

Economic Analysis for Adding Newborn Screening for GAMT deficiency

Washington State Board of Health

September 8, 2023



Background

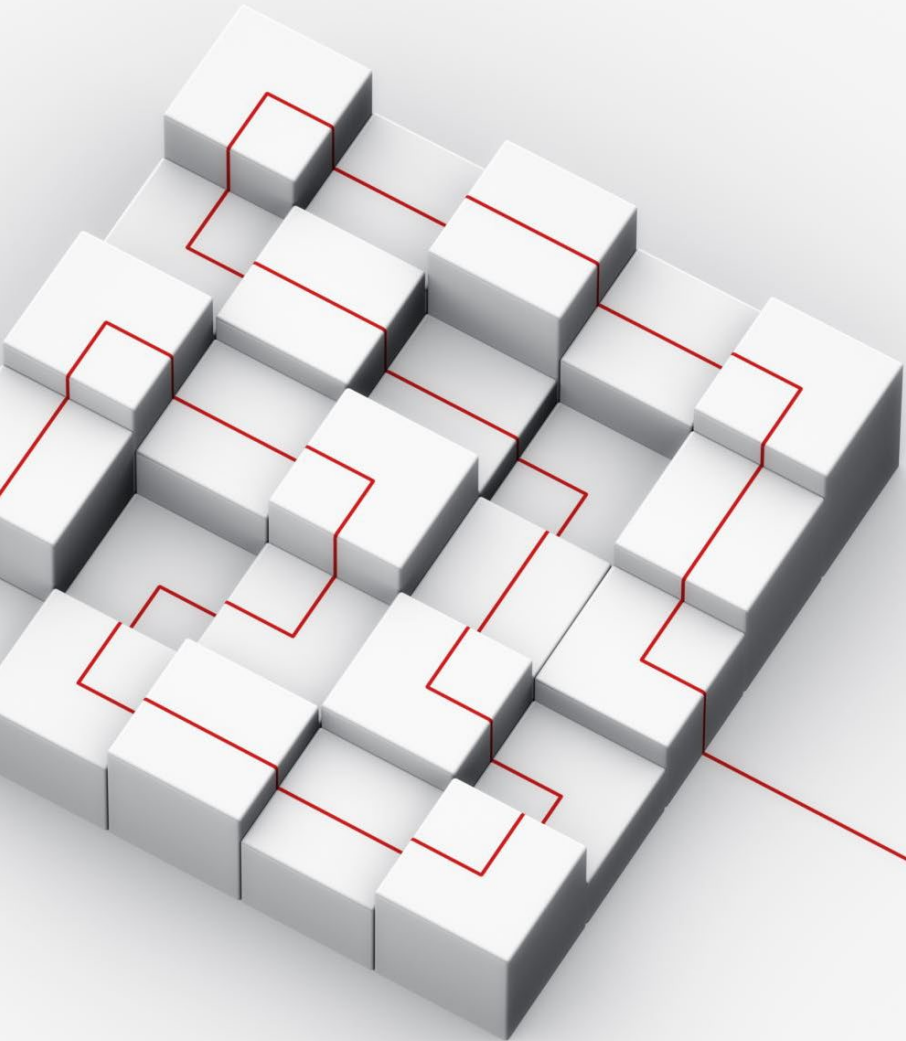
- The Board creates a technical advisory committee (TAC), which then reviews available information and research to evaluate a candidate condition and compare to a set of criteria established by the Board
- **Criterion #5:**
 - **Cost-benefit/Cost-effectiveness:** The outcomes outweigh the costs of screening
 - All outcomes, both positive and negative, need to be considered for analysis

Criterion #5

- Important considerations for economic analysis:
 - The prevalence of the condition among newborns
 - The positive and negative predictive values of the screening and diagnostic tests
 - Variability of clinical presentation by those who have the condition
 - The impact of ambiguous results: for example, the impact on families and caregivers
 - Adverse effects of screening

Guanidinoacetate methyltransferase (GAMT) deficiency

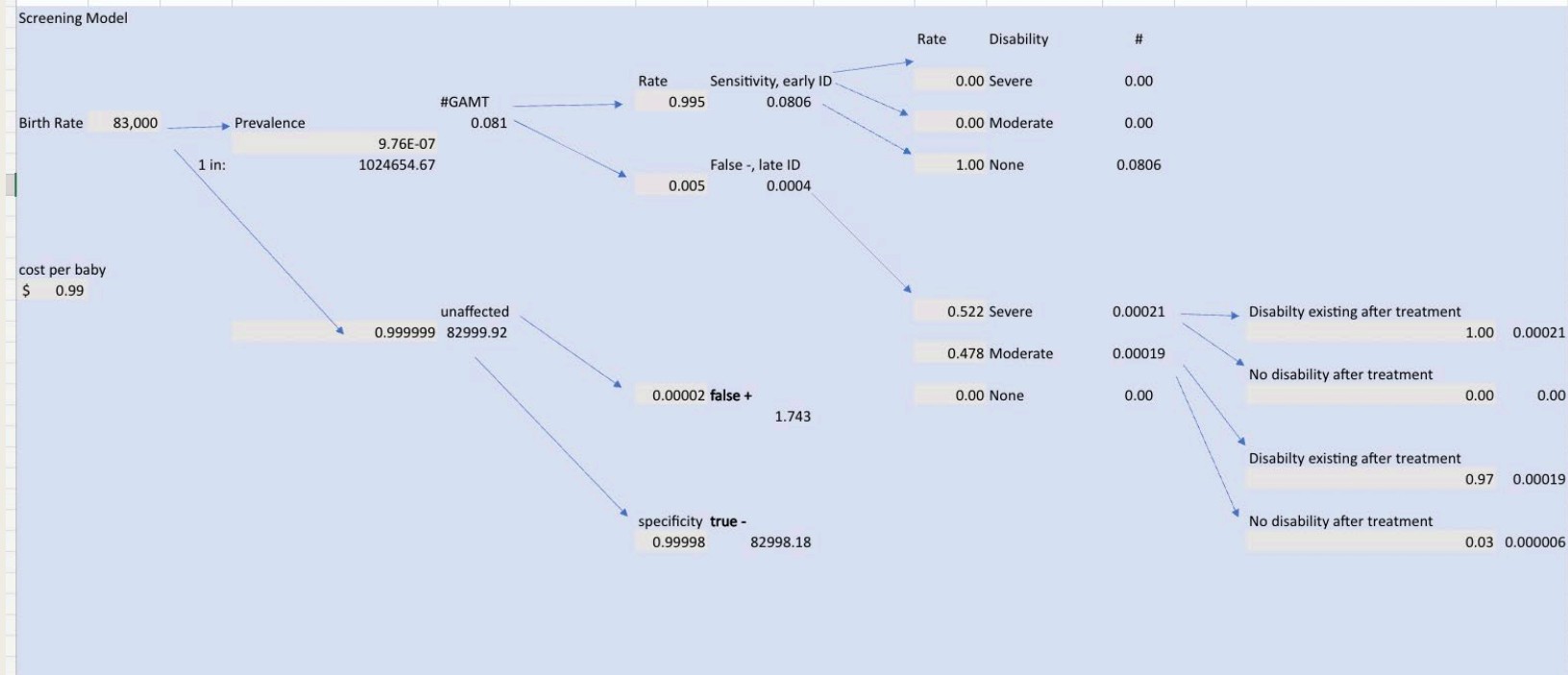
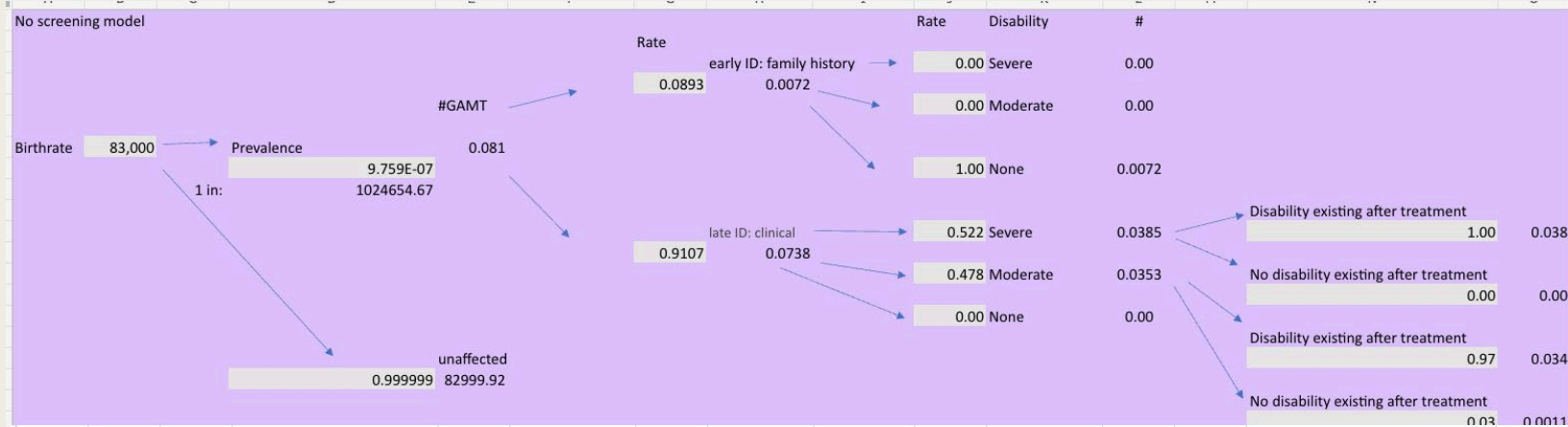
- A rare, autosomal recessive disorder
- Inhibits the production of creatine, along with elevated levels of guanidinoacetate (GUAC)
- Leads to disability:
 - Intellectual disability, seizures, motor defects
 - Can be severe or moderate
- Signs usually do not present until at least 3 months of age: newborns asymptomatic



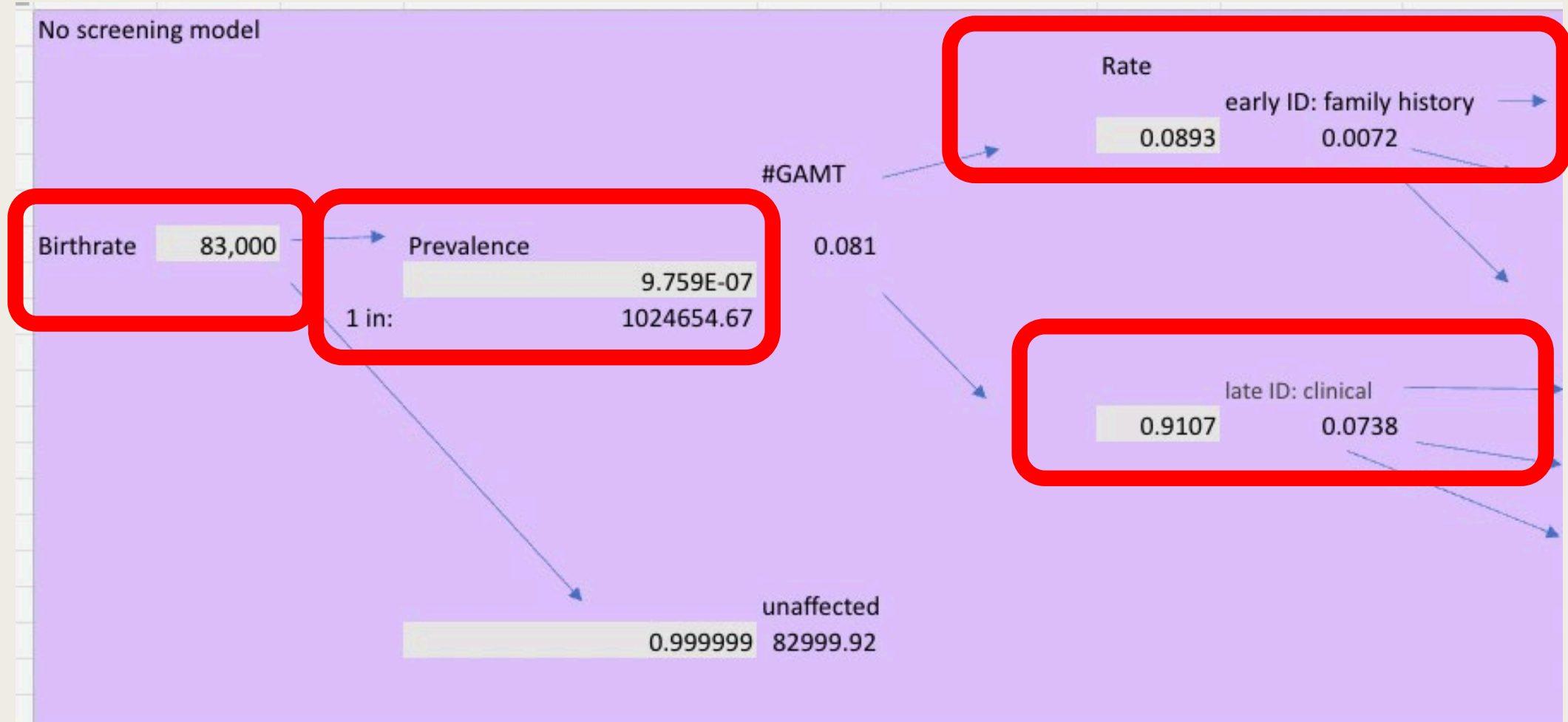
Overview of Benefit-Cost Analysis

- Decision tree construction: comparison of the current, No Screening Model and a new, Screening Model
- Data:
 - Existing, published literature
 - States that currently screen for GAMT deficiency
 - Expert, clinical opinion
- Sensitivity Analysis: comparing to higher and lower parameters to challenge the model

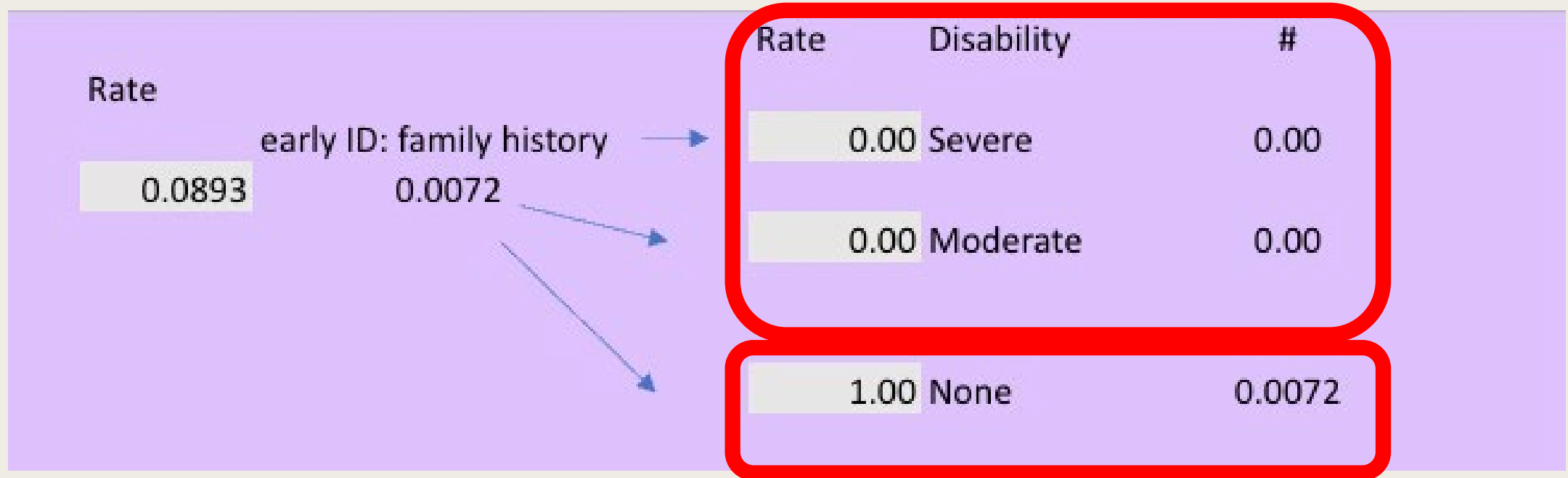
Decision Tree Model



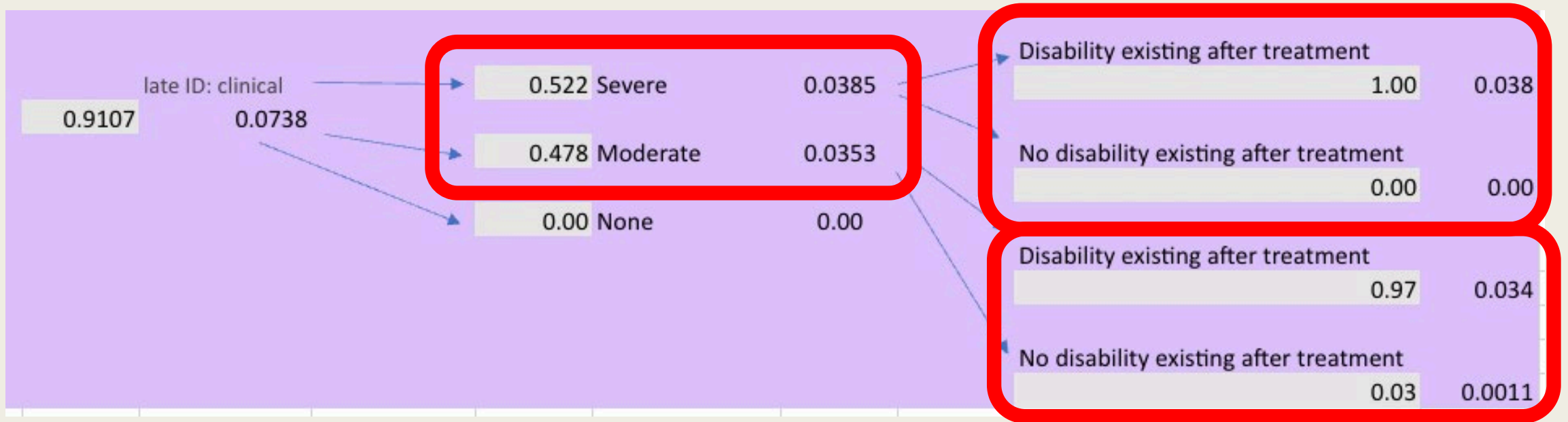
No Screening Model



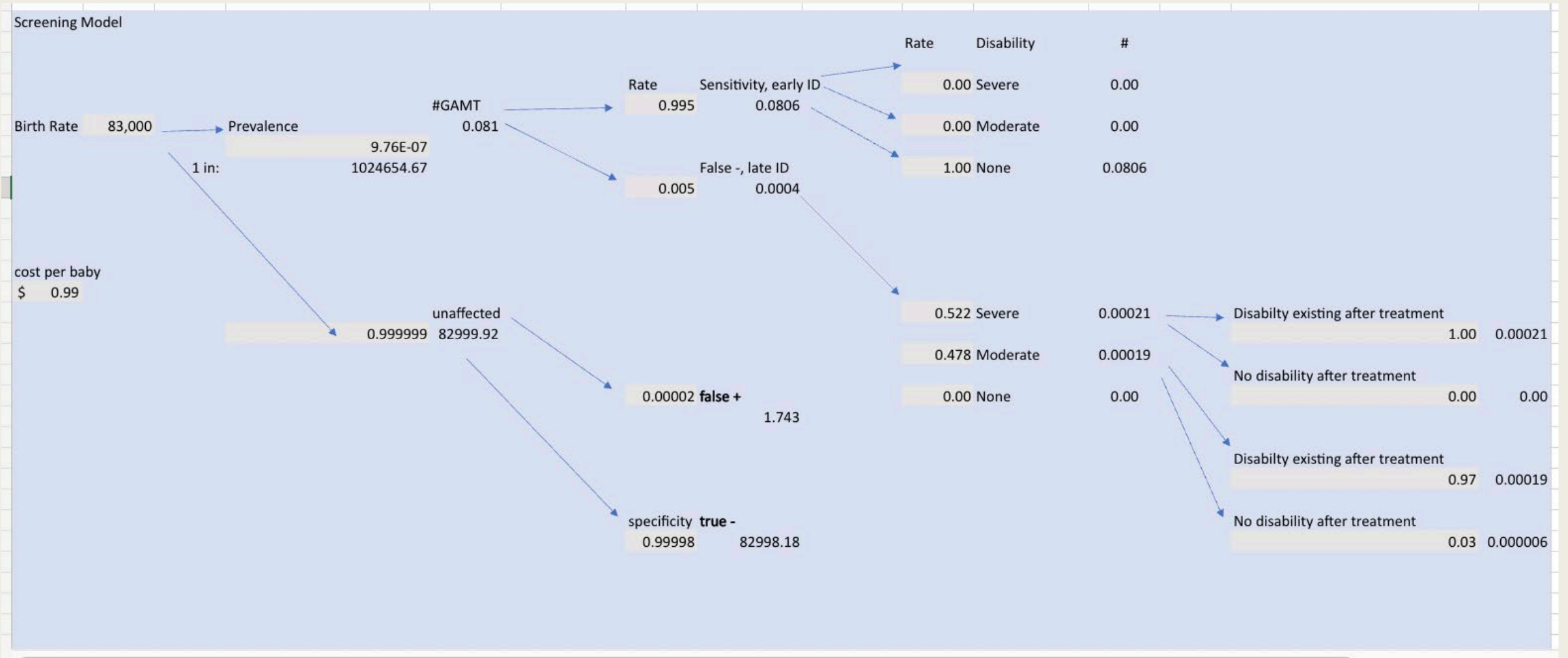
No Screening Model



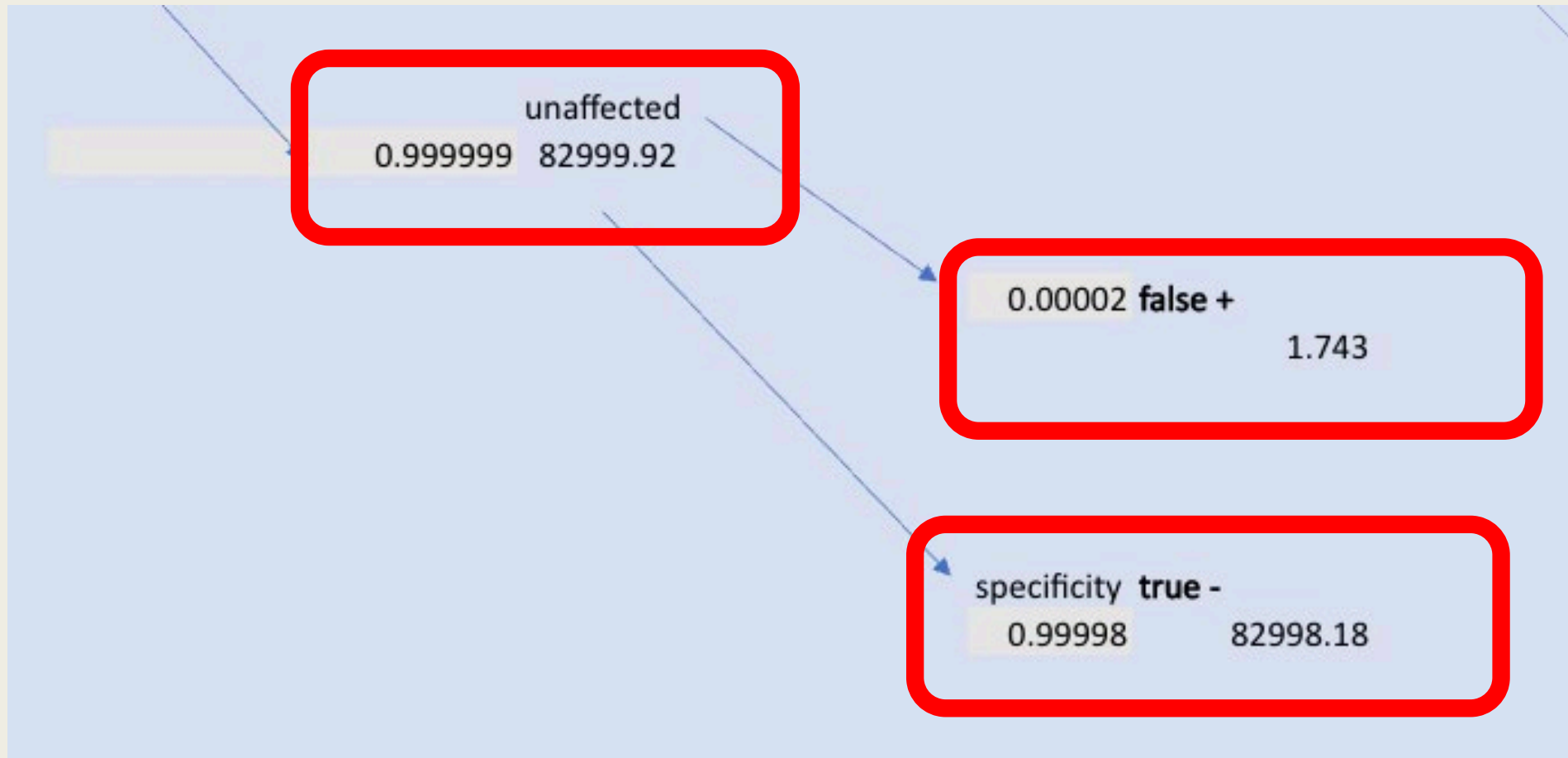
No Screening Model



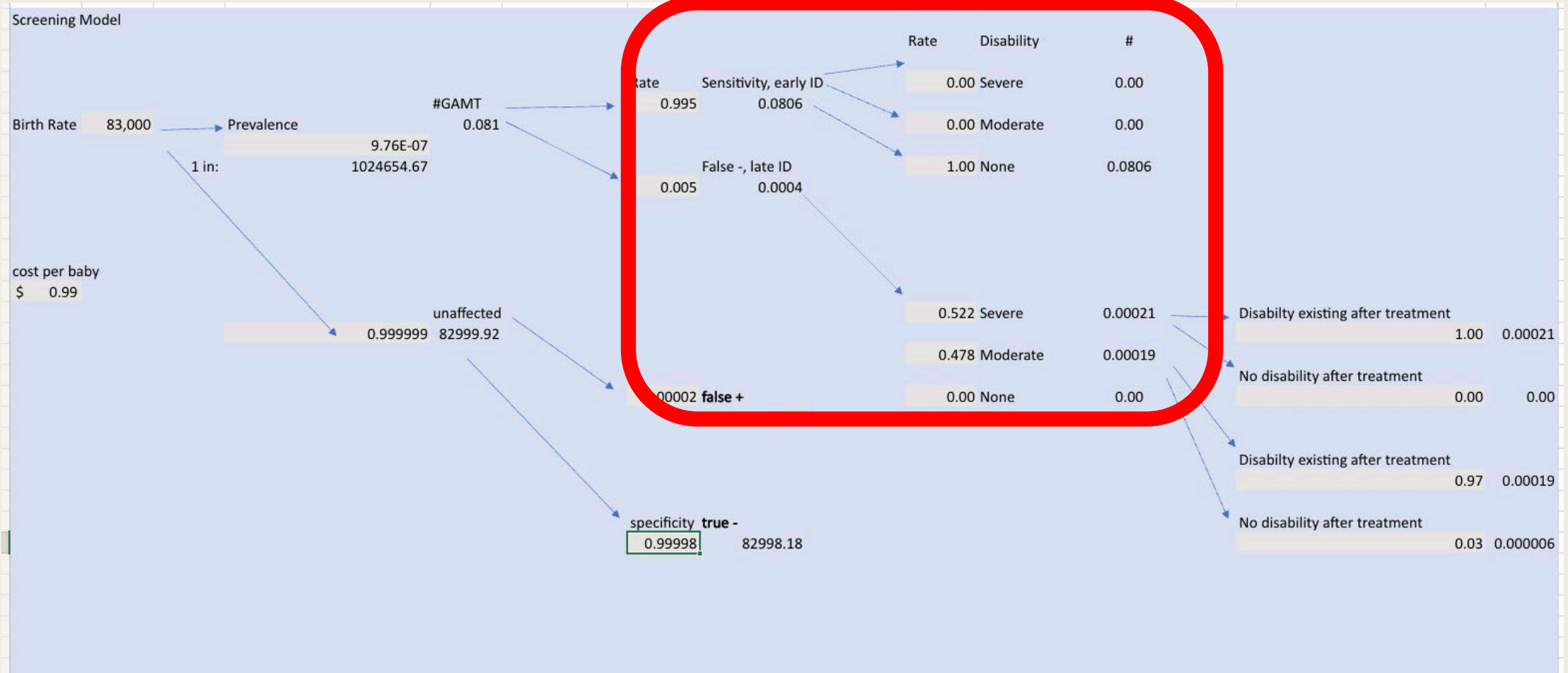
Newborn Screening Model



Newborn Screening Model



Newborn Screening Model



Newborn Screening Model



Newborn Screening Model



No Screening vs. Screening

No Screening	Severe Disability	0.0385
	Moderate Disability	0.0342
	No Disability	0.0083
	Early tx costs	\$82.85
	Late tx (severe) costs	\$68,495.18
	Late tx (moderate) costs	\$55,443.93
	Total costs	\$124,032.96
Screen	Severe disability	0.00021
	Moderate Disability	0.00019
	No Disability	0.0806
	Early costs	\$1,045.88
	Late tx (severe) costs	\$376.05
	Late tx (moderate) costs	\$304.40
	Total costs	\$1,726.33

Estimated Treatment Costs

Early ID costs (Years 0-11)	\$12,976.50
Late ID costs, Severe (Years 0-11)	\$1,779,606.10
Late ID costs, Moderate (Years 0-11)	\$1,571,471.50

Shift: Benefits vs. Costs

Benefits	
Shift in early tx costs	-\$952.03
Shift in late tx (severe) costs	\$68,119.13
Shift in late tx (moderate) costs	\$55,139.53
Total benefits	\$122,306.64

Costs

Costs	Cost of screening	\$82,008.19
	Cost of false positives	\$2,178.75
	Total costs	\$84,186.94

Cost per baby: **\$0.99**

Includes startup lab costs,
laboratory staffing and
supplies

Costs

Costs	Cost of screening	\$82,008.19
	Cost of false positives	\$2,178.75
	Total costs	\$84,186.94

Diagnostic testing

Creatine/GAA analysis (urine)

\$200.00

A test of the urine or blood plasma may be done to see if there are high levels of guanidinoacetate

Molecular genetic testing

A diagnosis can be confirmed by molecular genetic testing. These tests involve studying the GAMT gene

high low average
\$2,000.00 \$100.00 \$1,050.00

Cost of diagnostics: **\$1,250.00**

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Benefit/Cost ratio	1.453
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Net Benefit	\$38,119.70
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Sensitivity Analysis

Parameter	base
birthrate	83,000
birth prevalence - 1 in:	1,024,654.67
% w/ GAMT family hx	0.0893
sensitivity	99.50%
specificity	99.9979%
tx cost, early ID	\$12,976.50
tx cost, late ID, severe	\$1,779,606.10
tx cost, late ID, moderate	\$1,571,471.30
cost of NBS test	\$0.99
cost of false +	\$1,250.00

Sensitivity Analysis

			B/C ratio		
	B/C ratio swing		1.453		B/C ratio swing
Parameter		low/conservative estimate	base	high/liberal estimate	
birthrate	1.453	62,250	83,000	103,750	1.453
birth prevalence - 1 in:	1.063	1,400,000	1,024,654.67	273,902	5.435
% w/ GAIMH family fix	1.453	0.0025	0.0055	0.555	1.001
sensitivity	1.421	97.50%	99.50%	100%	1.461
specificity	0.422	99.80%	99.9979%	100.00%	1.462
tx cost, early ID	1.458	\$6,488.25	\$12,976.50	\$25,953.00	1.441
tx cost, late ID, severe	1.048	\$889,803.05	\$1,779,606.10	\$3,559,212.20	2.262
tx cost, late ID, moderate	1.125	\$785,735.65	\$1,571,471.30	\$3,142,942.60	2.108
cost of NBS test	2.827	\$0.50	\$0.99	\$1.48	0.978
cost of false +	1.472	\$625.00	\$1,250.00	\$5,000.00	1.348

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birth prevalence - 1 in:	1.063	1,400,000	1,024,654.67	273,902	5.435
% w/ GAMT family hx	1.496	0.0625	0.0893	0.333	1.061
sensitivity	1.421	97.50%	99.50%	100%	1.461
specificity	0.422	99.80%	99.9979%	100.00%	1.462
tx cost, early ID	1.458	\$6,488.25	\$12,976.50	\$25,953.00	1.441
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Final Notes

Literature suggests no false negatives



The false positive rate is likely to be low



The assumption of compliance with treatment

Acknowledgements

Thank you to:

- Sarah Bradley, MS, CGC, New York State Newborn Screening Program
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- Emily Shelkowitz, MD, Seattle Children's
- WA Newborn Screening

