# identifi

### Towards a future of proactive, personalized pediatric care

### **DGX** Pediatric Screening

Using NGS

### What is DGx Pediatric Screening test?

A genetic screening test performed to identify inherited / genetic disorder in newborns and children.

- Identifies genetic, metabolic, hormonal, and functional disorders
- Facilitates timely intervention to prevent severe health complications / death

#### Why is DGx Pediatric Screening test needed?



4 million children are born with some genetic abnormality



Increased association of infant mortality with gentic disorders (owen et al)<sup>1</sup>



In India, **5-15%** of the sick newborn have a metabolic problem (*Manju et al*)<sup>2</sup>



Sudden Infant Death Syndrome (SIDS) due to metabolic disorders **CAN BE TREATED** (Van Rijt et al)<sup>3</sup>

## DGx Pediatric Screening test: Accelerating screening diagnosis and treatment

Identify Earlier	<ul> <li>Shortening the diagnostic odyssey</li> <li>Cost effective, shorter turn-around times</li> </ul>
Intervene Earlier	<ul> <li>Prevent associated avoidable morbidity and mortality</li> <li>Intervene to change the course of life from birth</li> </ul>
Access Earlier	<ul> <li>Access to precision medicine</li> <li>Clinically actionable reports for 200+ disorders and 450+ genes</li> </ul>

#### Who should get tested?

DGx Pediatric Screening test is recommended for all newborns and children, regardless of their perceived health or risk factors.

Essential for:	Especially for:
ALL Newborns	Premature babies
	Babies with low birth-weight
	Babies / children with a family history of genetic disorders
	Children (0-18 years old)

#### **Examples of conditions screened**

- Metabolic Disorders: If untreated, can lead to intellectual disabilities (E.g., Phenylketonuria (PKU), Galactosemia, Homocystinuria, Maple Syrup Urine Disease)
- Endocrine Disorders: Can result in growth delays but is treatable with medication (E.g., Congenital Hypothyroidism, Congenital adrenal hyperplasia (CAH)
- Haemoglobinopathies: Ensuring early management to prevent crises (E.g., Sickle cell anemia, Beta-thalassemia)
- Immunodeficiencies: Facilitating timely intervention to cure the condition (E.g., Severe Combined Immunodeficiency (SCID)
- Cystic Fibrosis: Providing early treatment to prevent complications and improve survival rates
- Lysosomal Storage Disorders: Rare conditions (E.g., Pompe disease, Mucopolysaccharidosis type I (MPS I), Gaucher disease)
- Fatty Acid Oxidation Disorders: Long-chain 3-hydroxyacyl-CoA dehydrogenase deficiency (LCHAD)
- Amino Acid Disorders: Detect issues with the breakdown of amino acids (E.g., Tyrosinemia, Argininosuccinic aciduria)
- Organic Acid Disorders: Identify disruptions in organic acid metabolism (E.g., Isovaleric acidemia (IVA), Methylmalonic acidemia (MMA))
- Neurological Disorder: Ensuring early detection of degeneration of motor neurons (E.g., Spinal Muscular Atrophy (SMA)

## Revolutionizing genetic disorder diagnostics in pediatric population



#### **References:**

- 1. Owen et al. JAMA Network Open(2023)6(2):e2254069.
- 2. Manju et al. BMJ Public Health (2024);2:e001459.
- 3. Van Rijt et al. Neonatology (2016) 109 (4): 297–302.

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