



# Should My Child(ren) Have Predictive Genetic Testing For Arrhythmogenic Right Ventricular Cardiomyopathy?

This is an information package to help guide parents in a discussion with their genetic counsellor or healthcare provider about predictive genetic testing for their children.

## What is predictive genetic testing?

Predictive genetic testing is a test done before a child has any symptoms of arrhythmogenic right ventricular cardiomyopathy (ARVC). The test looks to see if your child has inherited the genetic variant (difference) causing ARVC in your family. Not all children who carry the genetic variant will end up having symptoms of ARVC.



## It's your decision

**Arrhythmogenic right ventricular cardiomyopathy (ARVC)** is a heart condition that usually runs in families. It is also called Arrhythmogenic Cardiomyopathy (ACM). The children of a person with ARVC have a higher chance of developing this heart condition.

**If a genetic cause (genetic variant/difference) has been found in your family, there are 2 choices for your child or children:**

**1** Children can be followed by a heart doctor and have heart screening tests (e.g. echocardiogram, ECG/EKG).

OR

**2** Children can have predictive genetic testing. If a child is found to carry the genetic variant, they will be followed by a heart doctor. If they do not carry the genetic variant, heart screening is not necessary for most children.

Some parents wonder about not doing genetic testing or heart screening for their child(ren) until their child(ren) have symptoms of ARVC. This choice may mean missing the chance to avoid serious heart problems, or even sudden death (rare). Early diagnosis and education improve the long-term health of children with ARVC. Because of this, it is very important that all children who could have ARVC are seen by a heart doctor.

**Having heart screening only or having predictive genetic testing are both good choices. Making the decision might be easier if you:**

1. Think about what your child's medical care will look like with each choice.
2. Think about how each choice fits with your beliefs and values.
3. Talk with your child's other parent, your child (if they are old enough) and your genetic counsellor. You might also want to talk to your family, family doctor, or other people that you trust.





## Information to help you make the decision

### What is Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC)?

ARVC is a medical condition that affects the function of the heart muscle and the heart rhythm. People with ARVC may have chest pain, shortness of breath, heart palpitations (funny beats), fainting, cardiac arrest (heart stops beating) or heart failure. They may also have no symptoms. ARVC can present at any age but usually presents before 35 years of age.<sup>1</sup> About half of people (1 in 2) who carry a genetic variant for ARVC will develop signs of the condition.<sup>2</sup>

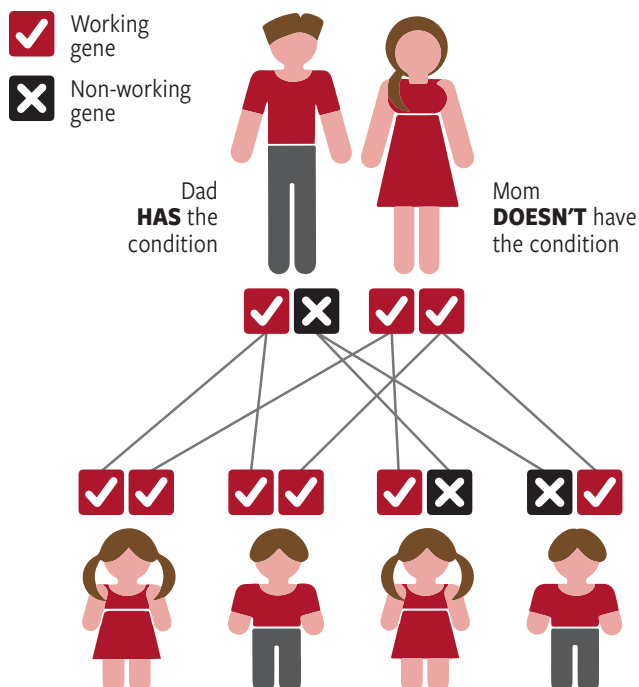
**People with ARVC are at increased risk of cardiac arrest.<sup>3</sup>**

**Some people with ARVC will go on to develop heart failure.<sup>4</sup>**

### What causes ARVC?

ARVC is usually a genetic condition. It is caused by genetic variants (differences) in genes that are important for the heart muscle. A genetic variant that makes a gene function abnormally is called pathogenic or likely pathogenic.

### Inheritance of ARVC



### What is the chance that my child inherited the genetic variant found in our family for ARVC?

Both males and females can have ARVC. If one parent has the genetic variant for ARVC, each of their children have a 50% chance of inheriting the genetic variant and a 50% chance of not inheriting the genetic variant. Children who inherit the genetic variant have a higher chance of developing ARVC.

### If my child inherited the genetic variant found in our family, what is the chance that they will develop ARVC?

The chance of developing ARVC depends on the genetic variant in the family, the results of their heart tests, and their age, sex, and health history. Your child's heart doctor will talk to you and your child about their specific risk.

### What would happen next if my child inherited the genetic variant found in my family for ARVC?

If you choose predictive genetic testing for your child and they are found to carry the genetic variant in your family, they would be followed closely by a heart doctor. The heart doctor would talk to you about different management strategies that can reduce the health risks associated with ARVC. Not all people who carry a genetic variant will show signs or symptoms of ARVC.

### What would happen next if my child did NOT inherit the genetic variant for ARVC?

If you choose predictive genetic testing for your child and they do not carry the genetic variant found in your family, they would no longer need ongoing heart screening for ARVC. Although they would no longer need to be followed by a heart doctor, heart assessments may be recommended in some situations.

### What would happen next if my child does not have predictive genetic testing?

If you choose heart screening only for your child, they would be seen by a heart doctor. The heart doctor would talk with you about how often your child needs heart screening tests and how it helps to protect your child's health. It is important to know that predictive genetic testing remains an option for your child at any point in the future.





## What can we do to reduce the risks associated with ARVC for our child(ren)?

### Management

- Watch for symptoms such as palpitations (funny beats), racing heart, or fainting. If your child has any of these symptoms, take them to see a doctor immediately.
- Take your child for regular heart screening.

### Preventative Actions

- Research has found a link between intense physical activity and the onset of ARVC.<sup>5</sup> For this reason, your child's heart doctor may recommend modifications to sport participation.

### Education

- Encourage family and caregivers to take CPR.
- Be aware of the location of automated external defibrillators (AEDs).
- Educate family and friends about the condition.

## Advantages and disadvantages of doing heart screening only VS predictive genetic testing



### Heart Screening Only (without predictive genetic testing)

#### Advantages

- Allows you to know if your child has signs of ARVC.  
*"Having children followed by a heart doctor is important to get a good baseline and then check for changes."*
- Possibly avoids additional worry for you and your child unless your child has signs of ARVC.  
*"We didn't want to live with the burden of having a positive genetic test if our child didn't show signs of heart problems."*
- Allows your child to take part in the decision about genetic testing when they are older.

#### Disadvantages

- Requires time and costs for ongoing medical appointments that may not be needed.  
*"The cost and time of having each of our children screened was greater than that of having them gene tested, and following those who tested positive."*
- May create unnecessary worry if your child is not at risk of ARVC.
- Does not detect all individuals affected by ARVC. As a result, an opportunity may be missed to make lifestyle changes to decrease the risk of heart symptoms.



### Predictive Genetic Testing

#### Advantages

- Avoids unnecessary heart screening for your child if genetic testing is negative.
- Reduces worry for you and your child if genetic testing is negative.  
*"We wanted to reduce worry for those in our family who were not gene positive."*
- Allows your child to make lifestyle changes to decrease the risk of heart symptoms if genetic testing is positive.  
*"Once you have the information you can steer clear of triggers."*

#### Disadvantages

- May lead to your child being treated differently (e.g. overprotected).
- Doesn't allow your child to take part in the decision, if your child is young.  
*"I was 5 when I had genetic testing and unfortunately wasn't part of the decision making process."*
- Potential risk of genetic and employment discrimination.  
*"Genetic discrimination was a big worry for us."*
- Rarely, overtime, our understanding of a genetic test result can change.

### Genetic Discrimination

Genetic discrimination is when a genetic test result is used in a negative way against a person. Canada and the United States both have laws to stop insurance companies and employers from using genetic test results in certain situations. These laws do not prevent the use of family history and medical information by these groups.

### Other things to consider:

- How did the condition present in your family?
- Is the timing right?
- How does your child feel about genetic testing?
- Has your child had any heart screening done?





# Making a decision

**What are the advantages and disadvantages that matter most to you?**

## DOING Heart Screening Only

Advantages:

Disadvantages:

## DOING Predictive Genetic Testing

Advantages:

Disadvantages:

**What are the advantages and disadvantages that matter most to your child?**

## DOING Heart Screening Only

Advantages:

Disadvantages:

## DOING Predictive Genetic Testing

Advantages:

Disadvantages:

## Do you have all the information you need?

### Do You:

- Know the chance that your child has inherited the genetic variant (difference) for ARVC?
- Know what happens next if your child has inherited the genetic variant for ARVC?
- Understand what could happen if your child doesn't have heart screening or predictive genetic testing?
- Know the advantages and disadvantages that are most important to you and your child?

## What is your decision?

- ☐ Heart screening only
- ☐ Predictive genetic testing
- ☐ I don't know

## Are you comfortable with this decision?<sup>6</sup>

### Sure of yourself

Do you feel sure about the best choice for you?

- ☐ Yes ☐ No

### Understand the information

Do you know the advantages and disadvantages of doing or not doing heart screening and genetic testing?

- ☐ Yes ☐ No

### Advantages and Disadvantages

Are you clear about which advantages and disadvantages matter most to you?

- ☐ Yes ☐ No

### Encouragement

Do you have enough support and advice to make a choice?

- ☐ Yes ☐ No

### Agreement

Are you and your child(ren)'s other parent in agreement with your decision?

- ☐ Yes ☐ No

### References

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- <sup>3</sup>Protonotarios A, Anastasakis A, Panagiotakos DB, Antoniadis L, Syrris P, Vouliotis A, Stefanadis C, Tsatsopoulou A, McKenna WJ, Protonotarios N. "Arrhythmic risk assessment in genotyped families with arrhythmogenic right ventricular cardiomyopathy." *Europace*. 2016;18: 610-6.
- <sup>4</sup>Calkins H, Corrado D, & Marcus F. (2017). Risk Stratification in Arrhythmogenic Right Ventricular Cardiomyopathy. *Circulation*, 136(21), 2068-2082.
- <sup>5</sup>James CA, Bhonsale A, Tichnell C, Murray B, Russell SD, Tandri H, Tedford RJ, Judge DP, Calkins H. "Exercise increases age-related penetrance and arrhythmic risk in arrhythmogenic right ventricular dysplasia/cardiomyopathy-associated desmosomal mutation carriers." *J Am Coll Cardiol*. 2013; 62: 1290-7.
- <sup>6</sup>The SURE Test. ©O'Connor and Légaré 2008.

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### Resources:

Canadian SADS Foundation – [www.sads.ca](http://www.sads.ca)

American SADS Foundation – [www.sads.org](http://www.sads.org)

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