

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
Metachromatic Leukodystrophy (MLD)	06/24	07/24	Approved 08/24	-	-	-	-
Duchenne Muscular Dystrophy (DMD) <u>*2nd</u> Nomination	06/23	7/23	Approved 08/23	11/23; 01/24; 05/24-	+ Nominators requested a pause, (date)	-	-
Krabbe Disease (Infantile add > 10Uml) <u>*3rd</u> Nomination Expedited Evidence Review	07/23	07/23	Approved 08/23	11/23	1/24	Approved 01/24	7/24
Duchenne Muscular Dystrophy (DMD)	06/22	01/23	NOT Approved 02/23	-	-	-	-
Krabbe Disease <u>*2nd</u> Nomination	7/21	10/21	Approved 05/22	08/22; 11/22	02/23	NOT Approved 02/23	-
Guanidinoacetate Methyltransferase Deficiency (GAMT) <u>*3rd</u> Nomination	6/21	7/21	Approved 08/21	11/21; 02/22	05/22	Approved 05/22	01/23

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Mucopolysaccharidosis II (MPS II)	12/20	02/21	Approved 05/21	08/21; 11/21	02/22	Approved 02/22	08/22
Cerebrotendinous Xanthomatosis	8/18	10/18	NOT Approved 11/18	-	-	-	-
Spinal Muscular Atrophy (SMA) <u>*2nd</u> Nomination	2/17	04/17	Approved 05/17	08/17; 11/17	02/18	Approved 02/18	07/18
Guanidinoacetate Methyltransferase Deficiency (GAMT) <u>*2nd</u> Nomination	8/16	9/16	NOT Approved 11/16	-	-	-	-
Guanidinoacetate Methyltransferase Deficiency (GAMT) <u>*1st</u> Nomination	11/15	03/16	NOT Approved 05/16	-	-	-	-
Adrenoleukodystrophy (ALD) <u>*2nd</u> Nomination	09/13	10/13	Approved 01/14	02/15; 05/15	08/15	Approved 08/15	02/16
Adrenoleukodystrophy (ALD) <u>*1st</u> Nomination	02/12	08/12	NOT Approved 09/12	-	-	-	-
Mucopolysaccharidosis I (MPS I)	02/12	04/12	Approved 05/12	09/13; 01/14; 09/14	02/15	Approved 02/15	02/16
Pompe Disease <u>*2nd</u> Nomination	02/12	04/12	Approved 05/12	09/12; 02/13	05/13	Approved 05/13	03/15

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22q11 Deletion Syndrome	09/11	12/11	NOT Approved 01/12	-	-	-	-
Critical Congenital Heart Disease (CCHD)	10/09	1/10	Approved 01/10	05/10	09/10	Approved 09/10	09/11
Neonatal Hyperbilirubinemia/ Kernicterus	07/09	11/09	Approved 01/10	01/11; 05/11	01/12	NOT Approved 01/12	-
Hemoglobin H Disease	04/09	6/09	Approved 09/09	01/10	05/10	NOT Approved 05/10	-
Spinal Muscular Atrophy *1st Nomination	06/08	10/08	NOT Approved 11/08	-	-	-	-
Niemann-Pick Disease	01/08	5/08	NOT Approved 10/08	-	-	-	-
Krabbe Disease	12/07	2/08	Approved 08/08	05/09	09/09	NOT Approved 09/09	-
Fabry Disease	12/07	2/08	NOT Approved 08/08	-	-	-	-
Pompe Disease *1st Nomination	10/07	11/07	Approved 01/08	08/08	10/08	NOT Approved 10/08	-

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Severe Combined Immunodeficiency (SCID)	09/07	11/07	Approved 01/08	08/08; 11/08	02/09	Approved 02/09	02/10

*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