# Organisation of Biochemical Genetic Testing in Estonia

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#### **ESTONIA**



- 1,35 million inhabitants
- Approximately 300,000 children
- ~15,000 births per year



#### Genetic service in Estonia

- In 1990 medical genetic service was opened at Tartu Children's Hospital
  - For counselling children with rare inherited diseases (incl. metabolic diseases)
  - For prenatal testing
- In 1996 molecular diagnostic laboratory
  - For newborn screening (PKU, hypothyreosis)
  - For DNA testing of inherited diseases (over 30 different tests)
- Tallinn Children's Hospital
  - Genetic counselling
  - Official genetic centre in 2004



#### At the present moment

- Two genetic centres for counselling and investigating patients with metabolic diseases:
  - In Tartu University Hospital, Department of Genetics
  - In Tallinn Children's Hospital

### Following analyses are available:

- ammonia, lactate, uric acid
- simple urinary screening tests:
  - Tests for mucopolysaccharidoses (MPS)
  - Teducing substances (Benedickt reaction)
  - Sulfites
  - Ketones (DNPH test)
- phenylalanine from dried blood (newborn screening since 1993)
- homocysteine
- total serum sialotransferrine

### Following analyses are available:

- In cooperation with Central Laboratory of Chemistry of Health Protection Inspectorate in Tallinn:
  - Amino acid analysis (HPLC) since 1992
  - Sugars (HPLC) since 1992
  - Organic acid GC/MS since 2003
  - Very long chain fatty acid in serum since 2005
  - Creatine and guanidinoacetate analysis since 2007
  - MPS analysis, SAICAR test since 2007

# No of quantitative biochemical analyses in 2007

	Total	Tartu	Tallinn
Amino acids	453	279	174
Sugars HPLC	64	26	38
Quantitative MPS	14	9	4
Organic acid GC/MS	439	246	193
GUAA/creatine	108	98	10
VLCFA	23	11	12

### Following analyses are available:

- In Department of Genetics of Tartu University Hospital DNA tests for:
  - Phenylketonuria (PKU, 6 common mutations)
  - Classical galactosemia (Q188R, sequencing)
  - The main mutation of MCAD deficiency (985A>G)
  - The main mutation of LCHAD deficiency (G1528C)
  - CLN type III

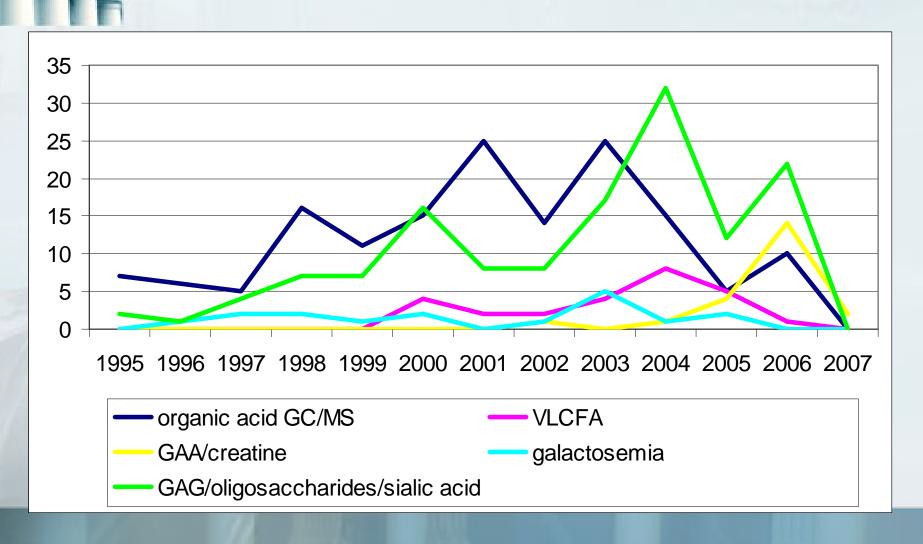


## Specific metabolic tests and investigations done elsewhere:

#### Over 700 patients during 1990-2007:

<ul> <li>Urinary organic acid GC/MS</li> </ul>		154	
<ul> <li>Tandem MS screening (acylcarnitines)</li> </ul>		172	
- MPS, oligosaccharides, sialic acid in urine		136	
<ul> <li>Specific enzymatic tests for LSD</li> </ul>		100	
<ul> <li>Enzyme/DNA analysis for mitochondrial disease 34</li> </ul>			
- The confirmation of classical galactosemia 17			
<ul> <li>VLCFA in serum</li> </ul>	26		
<ul> <li>Isoelectric focusing of sialotransferrines</li> </ul>	21		
<ul> <li>7- dehydrocholesterol</li> </ul>	26		

#### Tests developed out locally:

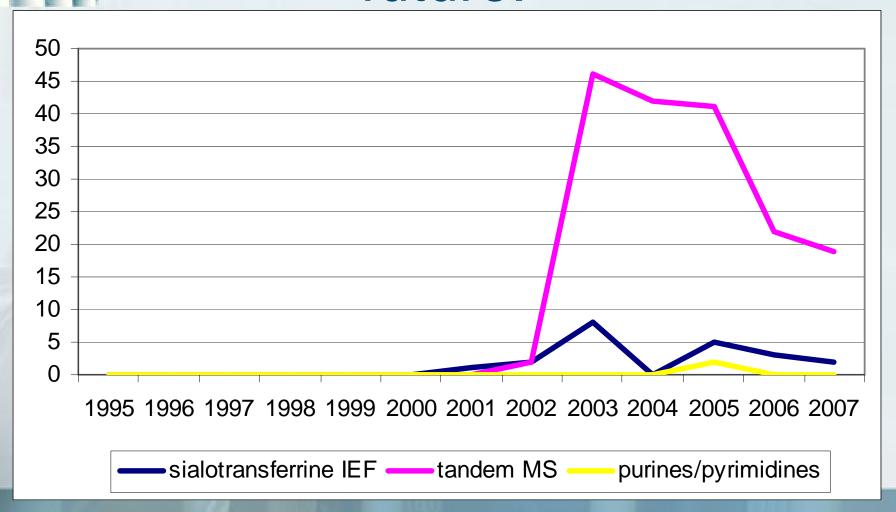




#### Training possibilities

- Biochemist K. Kall studied in Amsterdam MC in 2005 January (3w)
   → organic acid GC/MS, GUAA/creatine, VLCFA
- Biochemist K. Krabbi studied in Rotterdam Erasmus MC in 2006 (5m)
  - → urinary MPS, oligosaccharides

# Tests to work out in the near future:

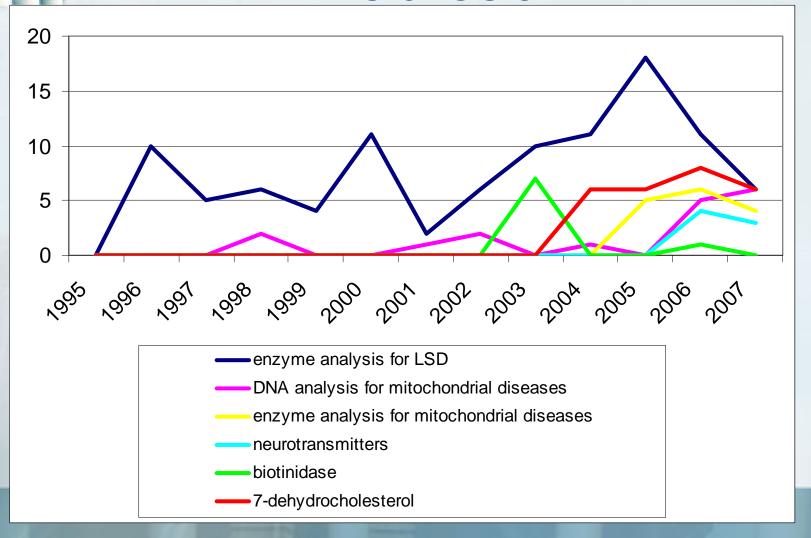




#### Tandem MS analysis

- 3200 Q-TRAP LC MS/MS mass spectrometer (Applied Biosystems, USA)
- In Department of Biochemistry of Tartu University
- Dr. K. Joost (ERNDIM scholarship) and biochemist K. Kilk will study in Amsterdam MS in May 2008

# To continue ordering from abroad





# Problems in ordering from abroad

- It takes time!
- The price list of our Health Insurance Fund (HIF) for BGT is ~3-4x lower than in developed EU countries
- Our HIF does not give us E112 form, but the give the guarantee letter, if we send
  - The application from MD
  - The application from parents
  - Answer within 2-4 weeks

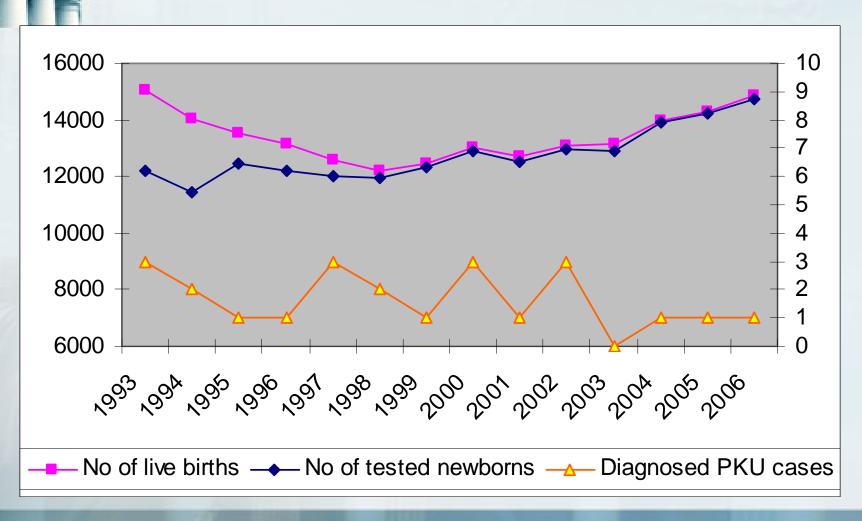


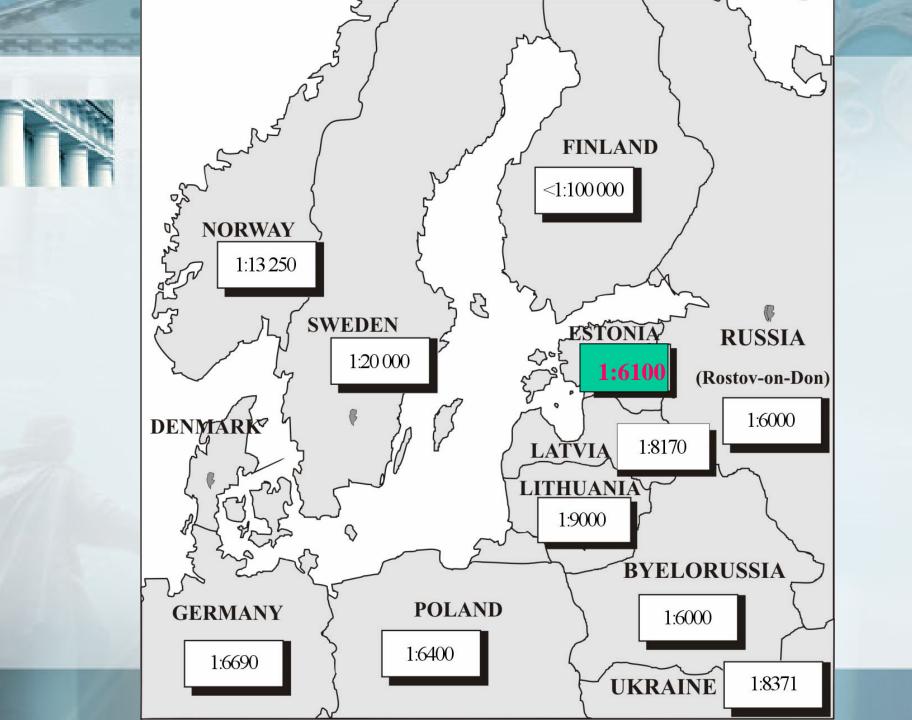
### Results during 1990-2007:

- In 123 patients the diagnosis of inherited metabolic disease was confirmed:
  - PKU 38 cases (31%)\*
    - 24 during newborn screening program since 1993
    - 13 late diagnosed PKU cases
    - 1 prenatally diagnosed PKU case

\* There are altogether 77 PKU cases in the register (1979-2007)

#### PKU screening programme

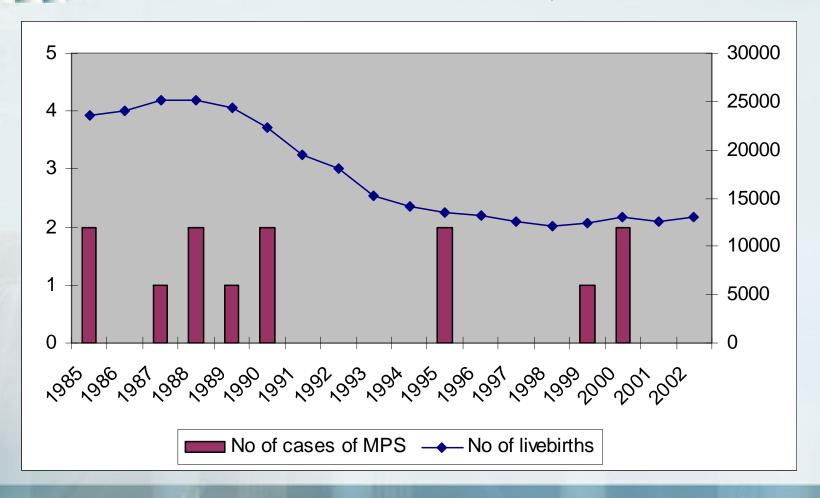




### Lysosomal storage disorders:

- 35 patients (28%) during 1990-2007
- Mucopolysaccharidoses (MPS) 14 cases
  - 8 patients with MPS II (Hunter syndrome)
  - 4 patients with MPS IIIA (Sanfilippo syndrome)
  - 2 patients with MPS VI (Maroteaux-Lamy s.)
- Others 21 cases

# The livebirth incidence of MPS in Estonia 1:24,154



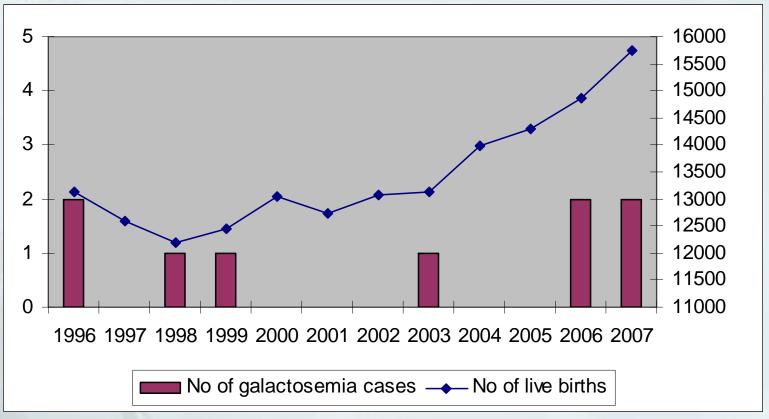
We excluded last 5 years (possible diagnostic time)

#### Other LSD

- Fabry disease5 (2 families)
- GM1 gangliosidosis
   3 (2 families)
- Gaucher disease
   3 (2 families)
- CLN type 2
- CLN type 1
- CLN type 32 (1 family)
- Tay-Sachs disease
- Metachromatic leukodystrophy 1
- Wolman disease
- Niemann-Pick disease



#### Classical galactosemia:



10 patients (8%), Birth prevalence is ~1:20,000

#### Mitochondrial disorders:

#### 10 patients (8%) with mitochondrial disease:

- Leigh syndrome (2 patients)
  - Respiratory chain complex I deficiency (mtDNA mutation T10191C in ND3 gene)
  - Respiratory chain complex I and IV deficiency (mutations in SCO2 gene)
- Mitochondrial myopathy in a girl and her mother – respiratory chain complex I and IV deficiency
- PDH deficiency (2 patients)
- MELAS syndrome
- Kearns-Sayre syndrome (2 patients)
- LHON



#### Urea cycle disorders:

- 7 patients (6%) with urea cycle disorders:
  - 1 boy with hemizygous ornitine transcarbamylase (OTC) deficiency
  - 5 females with heterozygous OTC deficiency
  - 1 patient with argininemia



#### Fatty acid oxidation defects:

#### LCHAD

- One family with 2 children genotype
   1528G>C/IVS16-2A>G/A (Olsen et al.)
- One family with 2 children genotype1528G>C/ 1528G>C

#### MCAD:

- We have not found any MCAD deficiency cases!
- The frequency of possibly affected homozygotes
   1 out of 193 000 (Lilleväli et al. 2000)

### Other metabolic diseases:

- Alkaptonuria2
- Tyrosinemia type I
- Lysinuric protein intolerance
- Maple syrup urine disease
- Hyperornithinemia/gyrate atrophy (HOGA) 2
- Dihydropteridine reductase (DHPR) deficiency 1
- Aromatic L-amino acid decarboxylase (AADC) deficiency 2
- Hereditary fructose intolerance 1
- CDG la



#### Many thanks!

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#### Thank you for your attention!

