WHY SCD GENOTYPES MATTER

There are multiple types of SCD, each with different degrees of symptoms, severity, and complications.

HbSS – Sickle Cell Anemia

The most common type, characterized by recurrent pain crises that start as early as six months of age

HbSC

Symptoms may present ten to twenty years later than HbSS with spleen, joint and vision problems more common

HbS Beta-Zero Thalassemia

Symptoms also start early like with HbSS, however may have more severe anemia

HbS Beta-Plus Thalassemia

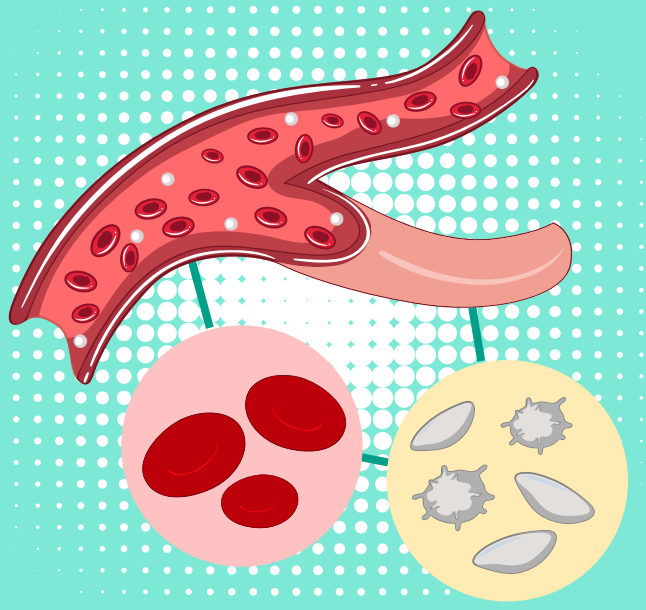
Similar to HbSC in many respects with moderate anemia

Other Rare Types (HbSD, HbSE, HbSO-Arab)

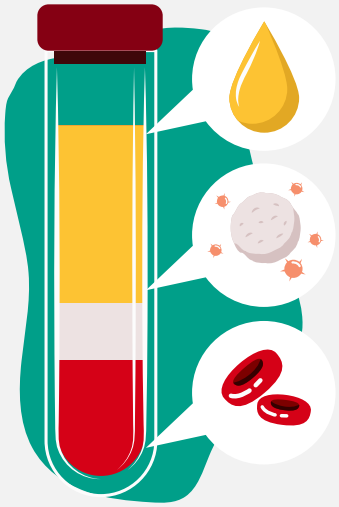
Less common variants with symptoms ranging from mild to moderate.

Sickle Cell Trait (HbAS)

A carrier state, not a disease, but the gene can be passed to children.



UNDERSTANDING WHICH TYPE OF SCD A PATIENT HAS IS CRITICAL BECAUSE IT:



- Prepares patients for unique symptoms, complications, and severity
- Empowers patients to more proactively seek medical care aligned with their challenges
- Allows providers to tailor treatments and therapies to patients needs
- Gives patients better opportunities to secure needed accommodations in the workplace
- Shapes family planning and genetic counseling conversations
- Lowers overall cost burden on hospital systems
- Reduces health inequities by decreasing undertreatment of specific populations
- Bolsters efficiency of caregiver support
- Improves overall quality of life for patients and caregivers

WHAT YOU CAN DO

Get tested, know your status, and share information about the importance of understanding your SCD genotype