# **Newborn Screening Quality Assurance Program**

Quarterly Report Volume 3, No.3

# X-linked Adrenoleukodystrophy in Dried Blood Spots Proficiency Testing Program (XALDPT)

# Date issued: November 8, 2017

## Introduction

This is a summary of data reported within the specified data-reporting period for Quarter 4, 2017, for the detection of X-ALD by analysis of the biomarkers 24:0-Lysophosphatidylcholine (24LPC) and 26:0-Lysophosphatidylcholine (26LPC) in dried blood spots (DBS). It is distributed to all participants, state laboratory directors, and program colleagues by request. The tables within this report provide certification profiles for the distributed specimens, statistical analysis of participant quantitative data, and frequency of clinical assessments. An evaluation of your laboratory's data is attached to this summary.

# Certification of PT Specimens

This panel of DBS specimens was prepared from Type A+ human whole blood, which was adjusted to a hematocrit of  $50 \pm 1\%$  and subsequently enriched with the biomarkers 24LPC and 26LPC. Expected values for each were determined by LC-MS/MS in units of  $\mu$ mol/L blood. Clinical assessments were based on the NSQAP cutoffs of 0.47  $\mu$ mol/L blood (24LPC) and 0.39  $\mu$ mol/L blood (26LPC). Table 1 shows the NSQAP expected values and clinical assessments for each specimen.

Table 1. Specimen Certification – 24LPC and 26LPC (µmol/L blood)

Specimen	Expected 24LPC	24LPC Assessment Code*	Expected 26LPC	26LPC Assessment Code*
41721	0.07	1	0.03	1
41722	0.07	1	0.03	1
41723	0.07	1	0.03	1
41724	1.07	2	1.03	2
41725	0.07	1	0.03	1

<sup>\*1 =</sup> Within Normal Limits

<sup>2 =</sup> Outside Normal Limits

# **Distribution of PT Specimens**

On October 2, 2017 a PT panel of five unknown DBS specimens was distributed to 11 domestic laboratories and 13 foreign laboratories.

# Participant Results

## Quantitiative Data

We processed data from 13 participants. Laboratories were asked to report concentrations of 24LPC and 26LPC results in µmol/L blood. In order to expedite the issuance of this report, data that are not submitted in the requested units are not accepted. The conversion factor from µg/mL to µmol/L blood is provided on the XALDPT Data Report Form. Participants may contact us for guidance on conversion factors if needed.

Overall statistics from MS/MS methods were combined so as to not identify an individual laboratory. We also did not include data that were outside the 99% confidence interval. The statistical summary analysis for all methods is provided in Table 2.

Five participants reported using Flow Injection Analysis (FIA) MS/MS non-kit, nine reported using LC-MS/MS and one reported a two-tier assessment scheme utilizing both FIA— and LC-MS/MS. There were twelve submissions of quantitative results for 24LPC, two without reporting a clinical assessment. There were also 14 submissions of quantitative results and clinical assessments for 26LPC. One participant reported cutoffs for 24LPC using female, indeterminate, and male categories. Table 2b shows the reported cutoffs for 24LPC and 26LPC by reported method.

Table 2. Screening Results for 24LPC and 26LPC — All MS/MS methods

Analyte	Specimen	N	Mean (µmol/L)	SD
24LPC	41721	12	0.13	0.08
	41722	12	0.13	0.09
	41723	12	0.14	0.09
	41724	12	1.20	0.38
	41725	12	0.13	0.08
26LPC	41721	14	0.11	0.10
	41722	14	0.10	0.10
	41723	14	0.11	0.10
	41724	14	1.15	0.25
	41725	14	0.10	0.10

Table 2b. Reported Cutoffs by Reported Method (µmol/L)

	53- LC-MS/MS		67 FIA-MS/MS	
	24LPC	26LPC	24LPC	26LPC
N	5	9	2	4
Mean	0.34	0.32	0.27	0.40
Max	0.50	0.50	0.33	0.47
Min	0.16	0.15	0.20	0.30
Median	0.33	0.37	0.27	0.41
Mode	N/A	0.40	N/A	N/A

## Clinical Assessments

Laboratories were asked to report qualitative results as "Within Normal Limits" or "Outside Normal Limits". Qualitative assessments may differ because of specific assessment practices. The frequency distribution of participants' clinical assessments is shown in Table 3.

Table 3. Frequency Distribution of reported Clinical Assessments

Analyte	Specimen	Within Normal Limits	Outside Normal Limits
24LPC	41721	10	0
	41722	10	0
	41723	10	0
	41724	0	10
	41725	10	0
26LPC*	41721	14	0
	41722	14	0
	41723	14	0
	41724	0	14
	41725	14	0

<sup>\*</sup>One participant submitted clinical assessments for two methods (First- and Second-tier).

# **Evaluations**

No False-negatives and no False-positives were reported for 24LPC or 26LPC.

# **Future Shipments**

The Newborn Screening Quality Assurance Program will ship next quarter's XALDPT specimens in January 2018.

# **Direct Inquiries**

If you have any comments or questions about XALDPT MS/MS analysis, contact Dr. Christopher A. Haynes at 770-488-7019 or by e-mail at <a href="mailto:cph7@cdc.gov">cph7@cdc.gov</a>

For data reporting questions, contact Irene Williams at <a href="mailto:nsqapdmt@cdc.gov">nsqapdmt@cdc.gov</a>

The content of this report may also be located on our website at: http://www.cdc.gov/labstandards/nsqap reports.html

The identity of participants in any NSQAP proficiency testing scheme are considered confidential and known only to persons involved in the operation of the NSQAP proficiency testing scheme. Confidentiality may be waived by the participant upon written request only.

This program is co-sponsored by the Centers for Disease Control and Prevention (CDC) and The Association of Public Health Laboratories (APHL)

## NEWBORN SCREENING QUALITY ASSURANCE PROGRAM

Direct inquiries to:

Centers for Disease Control and Prevention 4770 Buford Highway NE, MS/F19 Atlanta, GA 30341-3724

Phone: 404-488-7945 Email: <u>cph7@cdc.gov</u>

Editors
Chris Haynes
Irene Williams



This NEWBORN SCREENING QUALITY ASSURANCE PROGRAM report is an internal publication distributed to program participants and selected program colleagues. The laboratory quality assurance program is a project cosponsored by the Centers for Disease Control and Prevention (CDC) and the Association of Public Health Laboratories.

## CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) ATLANTA, GA 30341

## **Acting Director**

Brenda Fitzgerald, M.D.

#### Director

National Center for Environmental Health

Patrick Breysse, Ph.D.

#### Director

Division of Laboratory Sciences James L. Pirkle, M.D., Ph.D.

#### Chief

Newborn Screening and Molecular Biology Branch Carla Cuthbert, Ph.D.

#### Contributors:

Carter Asef
John Bernstein
Quan Bui
Paul Dantonio

Daniel Mandel, Ph.D.
Joanne Mei, Ph.D.
Kristina Mercer
Gyliann Peña

Sharon Flores

Florab ath M. Hall

Konstantinos Petritis, Ph.D.

Sean Scott

Elizabeth M. Hall
Christopher Haynes, Ph.D.
Brandon Kenwood
Francis Lee, Ph.D.
Lixia Li, Ph.D.

Sean Scott
Robert Vogt, Ph.D.
Irene Williams
Sophia Winchester
Golriz Yazdanpanah

Timothy Lim, Ph.D. Sherri Zobel

Production:

Sarah Brown Kizzy Stewart

Kimberly Coulter

#### ASSOCIATION OF PUBLIC HEALTH LABORATORIES SILVER SPRING, MD 20910

### President

Ewa King, PhD

## Chairman, Newborn Screening and Genetics in Public Health Committee

Michele Caggana, Sc.D., FACMG

## Chairman, Newborn Screening Quality Assurance Quality Control Subcommittee

Patricia R. Hunt, B.A. and Joseph Orsini, Ph.D.

### Chairman, Newborn Screening Molecular Subcommittee

Rachel Lee, Ph.D.

#### **INQUIRIES TO:**

Irene Williams, Editor • Centers for Disease Control and Prevention (CDC) • Newborn Screening Quality Assurance Program Mailstop F-24 • 4770 Buford Highway, N.E. • Atlanta, GA 30341-3724

Phone (770) 488-4582 • NSQAPDMT@cdc.gov

E-mail: IWilliams1@cdc.gov