

Newborn Screening ACT Sheet [Elevated IRT +/- DNA] Cystic Fibrosis

Differential Diagnosis: Cystic fibrosis (CF); gastrointestinal abnormalities are also causes of increased IRT.

Condition Description: The cystic fibrosis transmembrane conductance regulator (CFTR) protein regulates chloride transport that is important for function of lungs, upper respiratory tract, pancreas, liver, sweat glands, and genitourinary tract. CF affects multiple body systems and is associated with progressive damage to respiratory and digestive systems.

YOU SHOULD TAKE THE FOLLOWING ACTIONS:

- Contact family to inform them of the newborn screening result and to ascertain clinical status (meconium ileus, failure to thrive, recurrent cough, wheezing and chronic abdominal pain).
- Contact CF Center for consultation with CF specialist.
- Determine sweat chloride (sweat test) through experienced sweat test laboratory.
- If cystic fibrosis is confirmed, clinical evaluation and genetic counseling are indicated.
- Report findings to newborn screening program.

Diagnostic Evaluation: Varies with screening test. Infants with highly elevated immunoreactive trypsinogen (IRT) may be considered screen positive. Elevated IRT results are followed with second tier tests for either additional IRT measurement or CFTR mutation panels. If screen positive, follow up with sweat chloride test to confirm diagnosis.

Clinical Considerations: Deficient chloride transport in lungs causes production of abnormally thick mucous leading to airway obstruction, neutrophil dominated inflammation and recurrent and progressive pulmonary infections. Pancreatic insufficiency found in 80 – 90% of cases. Some males may be infertile in adulthood.

Additional Information:

[Gene Reviews](#)
[Cystic Fibrosis Foundation](#)
[OMIM](#)
[Genetics Home Reference](#)
[American College of Medical Genetics](#)

Referral (local, state, regional and national):

[Testing](#)
[Clinical Services](#)
[Find Genetic Services](#)

Disclaimer: This guideline is designed primarily as an educational resource for clinicians to help them provide quality medical care. It should not be considered inclusive of all proper procedures and tests or exclusive of other procedures and tests that are reasonably directed to obtaining the same results. Adherence to this guideline does not necessarily ensure a successful medical outcome. In determining the propriety of any specific procedure or test, the clinician should apply his or her own professional judgment to the specific clinical circumstances presented by the individual patient or specimen. Clinicians are encouraged to document the reasons for the use of a particular procedure or test, whether or not it is in conformance with this guideline. Clinicians also are advised to take notice of the date this guideline was adopted, and to consider other medical and scientific information that become available after that date.

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LOCAL RESOURCES: Insert State newborn screening program web site links

State Resource site (insert state newborn screening program website information)

Name	<input type="text"/>
URL	<input type="text"/>
Comments	<input type="text"/>

Local Resource Site (insert local and regional newborn screening website information)

Name	<input type="text"/>
URL	<input type="text"/>
Comments	<input type="text"/>

APPENDIX: Resources with Full URL Addresses

Additional Information:

Gene Reviews

<http://www.ncbi.nlm.nih.gov/bookshelf/br.fcgi?book=gene&part=cf>

Cystic Fibrosis Foundation

<http://www.cff.org/AboutCF/>

OMIM

<http://www.ncbi.nlm.nih.gov/entrez/dispomim.cgi?id=219700>

Genetics Home Reference

<http://ghr.nlm.nih.gov/condition=cysticfibrosis>

American College of Medical Genetics

http://www.acmg.net/StaticContent/StaticPages/CF_Mutation.pdf

Referral (local, state, regional and national):

Testing

<http://www.ncbi.nlm.nih.gov/sites/genetests/clinic?db=genetests>

Clinical Services

<http://www.cff.org/LivingWithCF/CareCenterNetwork/CFFoundation-accreditedCareCenters/>

Find Genetic Services

<http://www.acmg.net/GIS/Disclaimer.aspx>

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