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gene-therapies.org

September 15, 2025

VIA ELECTRONIC DELIVERY

CDR Leticia Manning, MPH
Designated Federal Officer
Maternal and Child Health Bureau
Health Resources and Services Administration
Department of Health and Human Services
5600 Fishers Lane
Rockville, Maryland 20852

RE: Notice With Request for Comment: Consideration of Adding Metachromatic Leukodystrophy to the Recommended Uniform Screening Panel

Dear Ms. Manning:

The Institute for Gene Therapies (IGT or "the Institute") is pleased to submit these comments to the Health Resources and Services Administration (HRSA or "the Agency") regarding the Notice With Request for Comment: Consideration of Adding Metachromatic Leukodystrophy to the Recommended Uniform Screening Panel ("Notice").[1] IGT supports HRSA's efforts to consider and evaluate the addition of Metachromatic Leukodystrophy (MLD) to the Recommended Uniform Screening Panel (RUSP). IGT is dedicated to supporting efforts that ensure the Panel's recommendations keep pace with the rapidly evolving therapeutic landscape, and we submit feedback in response to the Notice.

IGT supports efforts to realize the value of transformative gene therapies for patients, caregivers, the healthcare system, and society at large. More specifically, IGT advocates for efforts that mitigate unnecessary misdiagnoses, optimize outcomes, accelerate new cures development, and modernize newborn screening (NBS). Enhanced access to screening tests facilitates diagnosis, monitoring, and treatment, which are all critical for patients with rare and serious diseases. It is imperative that HRSA recognize that diagnosis must keep pace with innovation in genomic medicine, as failure to do so will limit the ability to deliver these transformative treatments to patients in a timely manner to ensure maximum benefit.

IGT was launched in February 2020 to advocate for a modernized regulatory and reimbursement framework that encourages the development of transformative gene therapies and promotes patient access. Through our Patient Advocacy Advisory Council, Corporate Advisory Council, and Scientific, Academic & Medical Council, the Institute represents a wide array of patient advocacy groups, gene therapy manufacturers, and scientific, medical, and academic stakeholders seeking to advance the promise of gene therapies. Our response to this Notice represents our perspective as a membership group and focuses on areas where our members have firsthand experience or knowledge.[2]

[1] U.S. Department of Health and Human Services, Health Resources and Services Administration. Notice With Request for Comment: Consideration of Adding Metachromatic Leukodystrophy to the Recommended Uniform Screening Panel. 2025. Accessed from: https://www.federalregister.gov/documents/2025/08/14/2025-15432/notice-with-request-for-comment-consideration-of-adding-metachromatic-leukodystrophy-to-the.

[2] A complete list of our members is available at https://www.gene-therapies.org/about-igt.

I. Recommendations Regarding the Addition of MLD to the RUSP

Among the 10,000+ rare diseases, of which a majority are linked to genetic causes, MLD is a debilitating genetic disease that causes the progressive decline of mental and motor functions. This disease results in a severe prognosis, and the majority of those diagnosed with MLD pass away within five years of symptom onset.[3] Symptoms include loss of vision, the ability to walk and talk, and the ability to interact normally with the world around them.[4] During a patient's lifetime, the progression of the disease often leads to the need for 24/7 intensive care, creating substantial emotional and financial cost on the patient and the patient's family.[5]

Though an FDA-approved gene therapy for the treatment of MLD exists, treatment of early-onset MLD is effective only in patients not yet experiencing the rapidly progressive phase of their disease. Intervention as early as possible ensures the greatest opportunity for clinical benefit.[6] Therefore, the availability of NBS for MLD will be vital to ensure that patients and their families are aware of this transformative gene therapy treatment option, and any future therapies approved by the FDA to treat MLD. Adding MLD to the RUSP will ensure that a family can pursue early diagnostic confirmation and potential intervention before symptom onset or progression.

As our healthcare system prepares for a wave of life-changing therapies for pediatric genetic conditions over the next decade, early diagnosis will be crucial to achieving optimal patient outcomes. IGT urges HRSA through its RUSP policies to keep pace with innovation in genomic medicine. Robust genetic screening should be available to all newborns, and all people at elevated risk or suspected of having a genetic disorder like MLD. To this aim, IGT supports the addition of MLD to the RUSP.

II. Conclusion

IGT greatly appreciates HRSA's interest in soliciting public feedback regarding the addition of MLD to the RUSP. There are now over 10,000 rare genetic diseases that have been described – a number that will only continue to grow as we learn more about how genetic alterations drive disease processes. Achieving early diagnosis for rare diseases is critical to giving patients the chance to benefit from early treatment. NBS is a vital tool that can help eliminate a burdensome diagnostic odyssey and ensure equitable access to early diagnosis and treatment. Thank you again for the opportunity to provide this information, and we look forward to continued engagement on the issue.

Sincerely,

John R. Feore, III
Director, Health Policy and Advocacy
Institute for Gene Therapies

[3] Fumagalli F, Zambon AA, Rancoita PMV, et al. Metachromatic leukodystrophy: a single-center longitudinal study of 45 patients. J Inherit Metab Dis. 2021;44:1151-1164.
[4] Cleveland Clinic. Metachromatic Leukodystrophy. 2025. Accessed from: https://my.clevelandclinic.org/health/diseases/6067-metachromatic-leukodystrophy.
[5] Sevin C, Barth M, Wilds A, et al. An international study of caregiver-reported burden and quality of life in metachromatic leukodystrophy. Orphanet J Rare Dis. 2022;17(1):329.
[6] Fumagalli F, Calbi V, Natali Sora MG, et al. Lentiviral haematopoietic stem-cell gene therapy for early-onset metachromatic leukodystrophy: long-term results from a non-randomised, open-label, phase 1/2 trial and expanded access. Lancet. 2022;399(10322):372-383.