ECHO conference 9-2-2020

Northern Virginia Pediatric Sickle Cell Program

Experience with Hydroxyurea Implementation starting in infancy, in a Community Practice

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Pediatric Blood & Cancer

Prospective longitudinal follow-up of children with sickle cell disease treated with hydroxyurea since infancy

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Question:

If you start Hydroxyurea in infancy, maximize Hydroxyurea therapy, maintain good compliance with sickle cell care continuously, how well can you do?

Methods – HU treatment

- 1. Parents of babies with Hgb SS or Hgb S beta0 were educated about HU at the baby's first clinic visit and were informed about the plan to start HU at ~9 months of age.
- 1. HU started at 20-25mg/kg/day, increased monthly up to 35mg/kg/day, or MTD (ANC 1000, plt 80)
- 1. HU monitoring visits q2 months. Hgb F checked at every q2 month visit.
- 1. HU dose titrated to achieve goal of Hgb F 30% as much as possible.
- 1. If non-adherent, patients were brought back to clinic monthly until adherence established.

Methods – Prospective data collection



2011 -

Longitudinal database q6 month data capture for each patient Follow each baby as he/she grows

■ Record Home Page

The grid below displays the form-by-form progress of data entered for the currently selected record. You may click on the colored status icons to access that form/event. If you wish, you may modify the events below by navigating to the Define My Events page.

Legend for sta	tus icons:
Incomplete	Incomplete (no data saved) ?
Unverified	
Complete	

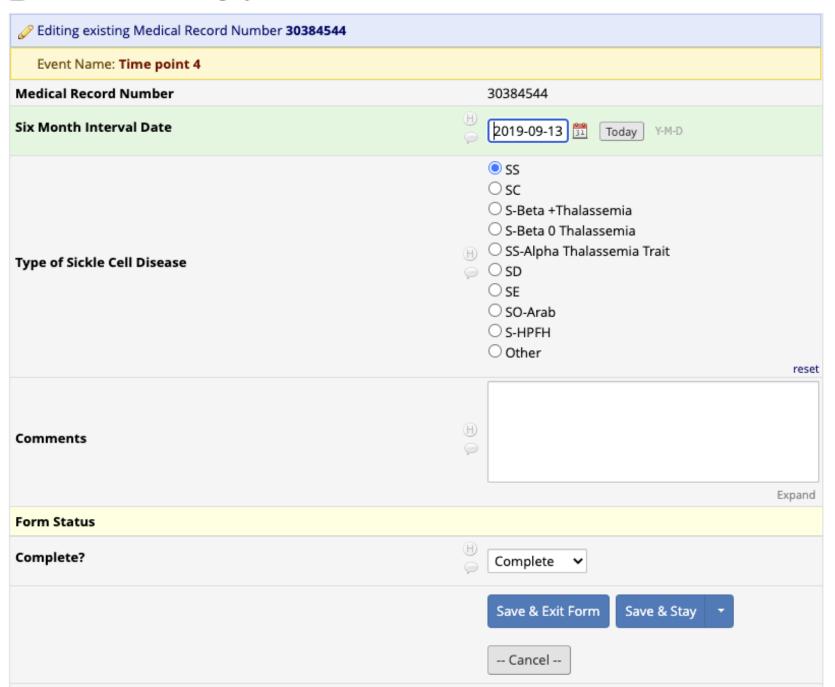
Choose action for record

Medical Record Number 01735535

No upcoming calendar events

Data Collection Instrument	Time point 1	Time point 2	Time point 3	Time point 4	Time point 5	Time point 6	Time point 7	Time point 8	Time point 9	Time point 10	Time point 11	Time point 12	Time point 13	Time point 14	Time point 15	Time point 16
Demographics	•	•	•	•	•	•	•	•	•	•	•	•				0
Sickle Cell Disease Category	•	•	•	•	•	•	•	•	•	•	•	•	0	0	0	0
Medical History Sickle Cell Related	•	•	•	•	•	•	•	•	•	•	•	•	0	0	0	0
Co Morbid Conditions	•	•	•	•	•	•	•	•	•	•	•	•	0	0	0	0
Transfusions	•	•	•	•	•	•	•	•	•	•	•	•	0	0	0	0
Surgical History	•	•	•	•	•	•	•	•	•	•	•	•	0	0	0	0
Medications	•	•	•	•	•	•	•	•	•	•	•	•	0	0	0	0
Hospitalizations	•	•	•	•	•	•	•	•	•	•	•	•	0	0	0	0
Emergency Room visits	•	•	•	•	•	•	•	•	•	•	•	•	0	0	0	0
Immunizations	•	•	•	•	•	•	•	•	•	•	•	•	0	0	0	0
Gyn History	•	•	•	•	•	•	•	•	•	•	•	•	0	0	0	0
Family History	•	•	•	•	•	•	•	•	•	•	•	•	0	0	0	0
Social History	•	•	•	•	•	•	•	•	•	•	•	•	0	0	0	0
Growth Vital Parameters	•	•	•	•	•	•	•	•	•	•	•	•	0	0	0	0
Hematology	•	•	•	•	•	•	•	•	•	•	•	•				0
Brain	•	•	•	•	•	•	•	•	•	•	•	•	0	0	0	0
Lung	•	•	•	•	•	•	•	•	•	•	•	•			0	0
Heart	•	•	•	•	•	•	•	•	•	•	•	•	0	0	0	0
Liver	•	•	•	•	•	•	•	•	•	•	•	•	0	0	0	0
Kidney	•	•	•	•	•	•	•	•	•	•	•	•	0	0	0	0
Ophthalmology	•	•	•	•	•	•	•	•	•	•	•	•	0	0	0	0
Genetic Counseling	•	•	•	•	•	•	•	•	•	•	•	•	0	0	0	0
Social Worker Service	•	•	•	•	•	•	•	•	•	•	•	•	0	0	0	0
Support Group	•	•	•	•	•	•	•	•	•	•	•	•	0	0	0	0
Transition Program	•	•	•	•	•	•	•	•	•	•	•	•				
Bone Marrow Stem Cell Transplant	•	•	•	•	•	•	•	•	•	•	•	•	0	0	0	0
Colors of data on some	24		14			14	3.0	3.6	14	14						

Sickle Cell Disease Category



Medical History Sickle Cell Related	Save & Stay
Editing existing Medical Record Number 30384544	Cancel
Event Name: Time point 4	
edical Record Number	30384544
x Month Interval Date	2019-09-13 Today Y-M-D
ledical history - SCD related	Acute chest syndrome (oxygen requirement) Aplastic Crisis/parvovirus Avascular necrosis (AVN) Cardiac failure/dysfunction Cholelithiasis (s/p cholecystectomy) Dactylitis Delayed puberty Enuresis Erectile dysfunction Growth delay Headaches Hepatic sequestration Hypersplenism/splenic sequestration (on-going) Hypersplenism/splenic sequestration (s/p splenectomy) Iron overload (Ferritin>500) Leg ulcers Neurologic deficit Osteomyelitis Priapism Pulmonary embolism Pulmonary hypertension Retinopathy Sepsis/Bacteremia - Non-pneumococcal bacterial Sepsis/Bacteremia - Pneumococcal Sepsis - non-bacteremial (blood culture -) Silent infarct Stroke TCD abnormal Thrombosis (other than PE) Transient Ischemic Attack Vasculopathy (stenosis), cerebral Vaso-occlusive pain crisis Other
ate Diagnosed: Hypersplenism (s/p splenectomy)	2018-05
	уууу-тт

Medications			Cancel
Ø Editing existing Medical Record Number 30384544			
Event Name: Time point 3			
Medical Record Number		30384544	
Six Month Interval Date	H >	2019-03-13 Today Y-M-D yyyy-mm-dd	
Hydroxyurea?	H)	Yes No	rese
Hydroxyurea Dose (mg/kg/day)	H)	26.5 mg/kg/day	
Hydroxyurea Start Date	H)	2018-07 yyyy-mm	
Currently on Hydroxyurea?		● Yes ○ No	rese
Folic Acid?	H)	○ Yes ● No	rese
Penicillin?		Yes No	rese
Penicillin Start Date	H (==	2017-11 yyyy-mm	
Currently on Penicillin?	H (Yes No	rese
lron Chelator	H P	 □ Exjade (deferasirox) □ Desferal (deferoxamine) □ Jadenu (defeasirox) □ Ferriprox (deferiprone) □ Other ✓ None 	

Hospitalizations Editing existing Medical Record Number 30384544 Event Name: Time point 3 30384544 **Medical Record Number** 2019-03-13 Today Y-M-D Six Month Interval Date yyyy-mm-dd Hospitalizations summary Number of Hospitalizations in Interval 2018-11 **Dates of Hospitalizations in Interval** Expand YYYY-MM ☑ acute chest syndrome (oxygen requirement) aplastic crisis asthma exacerbation ☐ bacteremia Cholecystitis/cholelithiasis ☐ dactylitis dehydration fever hepatic sequestration ☐ influenza other infection Diagnoses During Hospitalizations in Interval (Check all that apply) parvovirus infection pneumonia pulmonary embolus ✓ scheduled surgery/procedure splenic sequestration stroke urinary tract infection/pyelonephritis viral illness without specific diagnosis vaso-occlusive pain crisis \Box other Check All That Apply Splenectomy If Surgery, Specify

List All

Expand

Hematology		Save & Exit Forn
Ø Editing existing Medical Record Number 30384544		Save & Stay
Event Name: Time point 3		Cancel
Medical Record Number	30384544	
Six Month Interval Date	2019-03-13 Today Y-M-D yyyy-mm-dd	
Transfusion in Interval?	⊕ ○Yes ○ No	reset
Splenomegaly?	⊕ ○Yes ○ No	reset
Hematologic Indices		reset
Date of lab (Most Recent)	2019-03-02 yyyy-mm-dd	
Hgb Number (g/dL)	9.2 9/dL	
HCT (%)	⊕ 25.4 ∞ %	
Retic %	6.2	
Absolute Reticulocyte Number	181.7	
MCV (fL)	⊕ [86.4 ⊝ n.	
WBC Total (thousands/uL)	24.74 thousands/uL	
Neutrophil Count (thousands/uL)	52.1 thousands/uL	
PLT (thousands/uL)	H 467 thousands/ut.	
Bilirubin Total (mg/dL)	mg/dL	
LDH (U/L)	⊕ [
Hemoglobin Profile		
Date of lab (Most Recent)	2019-02-28 yyyy-mm-dd	
Hgb A %	₩	
Hgb A2 %	⊕	
Hgb F %	⊕ 28.6	
Hgb S %		

Methods – Analysis

Inclusion criteria:

- 1. Hgb SS/Sbeta0 born since January 2011
- 2. Continuously on HU since infancy (starting 9-12 months of age)
- 3. Continuously followed in the No Va peds sickle cell program
- 4. At least 2 years of age at the time of analysis (June 2018) to allow for at least 1 yr HU treatment

Exclusion criteria:

- 1. Children who moved to our clinic after age 1 no verifiable historical data
- 2. Children who did not start HU by age 1

Parameters analyzed:

Hgb, Hgb F Hospitalizations, ED visits, transfusions

Results – continuous HU therapy starting in infancy 24 children, 95 person-years

TABLE 1 Hemoglobin (g/dL) and fetal hemoglobin (%) of patients on HU by age 1 at 6-month intervals

				Years followed													
				0.5 year	1 year	1.5 years	2 years	2.5 years	3 years	3.5 years	4 years	4.5 years	5 years	5.5 years	6 years	6.5 years	7 years
Patient	: Dx	M/F	Age at HU prescription	Hgb Hgb	F Hgb Hgb	F Hgb Hgb	F Hgb Hgb	F Hgb Hgb	F Hgb Hgb	F Hgb Hgb	F Hgb Hgb	F Hgb Hgb	F Hgb Hgbi	F Hgb Hgb	F Hgb Hgbi	F Hgb HgbF	Hgb HgbF
1	SS	М	9 months			10.6 30.3								1184 1184		110-110-1	11.6
2	SS	F	1 year			5 10.2 35.9											
3	SS	М	9 months	7.4 36.2	8.2 26.3	1 9.5 36.6	9.3 33.5	·)									
4	SS	М	9 months	9.4 34.5	10 23.6	5 10.9 40	11.1 33.3	9.9 34.4									
5	SS	М	1 year	10.8 44.6	10.5 42.1	1 11.1 43.5	11.3 37.1	. 11 41.2									
6	SS	М	9 months	8.7 32.2	9.5 24.7	7 9.9 33.4	10.1 28	10.2 30.6									
7	SS	F	9 months	10.6 34	10.7 23.5	5 11.5 26.6	10.6 25.8	3 10.9 24.4									
8	SS	М	9 months	9.2 38.4	9.4 29.9	9.8 34.8	9.7 35.3	9.5 28.7	8.6 29.8								
9	SS	F	10 months	10.3 32.5	11.3 28.3	3 11.3 35	11.8 34.5	12.1 37.2	11.8 33.5								
10	SS	М	9 months	9.8 24.8	10.4 25.6	5 11.5 26.9	9.9 28	11.3 34.1	11.2 29.4								
11	SS	М	9 months	9.2	11.3 32.8	3 11.1 38.9	11.2 28.5	11.3 32.8	9.4 28.2								
12	SS	F	11 months	10.8 38.3	10.8 25.8	3 10.6 31.5	11 29.1	. 11.9 30.3	12.1 28.6	11.3 27.4	ļ						
13	SS	F	11 months	9.7 37.4	10.6 29.8	3 11.6 32.6	11 43.1	11.6 41.7	11.8 37	11.4 38.9	•						
14	SS	М	10 months	8.7 33.4	9.8 31	10.9 38.6	11.2 32.3	3 10.5 37.9	10.6 33.4	11.3 32.8	10.8 28.9						
15	SS	М	7 months	9.6 39.5	10.1 26.2	2 10.6 27.6	10.2 29.2	8.9 24	8.4 18.6	8.9 21.1	9.2 29.2						
16	SS	F	9 months	8 33.4	9.7 28.8	3 10.7 38.2	10.6 37.4	10.6 35.7	10.2 34.4	11.3 35.8	11.2 40.3	10.6 40.7					
17	SS	М	9 months	9.3 34	10.4 35.7	7 12.1 41.9	11.9 39.3	3 11.6 32.4	11.3 33.1	10.6 31.8	11.2 30	8.6 31.2					
18	SS	М	1 year	9.3	10.2 19.9	9 10.5 21.3	9.5	9.6 31.9	10.5 37.8	9.6 32.9	9.5 30.3	9.4 32.4	10 29.8				
19	SS	М	1 year	9.1 37	9 34.5	5 10.3 33.9	9.2 34.5	8.8 35.8	8.9 33.9	8.9 28.3	8.9 27.5	9.1 27.1	8.2 29.8	8.7 27.7			
20	SS	F	6 months	8.4 23.4	7.9 29.4	4 8.5 25. <i>6</i>	8.9 29.5	9.6 22	9.5 29.1	9.9 28.4	10.2 28.3	9.9 28.8	9.1 27.1	9.2 33.9			
21	SS	F	1 year	9.8 38.8	12.2 28.4	11.3 30.9	12 31.5	12.3 31	11.5 27.6	11.4 25.8	11.7 33.1	12.7 31.4	11.5 34.6	12.4 34.6	12.3 31.3		
22	SS	F	1 year	10.2 31.4	10.3 30.5	5 10 31.2	9.9 31.4	9.2 21	8.5 26	9.3 24.2	10.1 24.8	9.6 22.4	9.2 31.6	8.9 22.6	9 23.8	9.4 25.6	8.1 29.6
23	SS	F	1 year	10.5	9.9 31	11.6 41.8	11.7 43.4	11.7 43	11.3 42.3	11.6 37	10.9 26.8	11.4 29.5	11.2 27.2	11.5 34.1	11.3 32.6	10.8 33.5	11.7 35
24	SS	F	1 year	9.1	10.3 29.4	1 10.7 36. <i>6</i>	10.6 39.5	10.7 35.3	10.9 32.5	9.7 32.2	9.6 34	9.4 31.1	9 22.8	8.9 21.5	9.6 27.4	9.9 24.2	8.7 25.8

Abbreviations: F, female; Hgb, hemoglobin; HgbF, fetal hemoglobin; HU, hydroxyurea; M, male.

Results – continuous HU therapy starting in infancy duration of followup

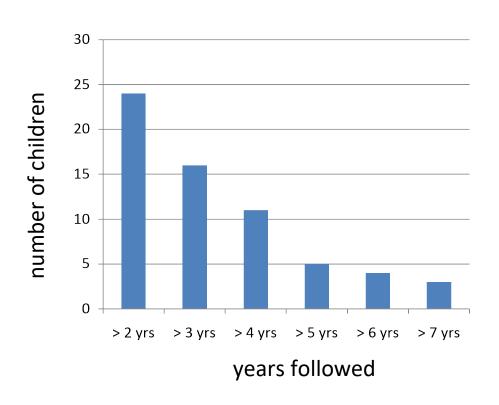


Figure 1 Longitudinal Hgb and Hgb F in patients started on HU by age 1

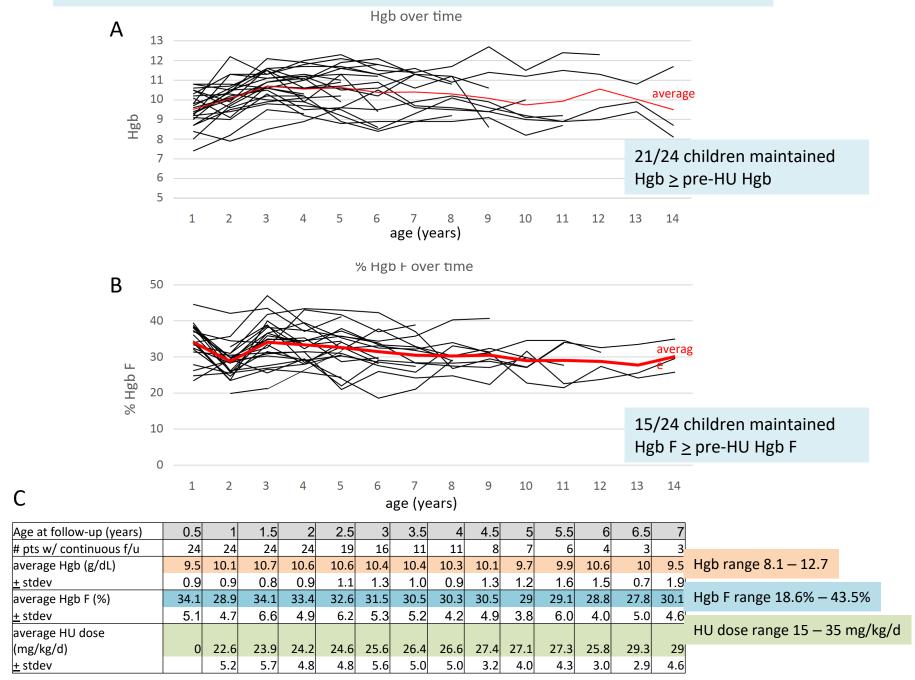


Table 2 Hospitalizations, treat-and-release ED visits, transfusions in 6-month intervals

age range	0-0.5	0.5-1	1-1.5	1.5-2	2-2.5	2.5-3	3-3.5	3.5-4	4-4.5	4.5-5	5-5.5	5.5-6	6-6.5	6.5-7	total
# Hospitalizations (all)	6	10	2	3	4	2	0	0	0	0	0	0	0	0	27
fever, infections	5	9	2	2	0	2									20
pain	1	0	0	0	0	0									1
splenic sequestration	0	1	0	0	4	0									5
other^	0	1	0	1	0	0									2
# ED visits (all)	7	17	11	15	6	4	2	2	2	1	1	0	0	0	<mark>68</mark>
fever, infection	4	13	10	10	4	4	2	2	2	1	1				53
pain	1	1	0	0	0	0	0	0	0	0	0				2
<mark>viral*</mark>	1	2	1	4	1	0	0	0	0	O	O				9
other**	1	1	0	1	1	0	0	o	0	O	o				4
# transfusions (all)	1	1	0	0	3	0	0	0	0	0	0	0	0	0	5
splenic sequestration	1	1			3										5

other^: 1 cyanotic episode, 1 accidental drug ingestion

viral*: upper respiratory infections, bronchiolitis, gastroenteritis

other**: constipation, laceration, synovitis

Total # hosp: 27

Age of hosp: 16/27 during age < 1; 27/27 during age ≤ 3

Hospitalization rate: 0.28/person-year (27hosp/95 person-yrs)

Reason for hosp: fever/infection > splenic sequestration > other

4 pulm infiltrates, no hypoxia, no txf required

Table 2 Hospitalizations, treat-and-release ED visits, transfusions in 6-month intervals

age range	0-0.5	0.5-1	1-1.5	1.5-2	2-2.5	2.5-3	3-3.5	3.5-4	4-4.5	4.5-5	5-5.5	5.5-6	6-6.5	6.5-7	total
# Hospitalizations (all)	6	10	2	3	4	2	0	0	0	0	0	0	0	0	27
fever, infections	5	9	2	2	0	2									20
pain	1	0	0	0	0	0									1
splenic sequestration	0	1	0	0	4	0									5
other^	0	1	0	1	0	0									2
# ED visits (all)	7	17	11	15	6	4	2	2	2	1	1	0	0	0	<mark>68</mark>
fever, infection	4	13	10	10	4	4	2	2	2	1	1				53
pain	1	1	0	0	0	0	0	0	0	0	0				2
viral*	1	2	1	4	1	0	0	0	0	0	0				9
other**	1	1	0	1	1	0	O	0	0	0	O				4
# transfusions (all)	1	1	0	0	3	0	0	0	0	0	0	0	0	0	5
splenic sequestration	1	1			3										5

other^: 1 cyanotic episode, 1 accidental drug ingestion

viral*: upper respiratory infections, bronchiolitis, gastroenteritis

other**: constipation, laceration, synovitis

Total # ED: 68

Age of ED: 50/68 during age ≤ 2 , 60/68 during age ≤ 3 Pts with ED: among age 0-3: 50% pts visited ED each yr

ED rate: 0.72/person-year (68 EDs/95 person-yrs)

Reason for ED: 91 % fever/infection (62/68), 3% (2/68) pain (pre-HU)

Table 2 Hospitalizations, treat-and-release ED visits, transfusions in 6-month intervals

age range	0-0.5	0.5-1	1-1.5	1.5-2	2-2.5	2.5-3	3-3.5	3.5-4	4-4.5	4.5-5	5-5.5	5.5-6	6-6.5	6.5-7	total
# Hospitalizations (all)	6	10	2	3	4	2	0	0	0	0	0	0	0	0	27
fever, infections	5	9	2	2	0	2									20
pain	1	0	0	0	0	0									1
splenic sequestration	0	1	0	0	4	0									5
other^	0	1	0	1	0	0									2
# ED visits (all)	7	17	11	15	6	4	2	2	2	1	1	0	0	0	<mark>68</mark>
fever, infection	4	13	10	10	4	4	2	2	2	1	1				53
pain	1	1	0	0	0	0	0	O	0	0	0				2
viral*	1	2	1	4	1	0	0	0	0	0	0				9
other**	1	1	O	1	1	O	O	0	O	O	o				4
# transfusions (all)	1	1	0	0	3	0	0	0	0	0	0	0	0	0	5
splenic sequestration	1	1			3										5

other^: 1 cyanotic episode, 1 accidental drug ingestion

viral*: upper respiratory infections, bronchiolitis, gastroenteritis

other**: constipation, laceration, synovitis

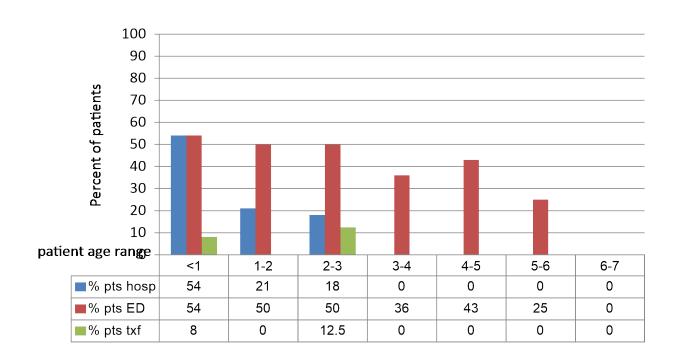
Total # transfusions: 5

pts transfused: 2

Transfusion rate: 0.05/person-year (5 txf/95 person-yrs)

Reason for transfusion: splenic sequestration

Percent of patients utilizing hospitalizations, ED visits, and transfusions



Conclusions

Starting HU in infancy and maintaining maximal HU therapy continuously resulted in:

maintainence of Hgb ≥ pre-HU hgb in most children, with average Hgb ~ 10

maintainence of Hgb F \geq pre-HU hgb F in more than half of the children, with average Hgb F ~30%

hosp rate 0.28/person-yr, the majority for fever/infection in first few yrs of life

transfusion rate of 0.05/person-yr, for splenic sequestration only

no CNS events

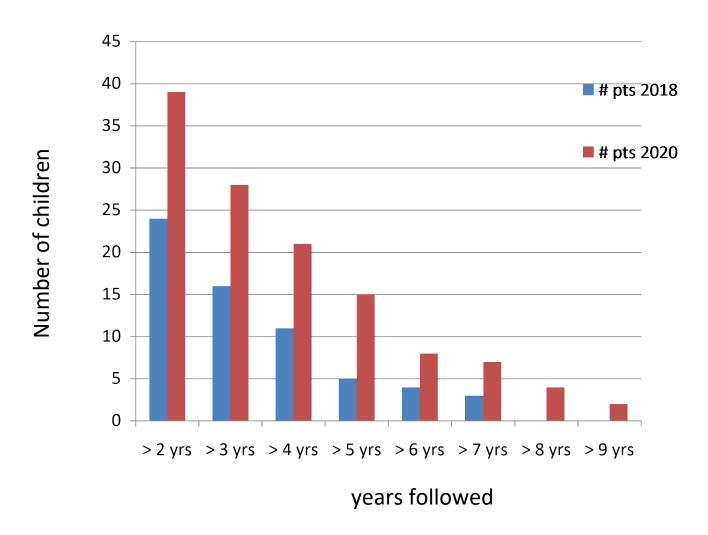
no pain crisis needing medical attention after initiation of HU

no acute chest syndrome requiring transfusion (except after surgery)

no significant change in ED visits, the vast majority of which were for fever

6/2018: 95 person-yrs

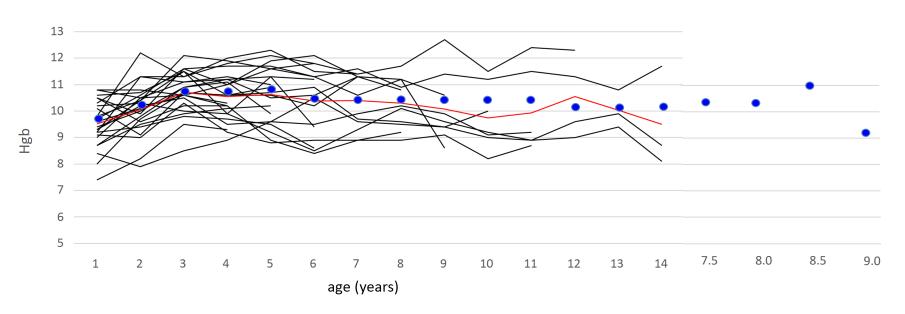
8/2020: 124.5 person-yrs



2020 update

Longitudinal Hgb in patients started on HU by age 1



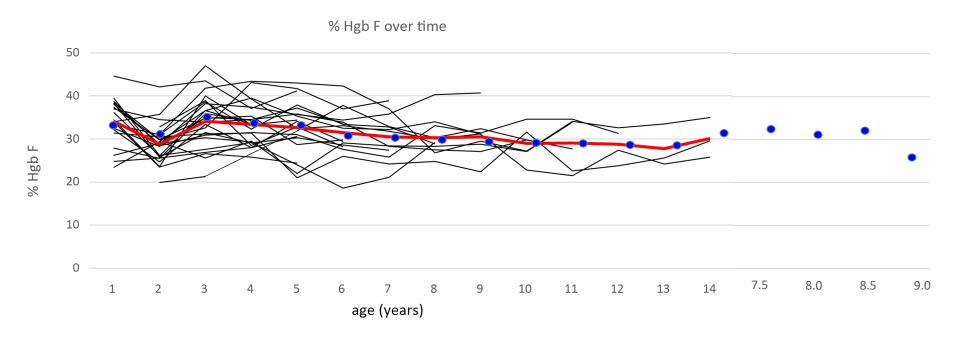


2018 averages

2020 averages

2020 update

Longitudinal Hgb F in patients started on HU by age 1



2018 averages

2020 averages

All children born after January 2011 eligible for HU (at least 1 yr old and including those who

+..... - £ - - - | :.. \

74 children

72/74 on HU

No conditional or abnormal TCD, no strokes

Minimal pain

Only 1 acute chest (post-op)

Infection/fever is the most common cause of hospitalizations and ED visits in younger children

Splenic sequestration now the most common reason for transfusion among children on HU

Factors contributing to our outcomes

- 1. Unified HU message and concerted effort from sickle cell team
- 1. Start HU message from very first clinic visit
- 1. Push HU dose to MTD (allow ANC cutoff 1000)
- 1. Check Hgb F at every monitoring visit to aim for Hgb F 30%

Message:

Excellent outcomes can be achieved even in the community practice setting

Limitations

Small sample size

Skew toward younger children

Single-center study

Big question:

What will happen when this cohort become teenagers?