

## Summary of Nominated Conditions to the Recommended Uniform Screening Panel (RUSP)

CONDITION	NOMINATION SUBMITTED to HRSA mm/yy	REVIEW NOMINATION N&P WG** Review mm/yy	COMMITTEE VOTE Initiate Evidence Review mm/yy	EVIDENCE REVIEW Preliminary Report and/or Presentations mm/yy	EVIDENCE REVIEW Final Report and Presentation mm/yy	COMMITTEE VOTE Recommend Adding to the RUSP mm/yy	SECRETARY APPROVAL Add to the RUSP mm/yy
<b>Krabbe Disease</b> <u>*2<sup>nd</sup> Nomination</u>	7/21	10/21	Approved 05/22	08/22; 11/22			
<b>Guanidinoacetate Methyltransferase Deficiency (GAMT)</b> <u>*3<sup>rd</sup> Nomination</u>	6/21	7/21	Approved 08/21	11/21; 02/22	05/22	Approved 05/22	<b>08/22</b>
<b>Mucopolysaccharidosis II (MPS II)</b>	12/20	02/21	Approved 05/21	08/21; 11/21	02/22	Approved 02/22	-
<b>Cerebrotendinous Xanthomatosis</b>	8/18	10/18	NOT Approved 11/18				
<b>Spinal Muscular Atrophy (SMA)</b> <u>*2<sup>nd</sup> Nomination</u>	2/17	04/17	Approved 05/17	08/17; 11/17	02/18	Approved 02/18	<b>07/18</b>
<b>Guanidinoacetate Methyltransferase Deficiency (GAMT)</b> <u>*2<sup>nd</sup> Nomination</u>	8/16	9/16	NOT Approved 11/16	-	-	-	-
<b>Guanidinoacetate Methyltransferase Deficiency (GAMT)</b> <u>*1<sup>st</sup> Nomination</u>	11/15	03/16	NOT Approved 05/16	-	-	-	-
<b>Adrenoleukodystrophy (ALD)</b> <u>*2<sup>nd</sup> Nomination</u>	09/13	10/13	Approved 01/14	02/15; 05/15	08/15	Approved 08/15	<b>02/16</b>
<b>Adrenoleukodystrophy (ALD)</b> <u>*1<sup>st</sup> Nomination</u>	02/12	08/12	NOT Approved 09/12	-	-	-	-
<b>Mucopolysaccharidosis I (MPS I)</b>	02/12	04/12	Approved 05/12	09/13; 01/14; 09/14	02/15	Approved 02/15	<b>02/16</b>
<b>Pompe Disease</b> <u>*2<sup>nd</sup> Nomination</u>	02/12	04/12	Approved 05/12	09/12; 02/13	05/13	Approved 05/13	<b>03/15</b>
<b>22q11 Deletion Syndrome</b>	09/11	12/11	NOT Approved 01/12	-	-	-	-

CONDITION	NOMINATION SUBMITTED to HRSA mm/yy	REVIEW NOMINATION N&P WG** Review mm/yy	COMMITTEE VOTE Initiate Evidence Review mm/yy	EVIDENCE REVIEW Preliminary Report and/or Presentations mm/yy	EVIDENCE REVIEW Final Report and Presentation mm/yy	COMMITTEE VOTE Recommend Adding to the RUSP mm/yy	SECRETARY APPROVAL Add to the RUSP mm/yy
<b>Critical Congenital Heart Disease (CCHD)</b>	10/09	1/10	Approved 01/10	05/10	09/10	Approved 09/10	<b>09/11</b>
<b>Neonatal Hyperbilirubinemia/ Kernicterus</b>	07/09	11/09	Approved 01/10	01/11; 05/11	01/12	NOT Approved 01/12	-
<b>Hemoglobin H Disease</b>	04/09	6/09	Approved 09/09	01/10	05/10	NOT Approved 05/10	-
<b>Spinal Muscular Atrophy</b> <i>*1st Nomination</i>	06/08	10/08	NOT Approved 11/08	-	-	-	-
<b>Niemann-Pick Disease</b>	01/08	5/08	NOT Approved 10/08	-	-	-	-
<b>Krabbe Disease</b>	12/07	2/08	Approved 08/08	05/09	09/09	NOT Approved 09/09	-
<b>Fabry Disease</b>	12/07	2/08	NOT Approved 08/08	-	-	-	-
<b>Pompe Disease</b> <i>*1st Nomination</i>	10/07	11/07	Approved 01/08	08/08	10/08	NOT Approved 10/08	-
<b>Severe Combined Immunodeficiency (SCID)</b>	09/07	11/07	Approved 01/08	08/08; 11/08	02/09	Approved 02/09	<b>02/10</b>

\*Conditions can be nominated more than once if the Committee does not approve initiation of an evidence review or does not recommend adding the condition to the RUSP

\*\*Nomination and Prioritization Workgroup