

Mucopolysaccharidosis III, Three-Enzyme Panel, Blood Spot

Overview

Useful For

Supporting the biochemical diagnosis of mucopolysaccharidoses types IIIA, IIIB, IIIC

This test is **not useful for** carrier detection.

Reflex Tests

Test Id	Reporting Name	Available Separately	Always Performed
MPSBS	Mucopolysaccharidosis, BS	Yes	No

Genetics Test Information

This test provides diagnostic testing for individuals with clinical signs and symptoms suspicious for mucopolysaccharidosis type IIIA, IIIB or IIIC. Enzymatic analysis for mucopolysaccharidosis (MPS) IIID is not included in this assay, however it is included in test MPS3W. If an enzyme deficiency is detected by this screening test, additional biochemical or molecular testing is required to confirm a diagnosis.

Testing Algorithm

If results are normal, testing is complete.

If results indicate mucopolysaccharidoses IIIA, IIIB, or IIIC, quantitation of heparan sulfate, dermatan sulfate and keratan sulfate may be performed at an additional charge.

Special Instructions

- Informed Consent for Genetic Testing
- Biochemical Genetics Patient Information
- Blood Spot Collection Card-Spanish Instructions
- Blood Spot Collection Card-Chinese Instructions
- Informed Consent for Genetic Testing (Spanish)
- Blood Spot Collection Instructions

Method Name

Liquid Chromatography Tandem Mass Spectrometry (LC-MS/MS)

NY State Available

Yes

Specimen



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Specimen Type

Whole blood

Necessary Information

- 1. Patient's age is required.
- 2. Reason for testing is required

Specimen Required

Submit only 1 of the following specimen types:

Preferred:

Specimen Type: Blood spot

Supplies: Card-Blood Spot Collection (Filter Paper) (T493)

Container/Tube:

Preferred: Blood Spot Collection Card

Acceptable: Whatman Protein Saver 903 Paper, PerkinElmer 226 filter paper, Munktell filter paper, or blood collected in

tubes containing ACD or EDTA and dried on filter paper.

Specimen Volume: 2 Blood spots

Collection Instructions:

- 1. An alternative blood collection option for a patient older than 1 year is a fingerstick. For detailed instructions, see How to Collect Dried Blood Spot Samples.
- 2. At least 2 spots should be complete (ie, unpunched).
- 3. Let blood dry on filter paper at room temperature in a horizontal position for a minimum of 3 hours.
- 4. Do not expose specimen to heat or direct sunlight.
- 5. Do not stack wet specimens.
- 6. Keep specimen dry.

Specimen Stability Information: Refrigerated (preferred) 60 days/Ambient 7 days/Frozen 60 days

Additional Information:

- 1. For collection instructions, see <u>Blood Spot Collection Instructions</u>
- 2. For collection instructions in Spanish, see <u>Blood Spot Collection Card-Spanish Instructions</u> (T777)
- 3. For collection instructions in Chinese, see <u>Blood Spot Collection Card-Chinese Instructions</u> (T800)

Acceptable:

Specimen Type: Whole Blood

Container/Tube:

Preferred: Lavender top (EDTA)
Acceptable: Yellow top (ACD)
Specimen Volume: 2 mL

Collection Instructions: Send whole blood specimen in original tube. **Do not aliquot. Specimen Stability Information:** Refrigerate (preferred) 7 days/Ambient 48 hours

Forms

1. **New York Clients-Informed consent is required.** Document on the request form or electronic order that a copy is on file. The following documents are available:



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- -Informed Consent for Genetic Testing (T576)
- -Informed Consent for Genetic Testing-Spanish (T826)
- 2. Biochemical Genetics Patient Information (T602)
- 3. If not ordering electronically, complete, print, and send a <u>Biochemical Genetics Test Request</u> (T798) with the specimen.

Specimen Minimum Volume

Blood spots: 1

Whole blood: 0.5 mL

Reject Due To

Blood spot	Reject
specimen that	
shows serum	
rings or has	
multiple layers	
Insufficient	Reject
specimen	
Unapproved	Reject
filter papers	

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Whole blood	Varies		

Clinical & Interpretive

Clinical Information

Mucopolysaccharidosis III (MPS III; Sanfilippo syndrome) is caused by reduced or absent activity of 1 of 4 enzymes involved in heparan sulfate degradation. Patients with MPS III uniformly excrete heparan sulfate resulting in similar clinical phenotypes and are further classified as type A, B, C, or D based upon the specific enzyme deficiency. MPS III is characterized by severe central nervous system (CNS) degeneration but only mild physical disease. Such disproportionate involvement of the CNS is unique among the MPS. Onset of clinical features, most commonly behavioral problems and delayed development, usually occurs between 2 and 6 years of age in a child who previously appeared normal. Severe neurologic degeneration occurs in most patients by 6 to 10 years of age accompanied by a rapid deterioration of social and adaptive skills with death generally occurring by their 20s. The occurrence of MPS III varies by subtype with types A and B being the most common and types C and D being very rare. The collective incidence is approximately 1 in 58,000 live births. This assay detects 3 of the 4 MPSIII types (MPS IIIA, IIIB, and IIIC).

A diagnostic workup for MPS typically also includes GAG determination in urine (MPSQU / Mucopolysaccharides Quantitative, Random, Urine) or blood (MPSBS / Mucopolysaccharidosis, Blood Spot or MPSER / Mucopolysaccharides



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Quantitative, Serum) and molecular genetic analysis of the relevant gene(s). For MPS III, a molecular panel is available that includes *SGSH*, *NAGLU*, *GNS*, *HGSNAT* (CGPH / Custom Gene Panel, Hereditary, Next-Generation Sequencing, Varies; specify Gene List ID: IEMCP-7YM613).

Reference Values

HEPARAN-N-SULFATASE: >0.06 nmol/mL/hour

N-ACETYL-ALPHA-D-GLUCOSAMINIDASE: >0.70 nmol/mL/hour

HEPARAN-ALPHA-GLUCOSAMINIDE N-ACETYLTRANSFERASE: >0.50 nmol/mL/hour

An interpretive report will be provided.

Interpretation

Abnormal results are not sufficient to establish a diagnosis of a particular disease. To verify a preliminary diagnosis based on this assay, additional biochemical or molecular genetic analyses are required.

When abnormal results are detected, a detailed interpretation is given, including an overview of the results and of their significance, a correlation to available clinical information, elements of differential diagnosis, recommendations for additional biochemical testing and in vitro confirmatory studies (enzyme assay, molecular genetic analysis), and a phone number to reach one of the laboratory directors in case the referring physician has additional questions.

Cautions

The enzyme for mucopolysaccharidosis (MPS) IIID (N-acetylglucosamine 6-sulfatase) is not evaluated on this panel.

Individuals with pseudodeficiency alleles can show reduced enzyme activity.

Carrier status (heterozygosity) for these conditions cannot be reliably detected.

Enzyme levels may be normal in individuals receiving enzyme replacement therapy or who have undergone hematopoietic stem cell transplant.

Clinical Reference

- 1. Neufeld EF, Muenzer J. The mucopolysaccharidoses. In: Valle DL, Antonarakis S, Ballabio A, Beaudet AL, Mitchell GA. eds. The Online Metabolic and Molecular Bases of Inherited Disease. McGraw-Hill; Accessed July 17, 2023. https://ommbid.mhmedical.com/content.aspx?bookid=2709§ionid=225544161
- 2. Hopwood JJ, Ballabio A. Multiple sulfatase deficiency and the nature of the sulfatase family. In: Valle DL, Antonarakis S, Ballabio A, Beaudet AL, Mitchell GA. eds. The Online Metabolic and Molecular Bases of Inherited Disease. McGraw-Hill; Accessed July 17, 2023.

https://ommbid.mhmedical.com/content.aspx?bookid=2709§ionid=225546905



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Performance

Method Description

One dried blood spot sample (DBS) is incubated with a mix of substrate and internal standard (IS) for iduronate 2-sulfatase, heparan N-sulfatase, alpha-N-acetylglucosaminidase, N-acetylgalactosamine-sulfate, beta-galactosidase, arylsulfatase B, beta-glucuronidase, and tripeptidyl peptidase 1. A second DBS sample is incubated with a mix of substrate and IS for acetyl-CoA:alpha-glucosaminide N-acetyltransferase; and a third DBS sample with a mix of substrate and IS for palmitoyl-protein thioesterase 1. Following overnight incubation, the samples are combined, extracted by liquid-liquid extraction, and analyzed by tandem mass spectrometry.(Unpublished Mayo method)

PDF Report

No

Day(s) Performed

Thursday

Report Available

8 to 15 days

Specimen Retention Time

1 year

Performing Laboratory Location

Mayo Clinic Laboratories - Rochester Main Campus

Fees & Codes

Fees

- Authorized users can sign in to <u>Test Prices</u> for detailed fee information.
- Clients without access to Test Prices can contact <u>Customer Service</u> 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact <u>Customer Service</u>.

Test Classification

This test was developed and its performance characteristics determined by Mayo Clinic in a manner consistent with CLIA requirements. It has not been cleared or approved by the US Food and Drug Administration.

CPT Code Information

82657

83864 (if appropriate)

LOINC® Information



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Test ID	Test Order Name	Order LOINC® Value
MPS3B	MPS III (Three) Panel, BS	104112-8

Result ID	Test Result Name	Result LOINC® Value
BG751	Reason for Referral	42349-1
618419	Heparan-N-sulfatase	104113-6
618420	N-acetyl-alpha-D-glucosaminidase	104114-4
618421	Heparan-alpha-glucosaminide	104115-1
	N-acetyltransferase	
618422	Interpretation	59462-2
618418	Reviewed By	18771-6