

It's your decision

Dilated cardiomyopathy (DCM) is a heart condition that can run in families. The children of a person with DCM 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:

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

OR

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 DCM. 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 DCM. Because of this, it is very important that all children who could have DCM 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 Dilated Cardiomyopathy (DCM)?

DCM is a medical condition that affects the strength of the heart muscle and the rhythm of the heart. People with DCM may have shortness of breath, chest pain, heart palpitations (funny beats), fainting, cardiac arrest (heart stops beating), or heart failure. They may also have no symptoms. DCM can present at any age but usually presents after 30 years.'

People with DCM have a higher chance of cardiac arrest.²

People with DCM have a higher chance of heart failure.

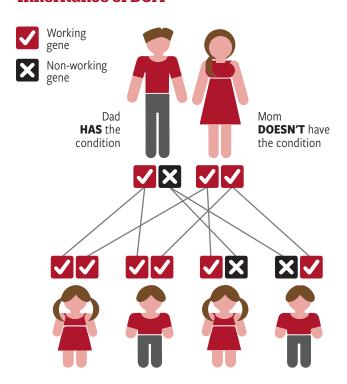
What causes DCM?

DCM is 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.

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

Both males and females can have DCM. If one parent has the genetic variant for DCM, 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 DCM.

Inheritance of DCM





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

The chance of developing DCM 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 DCM?

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 DCM. Not all people who carry a genetic variant will show signs or symptoms of DCM.

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

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 DCM. 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.

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

Management

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

Education

- Encourage family and caregivers to take CPR training.
- 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 DCM.
 "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 DCM.
 "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 DCM.
- Does not detect all individuals affected by DCM. As a result, an opportunity may be missed to make lifestyle changes to decrease the risk of heart symptoms.

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.



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.

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.

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?	What is your decision?
DOING Heart Screening Only	O Heart screening only O Predictive genetic testing
Advantages:	O I don't know
<u> </u>	Are you comfortable with this decision?4
Disadvantages:	Sure of yourself Do you feel sure about the best choice for you? ○ Yes ○ No
DOING Predictive Genetic Testing	Understand the information Do you know the advantages and disadvantages of doing
Advantages:	or not doing heart screening and genetic testing? O Yes No
Disadvantages:	Advantages and Disadvantages Are you clear about which advantages and disadvantages matter most to you?
	O Yes O No
What are the advantages and disadvantages that matter most to your child?	Encouragement Do you have enough support and advice to make a choice? ○ Yes ○ No
DOING Heart Screening Only	Agreement
Advantages:	Are you and your child(ren)'s other parent in agreement with your decision? O Yes O No
<u> </u>	References
Disadvantages:	¹van Spaendonck-Zwarts KY, van Rijsingen IA, van den Berg MP, Lekanne Deprez RH, Post JG, van Mil AM, Asselbergs FW, Christiaans I, van Langen IM, Wilde AA, de Boer RA, Jongbloed JD, Pinto YM, van Tintelen JP. Genetic analysis in 418 index patients with idiopathic dilated cardiomyopathy: overview of 10 years' experience. Eur J Heart Fail. 2013 Jun;15(6):628-36. ² Halliday BP, Cleland JGF, Goldberger JJ, Prasad SK. "Personalizing Risk Stratification for Sudden Death in Dilated Cardiomyopathy: The Past, Present, and Future." Circulation. 2017 Jul 11; 136(2):215-231. ³ Seferovic PM, Polovina M, Bauersachs J, Arad M, Gal TB, Lund LH. "Heart failure in cardiomyopathies: a position paper fror
DOING Predictive Genetic Testing	the Heart Failure Association of the European Society of Cardiology." Eur J Heart Fail 2019; 21:553–576. ⁴The SURE Test ©O'Connor and Légaré 2008.
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Do you have all the information you need?

Do You:

- Know the chance that your child has inherited the genetic variant (difference) for DCM?
- Know what happens next if your child has inherited the genetic variant (differenc) for DCM?
- 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?

No conflict of interest: Neither the granting agency, the authors, nor their affiliated organizations have any interests at stake in the decisions made by patients after using this decision aid.

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Resources:

Canadian SADS Foundation - www.sads.ca American SADS Foundation - www.sads.org

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