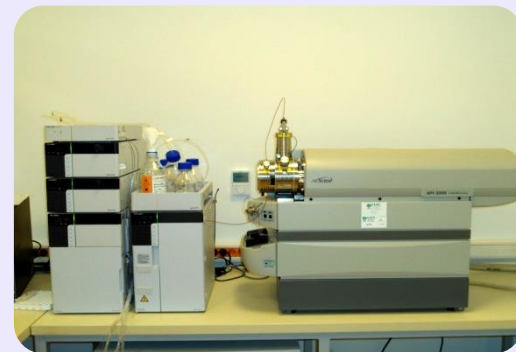
☑ Rational approach to diagnostics

basic metabolic tests: glucose,
ammonium, lactate, pyruvate,
reducing substances...

special metabolic tests:
amino acids, organic acids, carnitine, acyl
carnitine, galactose, oligosaccharides,
glycosaminoglycans, CDG, VLCFA ...

☑ confirmation tests:
lysosomal storage disorders (enzyme activities)

SPECIAL METABOLIC TESTS- AMINO ACIDS



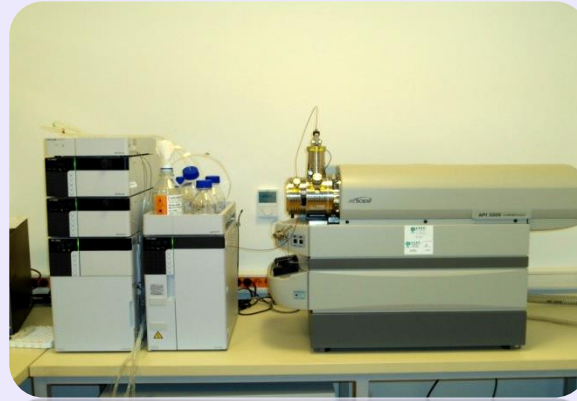
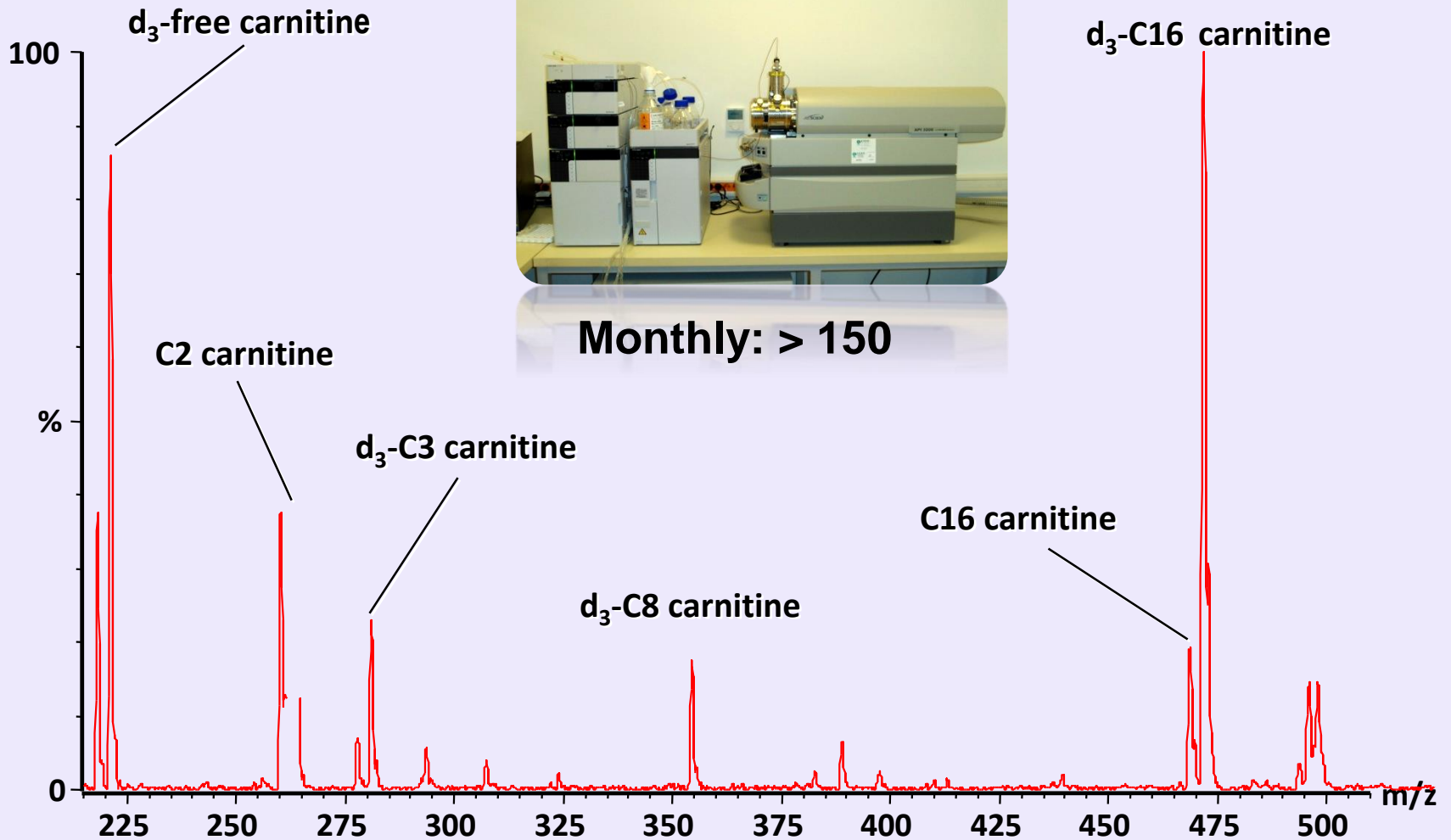
Monthly:

- 150 qualitative
- 80 quantitative

18 min



SPECIAL METABOLIC TESTS- Acyl carnitine profile



Monthly: > 150

SPECIAL METABOLIC TESTS- Organic acids



Monthly: > 100

DIAGNOSTICS OF INHERITED METABOLIC DISORDERS - SELECTIVE SCREENING

☑ Rational approach to diagnostics

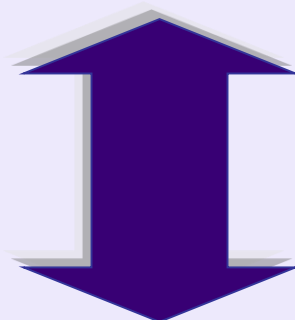
basic metabolic tests: glucose, ammonium, lactate, pyruvate, reducing substances...

special metabolic tests: amino acids, organic acids, carnitine, acyl carnitine, galactose, oligosaccharides, glycosaminoglycans, CDG, VLCFA ...

☑ **confirmation tests**:
lysosomal storage disorders (enzyme activities)

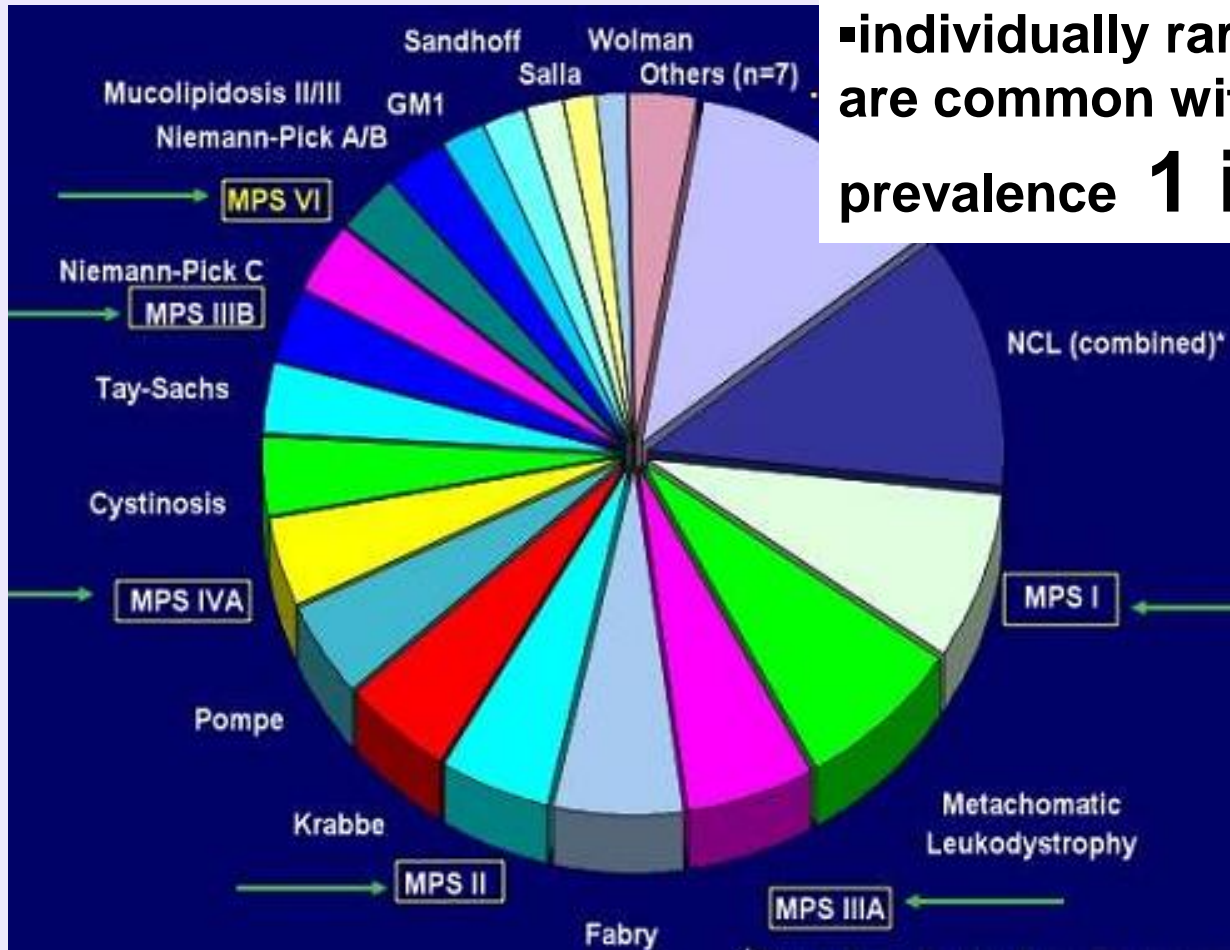
Genetic testing is available for the most common genetic conditions in laboratories of clinical hospitals or research institutes. Genetic testing is covered by the Croatian Institute for Health Insurance: when a certain test is not available in Croatia, a second medical opinion from 2-3 medical professionals is needed before a sample can be sent abroad.

However, there are still some problems with these types of cross-border services.



LYSOSOMAL STORAGE DISORDERS

► The need for better recognition...



▪ individually rare, but as a group they are common with overall prevalence **1 in 7500** live births!





Identification of Infants at Risk for Developing Fabry, Pompe, or Mucopolysaccharidosis-I from Newborn Blood Spots by Tandem Mass Spectrometry

C. Ronald Scott, MD¹, Susan Elliott, BS², Norman Buroker, PhD¹, Lauren I. Thomas, MS¹, Joan Keutzer, PhD⁴, Michael Glass, MS², Michael H. Gelb, PhD³, and Frantisek Turecek, PhD³

These estimates of prevalence are 2 to 4 times greater than the prevalence estimated by clinical diagnosis..

(J Pediatr 2013)



LSDs- LABORATORY APPROACH

“unspecific tests”



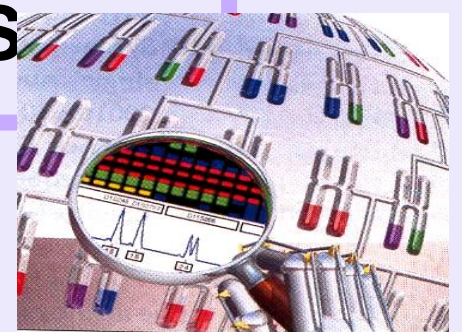
Preliminary screening tests



LYSOSOMAL ENZYME ACTIVITY



MOLECULAR ANALYSIS



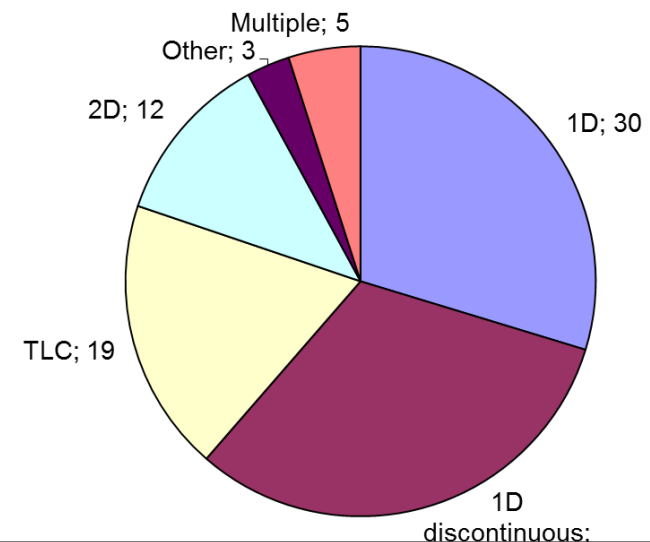
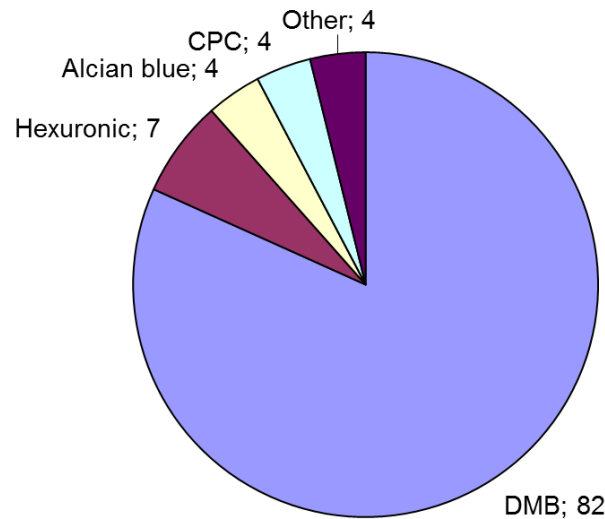
MPS- PRELIMINARY SCREENING TESTS

ERNDIM Urine MPS: an External Quality Assurance scheme for diagnostic testing of mucopolysaccharidoses in urin

Quality of quantitative MPS screening

Proficiency of urine MPS screening

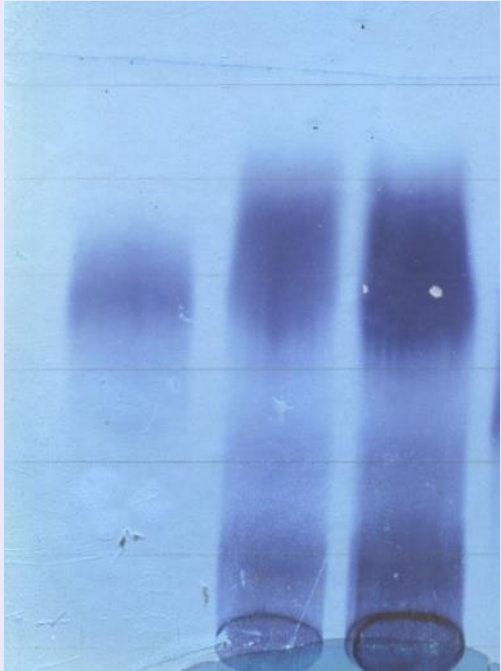
Methods used to analyse GAG



1,9-dimethylmethylene blue (DMB)-based colorimetric method

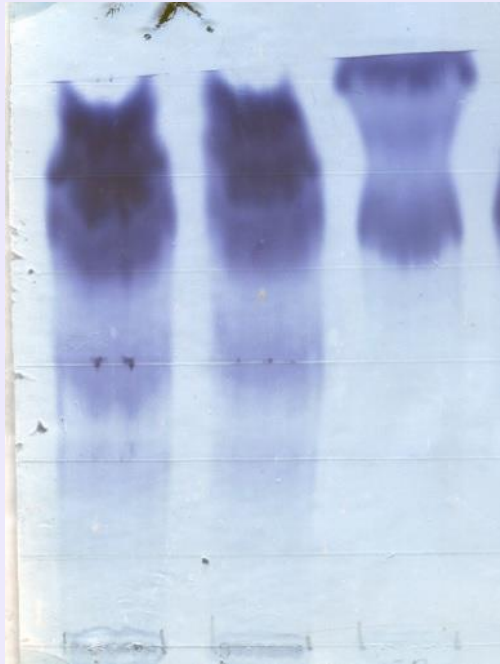
TLC - GLYCOSAMINOGLYCANS

Dermatan sulphate



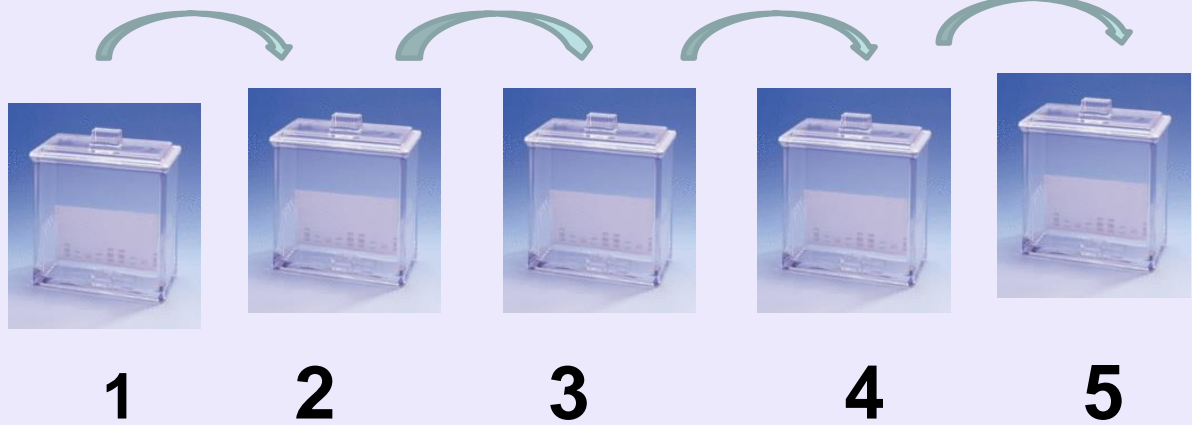
MPS type I, II, VI

**5
4
3
2
1**



Keratan sulphate

MPS type IV

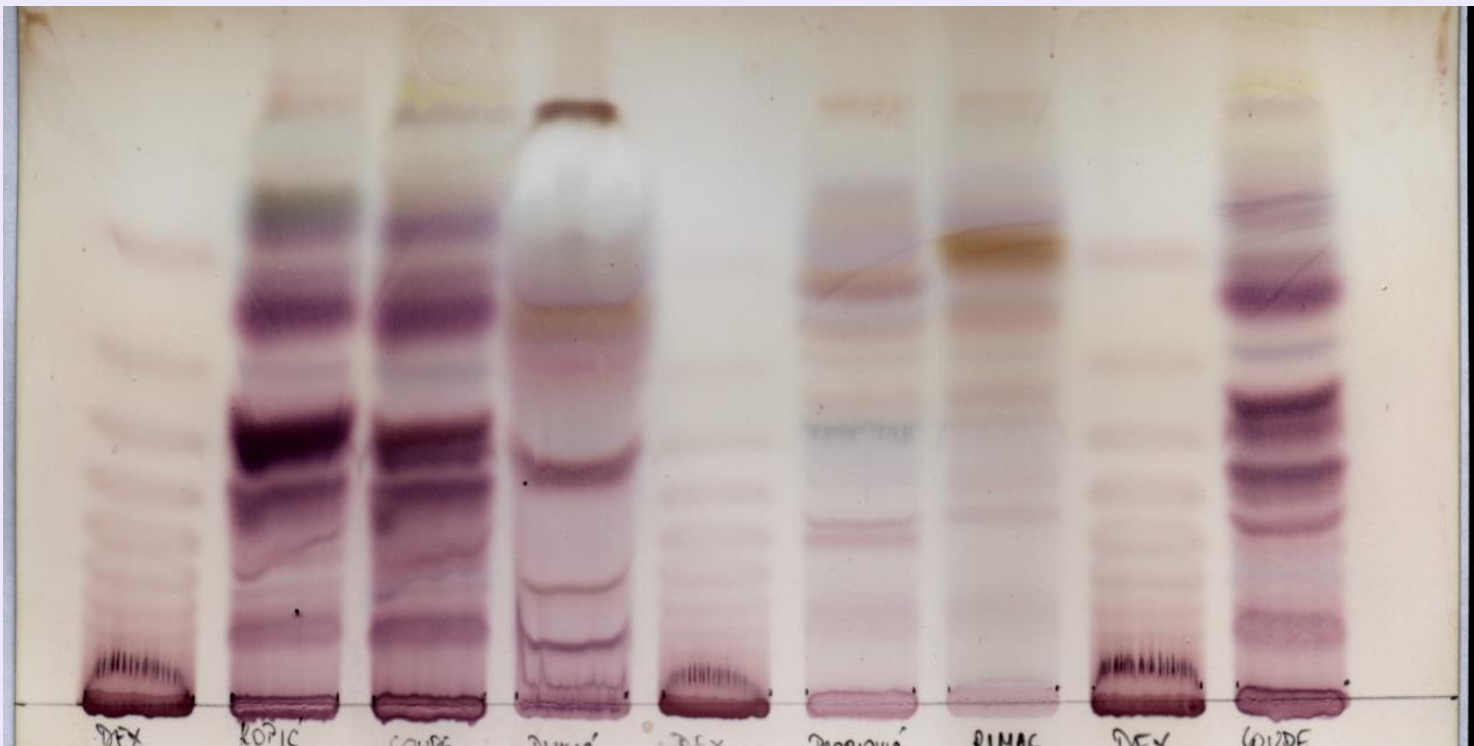


URIN

OLYGOSACCHARIDES

TLC

- ☞ GM1-GANGLIOSIDOSIS
- ☞ M.POMPE
- ☞ β -MANNOSIDOSIS
- ☞ MPS IVB
- ☞ GM2-SANDHOFF
- ☞ α -FUCOSIDOSIS
- ☞ α -MANNOSIDOSIS
- ☞ SIALIDOSIS

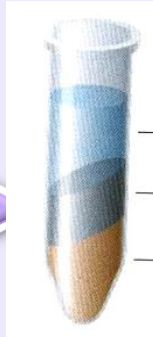


LYSOSOMAL ENZYME ACTIVITY ANALYSIS

SERUM

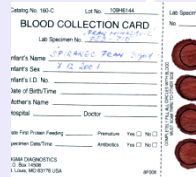
☞ MUCOLIPIDOSES

LEUKOCYTES



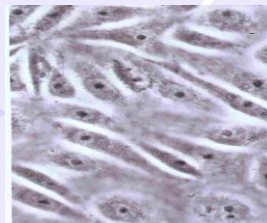
☞ ALL LYSOSOMAL HYDROLASES
except
-sialidase (ML I)
- α -glucosidase (M.Pompe)-lymphocytes
-phosphotransferase (ML II i III)

DBS



☞ SOME LYSOSOMAL HYDROLASES

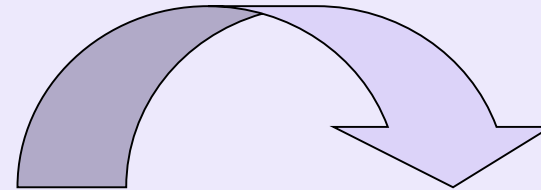
FIBROBLASTS



☞ CONFIRMATION OF DIAGNOSIS

DRIED BLOOD SPOT

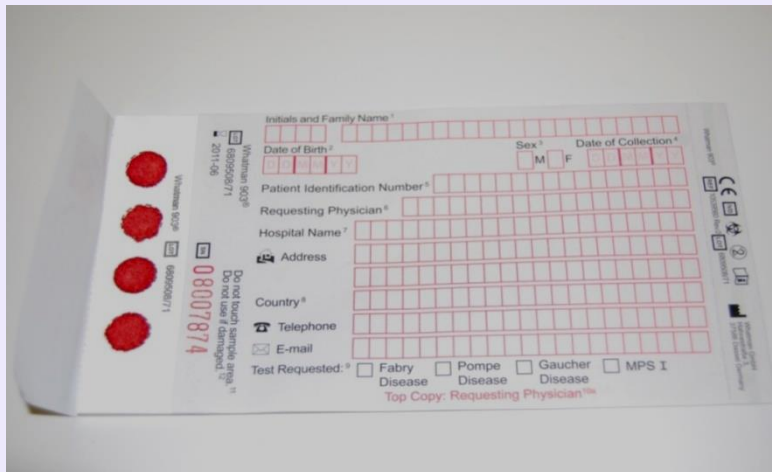
- ▶▶ α -galactosidase (FABRY DISEASE)
- ▶▶ α -glucosidase (POMPE DISEASE)
- ▶▶ β -glucosidase (GAUCHER DISEASE)
- ▶▶ α -L-iduronidase (MPS I DISEASE)



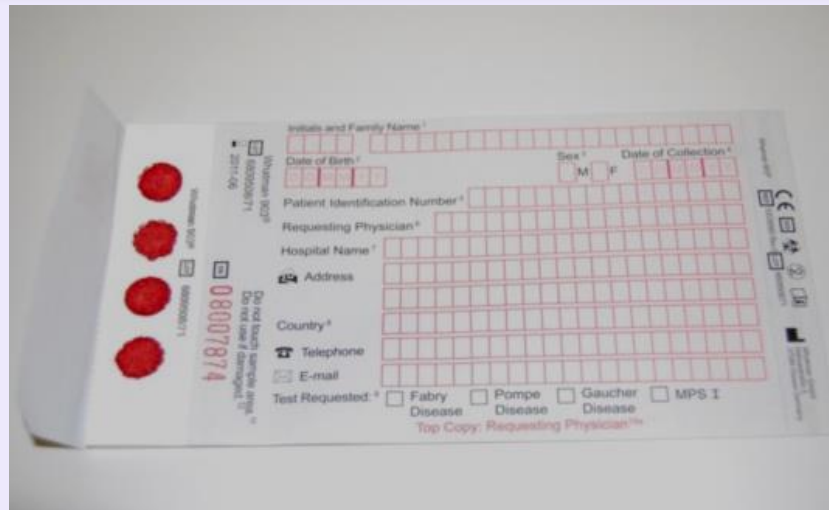
▶▶ Lysosomal acid lipase (CHOLESTERYL ESTER STORAGE DISEASE; WOLMAN D.)

▶▶ Sphingomyelinase (NPAB)
▶▶ Palmytoyl protein
thioesterase 1 (BATTEN DISEASE)

DEPARTMENT OF LABORATORY
DIAGNOSTICS, UNIVERSITY HOSPITAL
CENTER ZAGREB
Kišpatićeva 12
10 000 ZAGREB



DBS –SELECTIVE SCREENING LSD FOR THE REGION

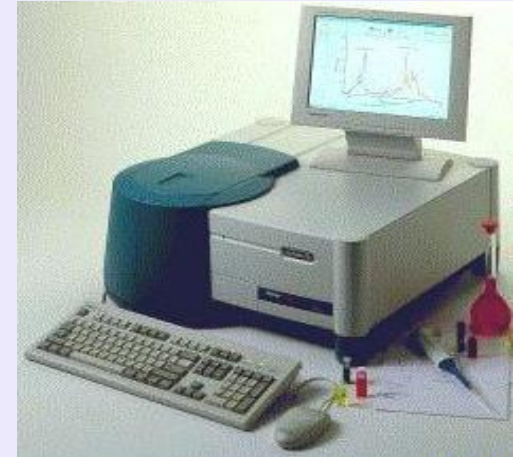
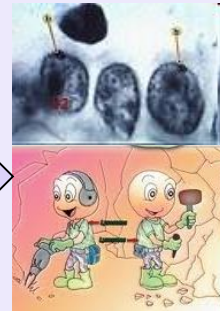
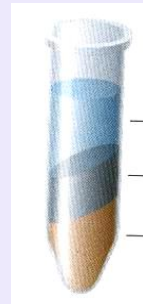


2016	BiH -Tuzla	BiH -Banja Luka	BiH -Sarajevo	Macedonia -Skopje	Albania -Tirana	Serbia -Beograd	Serbia -Novi Sad	Serbia -Niš	Kosovo	Monte negro -Podgorica	Slovenia - Ljubljana	Slovenia Maribor
POMPE -DBS	135	97	103	52	66	157	139	152	121	90	155	89
FABRY -DBS	111	35	234	66	89	212	234	167	89	68	167	111
MPS I -DBS	30	12	43	24	27	89	56	32	44	12	54	23
GAU CHER -DBS	43	32	54	66	75	67	78	27	44	30	47	20

Enzyme activity in DBS is below the cut-off value...



Leukocytes
Lymphocytes



~8 ml EDTA-blood

DNA molecular genetic testing was performed in commercial clinical international labs including **CENTOGENE**, **Bioscientia** and **Nijmegen Medical Center**...

All of the parents of the patients with IEMs were tested for carrier status

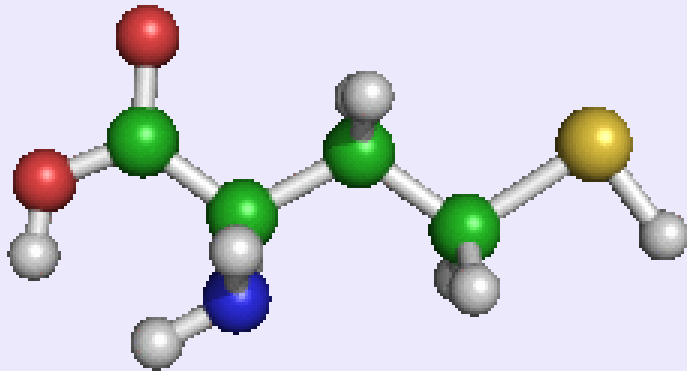


UOI 119 ERNDIM SCHEMES-2017

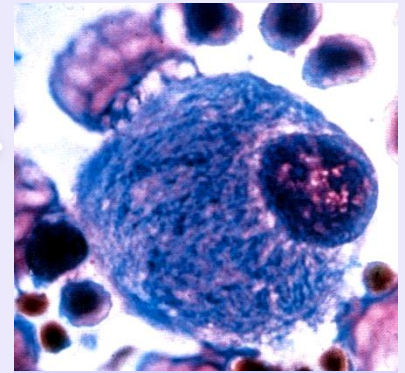
**Amino Acides
Spec.Assays in Urine
Spec.Assays in Serum
Quant Org Acids in Urine
Lysosomal Enzymes
Acylcarnitine DBS**

**Qual.Org Acids Urine Heidelberg
Prof.Test Czech Republic
Urine Mucopolysaccharides**

**Purines and Pyrimidines in Urine
Cyst.in white Blood Cells**



LSDs – THE ROLE OF A LABORATORY



M.GAUCHER

Gaucher- Clinical case

Aghion- Glucocerebrosidase accumulation

De Duve- Lysosome

Brady- Glucocerebrosidase deficiency

Beutler- Glucocerebrosidase gene

Barton- Placental ERT
(Ceradase)

Brady- Recombinant ERT
(Cerezyme)

1882

1932

1955

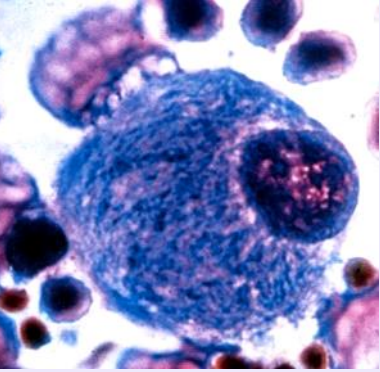
1965

1985

1991

1994





CHITOTRIOSIDASE - GOOD, BUT NOT AN IDEAL BIOMARKER

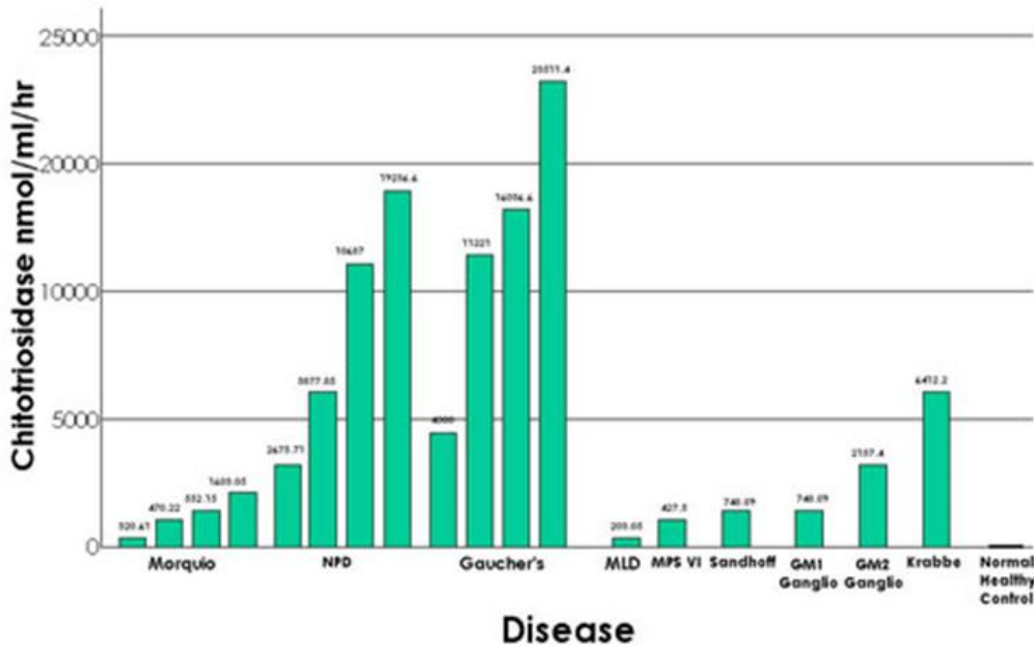


Approximately 25% of us carry two null mutations for Chitotriosidase – we cannot monitor these patients!!!
-HETEROZYGOTES – about 50% activity !!!

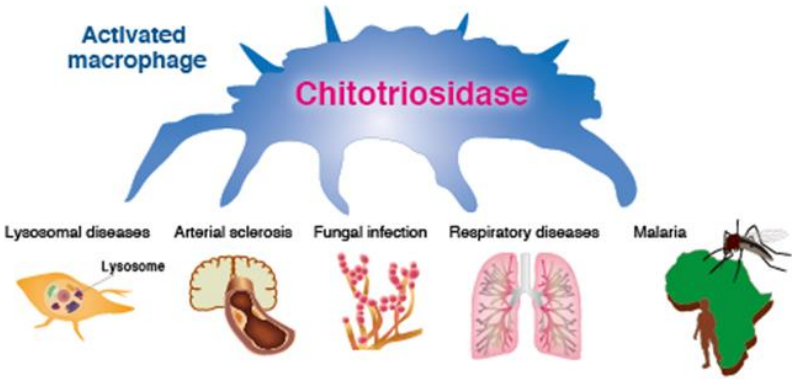
GAUCHER PATIENTS 24



PLASMA CHITOTRIOSIDASE



Chitotriosidase: A biomarker of macrophage-related diseases



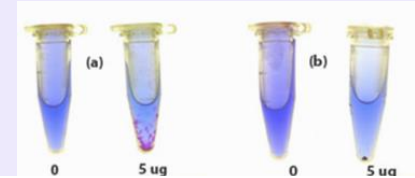
SARCOIDOSIS, ARTRITIS, MS...

Chitotriosidase - a putative biomarker for sporadic amyotrophic lateral sclerosis-
Clinical Proteomics, 2013

Chitotriosidase as a possible marker of clinically evidenced atherosclerosis in dyslipidemic children-
Journal of Pediatric Endocrinology and Metabolism, 2014

BIOMARKERS – MPS

MPS I	5 patients
MPS II	4 patients
MPS VI	1 patient



DMB must be considered with caution for use in patients with proteinuria/hematuria

UPLC-MS/MS multiplex method allows quantification of GAGs

- detection of subtle alteration in urine of MPS patients with disease-specific biomarkers (DS,KS,HS,CS)
- monitoring the ERT dose response for treated patients
- no interfering components + high specificity

Subnetworks:

1. Aminoacid and organic acids related disorders
4. Lysosomal disorders

THE RARE INHERITED METABOLIC DISEASES EUROPEAN REFERENCE NETWORK: MetabERN

Coordinator

Prof. Maurizio Scarpa MD PhD

Helios Dr. Horst Schmidt Klinik Wiesbaden, Germany

69 HCPs from 18 COUNTRIES

The MetabERN is endorsed by and partners with the Society for the Study of the Inborn Errors of Metabolism (SSIEM)

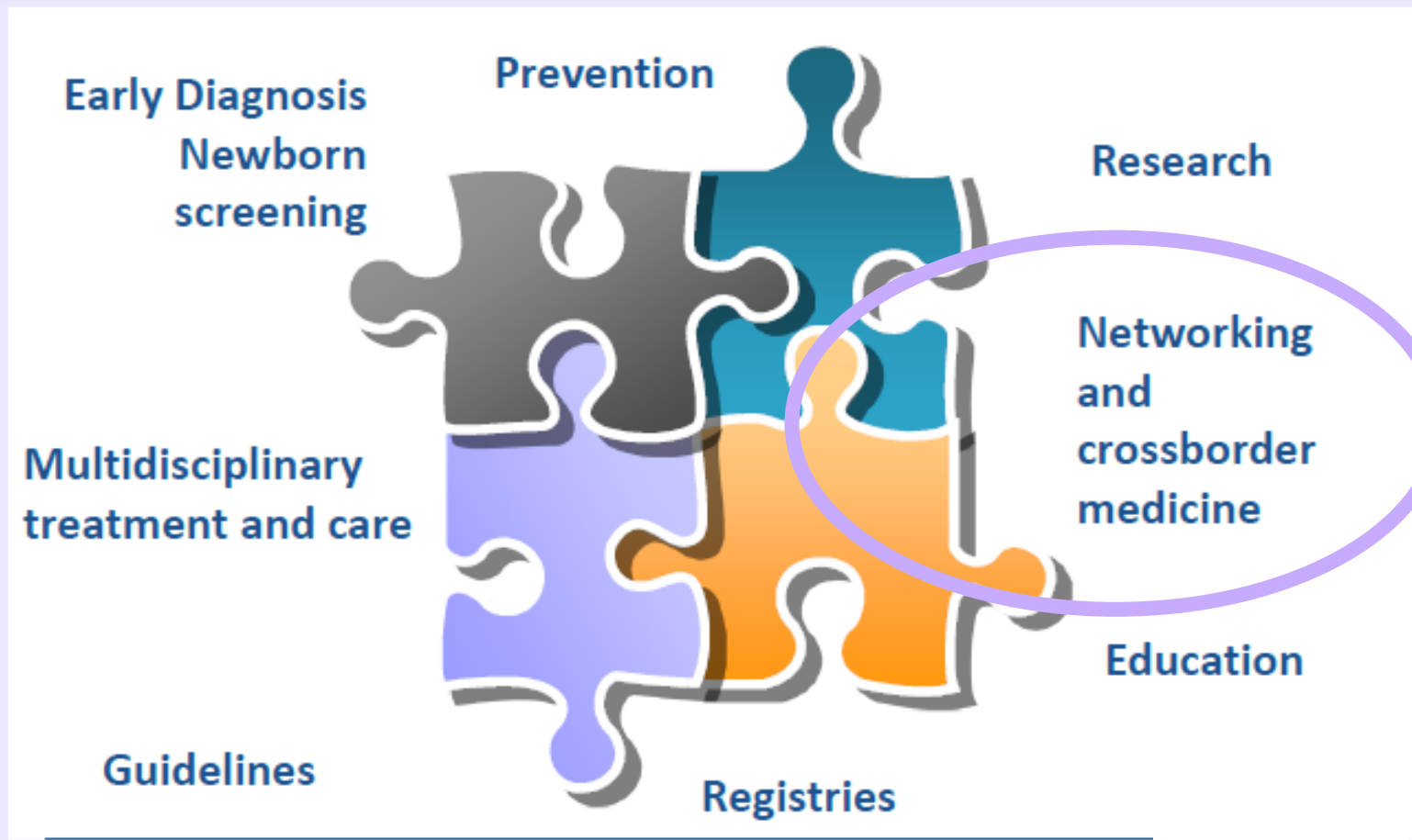


BE	BG	CZ	DE	DK	ES	FR	HR	HU	IT	LT	NL	NO	PL	PT	SE	SI	UK
6	1	1	10	1	5	9	1	1	11	1	5	2	1	5	2	1	6

MESSAGE TO TAKE HOME

LABORATORY DIAGNOSIS OF INBORN ERRORS OF METABOLISM

ON THE JOURNEY FROM CLINICAL SUSPICION TO TREATMENT
we cannot act, and we are not, alone ...



**15th International Conference on Rare Diseases
„Rare Diseases –
Open Your Heart And Mind”**

