Introduction: Since June 2010, the Public Health Ministry in Uruguay decreed mandatory the newborn screening for Cystic Fibrosis (CF). Our algorithm is to perform the immuno-reactive trypsin (IRT) in dried blood spot. If this IRT value is higher than the cut-off we request another sample which must be collected before 30 days of baby’s life. However, the second sample does not come on time to perform the IRT so we started a pilot program with a second marker: Pancreatitis-associated protein (PAP). PAP is done to all first sample with IRT elevated as well as to every second sample.

Objective: To present the results of our newborn screening of CF in the pilot program.

Materials and Methods: The samples used were dried blood spots on Whatman S&S 903 filter paper, the first one is taken with 40 hours of life. The methods used are IRT Quantaset enzyme immunoassay BIORAD and Mucopap enzyme immunoassay DYNABIO optimized.

Results: From April to November 2011 we processed 32630 samples. 289 samples were high for IRT, to this samples we performed PAP and 57 of them were positive. These patients were called to confirm the CF by sweat test and molecular analysis. 7 patients were confirmed by both methods. Positive predicted value (PPV) was 2.4% for IRT-IRT algorithm and increased to 12.3% with IRT-PAP algorithm.

Conclusions: With IRT-PAP algorithm we have a specific and sensitive program for the detection of CF. One of the advantages of this marker is that is useful independently of the time the sample is collected, which give us more time to define the diagnosis of the patients. With this algorithm we believe we can solve problem related to the delay of the second sample.

**Pilot newborn screening program for cystic fibrosis in Uruguay: IRT-PAP**

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