

# Newborn Screening for Cystic Fibrosis (CF) Single Variant Results

## HOW DOES FLORIDA NEWBORN SCREENING PROGRAM (NBS) SCREEN FOR CF?

**CF screening involves up to 3 tiers of testing before reporting results.**

### First Tier Screening

Every specimen is tested using immunoreactive trypsinogen (IRT). If the IRT results are < 50 ng/ml, CF will report as "Within Normal Limits– DNA Not Performed" on the newborn screening report.

### Second Tier Screening

DNA analysis of the 72 most common CF-causing variants is performed for the following reasons:

- Top 4% of IRT results each day,
- All specimens with IRT results  $\geq 50$  ng/ml , and
- All specimens with a meconium ileus reported.

### Third Tier Screening

Next Generation Sequencing is performed for the following reasons:

- A CF-causing variant was detected during second tier analysis.
- No variant was detected during second tier analysis, and the IRT level was  $\geq 160$  ng/ml.
- Second tier results were inconclusive.

## WHAT IS A REPORTABLE VARIANT?

A reportable variant is classified as either pathogenic, likely pathogenic, or a variant of uncertain significance.

If only a **single reportable variant** is detected after all three tiers of testing, the **infant is considered to be a CF carrier**. Letters are mailed to the parent/guardian and primary care provider (PCP) on record to advise of the results.

If **two reportable variants** are detected, the infant will be referred by the NBS Program to a contracted CF Referral Center for additional testing. The infant will need a sweat test to make or rule out a diagnosis of CF or CF Related Metabolic Syndrome. (See reverse for contact information.)

## SPECIAL CONSIDERATIONS FOR SCREENING CF RESULTS.

IRT levels can fluctuate and may not require DNA analysis on all specimens; however, DNA results do not change. Any CF variant results detected on any specimen are valid and should be treated as such.

While Florida's variant panel can detect known CF-causing variants, it is possible for an infant to have a variant(s) not identified through screening. Physician discretion is advised if signs and symptoms are present, or there is a family history of CF.

Prenatal testing through commercial laboratories is often limited to the most common CF-causing variants, so it is possible for newborn screening to detect a variant not included on prenatal testing panels.

## WHAT HAPPENS NEXT?

- Ensure screening results are included in the infant's medical record.
- Family planning and genetic counseling should be provided, ideally by a licensed genetic counselor.
- There is no further testing required at this time; however, additional testing to confirm screening results may be completed, if desired.
- Sweat testing is the gold standard for CF diagnostic testing and should be completed by a provider accredited by the Cystic Fibrosis Foundation. See the reverse side of this page for a list of contracted NBS CF Referral Centers.
- Assist parents with obtaining their own variant testing, if desired.

## DESIRE ADDITIONAL TESTING?

**Should additional testing be desired, please contact the contracted CF newborn screening referral center in your area.**

### NBS CF Referral Center Name, City, and Phone Number:

**Johns Hopkins All Children's Hospital** St. Petersburg 727-767-4146

**Lee Health- Golisano Children's Hospital** Ft. Myers 239-437-5500

**Memorial Health Joe DiMaggio Children's Hospital** Hollywood 954-265-3665

**Nemours Children's Health** Jacksonville 904-697-3600

**Nemours Children's Health** Orlando 689-208-5205 (Ask for CF Team.)

**Nemours Children's Health** Pensacola 850-505-4700

**Nicklaus Children's Hospital** Miami 305-669-5864

**Orlando Health Arnold Palmer Children's Hospital** Orlando 321-841-6350

**University of Florida** Gainesville 352-273-8380

**University of Miami** Miami 305-243-6162

**University of South Florida** Tampa 813-821-8029

For additional questions, please call the Newborn Screening Follow-up Program Nursing Unit at  
**866-804-9166.**