

Canada lags on newborn screening

As the US government prepares to recommend national core newborn screening for 29 conditions and disorders, testing in Canada varies widely.

Saskatchewan is the only jurisdiction that tests for 29 conditions, while Ontario and New Brunswick test for just 3 things — including hearing.

“The majority of developed, and an increasing number of emerging countries in the rest of the world, are far ahead of Ontario in this field,” says Dr. William Hanley, a pediatrician and founder of the PKU program at Toronto’s Hospital for Sick Children. “We lack, but need, a comprehensive system for newborn screening.”

Hanley and other physicians, including experts in sickle cell disease and thalassemia, joined the newly formed Save Babies Through Screening Foundation Canada in June. They are urging provincial governments to adopt, at minimum, screening programs for the 29 treatable conditions the US advisory committee has recommended.

John Adams, a spokesperson at the foundation, says these conditions affect about 1 baby in 800. In Ontario, 160 newborns are at risk annually.

Although the Canadian Pediatric Society doesn’t have an official position, President Dr. Robin Walker says “The cost of doing this is not large, particularly when you recognize that the cost of treating these conditions is high.”

The rarity of many of these diseases and the fact that neither patients nor professionals have lobbied prominently for these tests has contributed to Canada’s lack of initiative on screening, he says.

Save Babies founder Tammy

Clark also stresses the low cost of these tests. Her 9-month-old daughter, Jenna, died in 2002 after falling ill and becoming dehydrated. An autopsy diagnosed Jenna with medium-chain acyl-CoA dehydrogenase (MCAD) deficiency. While BC, Saskatchewan and Nova Scotia screen for MCAD deficiency, Ontario does not.

“A \$25-US test and a single glucose IV would have saved my daughter’s life,” says Clark. “This is not complicated.” — *Laura Eggertson, CMAJ*

The US government is preparing to respond to recommendations that all states perform 29 core newborn screening tests. See related article page 22.

Newborn screening by province*

Province	PKU	CH	G	CAH	BD	T	H	No. of other disorders tested
British Columbia	X	X	X					1
Alberta	X	X			X			0
Saskatchewan	X	X						27
Manitoba†	X	X	X	X	X			0
Ontario	X	X						0
Quebec‡	X	X				X		0
Nova Scotia	X	X						9
New Brunswick	X	X						0
Prince Edward Island	X	X						9
Newfoundland and Labrador	X	X				X	1 region	0

Notes: PKU = phenylketonuria, CH = congenital hypothyroidism, G = galactosemia, CAH = congenital adrenal hyperplasia, BD = biotinidase deficiency, T = tyrosinemia, H = homocystinuria.

*Yukon is covered by British Columbia, the Northwest Territories is covered by Alberta in the west and Manitoba in the east, and Nunavut is covered by Manitoba in the west and Quebec in the east.

†Manitoba also has targeted screening — glutaricacidemia type 1 (Oji-Crees), carnitinepalmitoyl transferase-1 deficiency (Hutterites).

‡Quebec has a program of urine impregnated filter paper testing at 21 days of age for amino acids and organic acids.

Source: Save Babies Through Screening Foundation Canada.

MEDICAL EDUCATION

Help wanted: McGill’s dean of medicine

After 18 months of unsuccessful efforts to recruit a new Dean of Medicine, McGill University is striking a new advisory committee to help with the search.

In a memo to the university community, Interim Provost Anthony Masi stresses that the original committee “worked extremely hard” but also acknowledged the search was “inconclusive” and referred to “certain difficulties.”

Although the committee screened more than 200 qualified applications, both internal and external, “we’re not sure the

fit was right,” Masi told *CMAJ*. “It’s a question of due diligence, rather than not being able to find the right person.”

The unique requirements of the job include working closely with the Quebec government and local health networks and involvement in hospital projects. Bilingualism is extremely important, Masi says.

McGill may be drawing from the same pool of candidates as the University of Toronto; its current Dean of Medicine, Dr. David Naylor, leaves Oct. 1 to

become the university’s president. However, Masi says he does not believe this will prove to be a major obstacle.

“This is the most exciting province in the country in which to work,” Masi says, given the health care reforms Quebec is undertaking.

McGill hopes to select a new dean within the 2005–06 academic year, he says. Current Dean Dr. Abraham Fuks has agreed to extend his term until the university confirms a replacement. — *Laura Eggertson, CMAJ*

DOI:10.1503/cmaj.050721

DOI:10.1503/cmaj.050678