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Familial Arrhythmia

Cardiac arrhythmias are generally characterized by abnormal electrical activity in the heart that puts patients at high risk for embolic stroke and/or sudden cardiac death (SCD). Commonly recognized arrhythmic disorders include atrial fibrillation (AF), long QT syndrome (LQTS), catecholaminergic polymorphic ventricular tachycardia (CPVT), arrhythmogenic right ventricular dysplasia/cardiomyopathy (ARVD/C), and Brugada syndrome (BrS). While their clinical presentations are generally similar and may include syncope, palpitations, dizziness, dyspnea, stroke, and/or SCD,¹ each of these disorders has a different etiology and prognosis. Age of onset varies by condition and can, in some cases, occur during early childhood or adolescence.¹⁻³

Treatments such as antiarrhythmic and/or anticoagulation drugs, implantable cardioverter defibrillator (ICD) therapy, and certain lifestyle changes may prevent stroke and sudden cardiac death in patients with cardiac arrhythmias.^{1,3}

Genetic testing for mutations in genes known to be associated with LQTS, CPVT, ARVD/C, AF, and BrS can be used in conjunction with standard cardiac testing to help:^{1,3,4,5}

- · Confirm a diagnosis.
- Differentiate between different arrhythmic disorders.
- Clarify the prognosis, alerting patients and physicians to the most common arrhythmia triggers, which may be specific to the underlying genetic cause.
- · Guide therapeutic strategies.
- Identify family members who are at increased risk for arrhythmic disorder and may benefit from cardiac screening.

An estimated 30% to 50% of arrhythmia cases are familial.^{2,6-11} Mutations responsible for arrhythmias are typically acquired in an autosomal-dominant manner.^{1,3} Carrier screening for mutations in at-risk family members may help identify individuals — particularly those who do not have clinical signs or symptoms of disease — who would benefit from early intervention to reduce the risk of cardiac events.^{1,3,5,9,11}

Relevant Assays*

Test Name	Test No.
GeneSeq°: Cardio Familial Arrhythmia Profile	451412
GeneSeq [®] : Cardio Gene Specific Sequencing, NGS**	452053
Mutation-specific Sequencing, Whole Blood ⁺	451382

 * Visit the online Test Menu at www.LabCorp.com for more information, including a current list of included genes, test methodology, and specimen requirements. To request a sample shipping kit, please call 866-647-0735.
 **Full Gene Sequencing for any gene(s) on any of the GeneSeq: Cardio panels
 *Known mutation testing for any gene(s) on any of the GeneSeq: Cardio panels References
1. Zipes DP, Camm AJ, Borggrefe M, et al. ACC/AHA/ESC 2006 Guidelines for Management of Patients With Ventricular Arrhythmias and the Prevention of Sudden Cardiac Death: a report of the American College of Cardiology/American Heart Association Task Force and the European Society of Cardiology Committee for Practice Guidelines (writing committee to develop Guidelines for Management of Patients With Ventricular Arrhythmias and the Prevention of Sudden Cardiac Death): developed in collaboration with the European Heart Rhythm Association and the Heart Rhythm Society. *Circulation*. 2006; 114(10):e385-e484.
2. Napolitano C, Priori SG, Bloise R. Catecholaminergic polymorphic ventricular tachycardia. In: Pagon RA, Bird TD, Dolan CR, et al., editors. *GenRe?views™* [Internet]. Seattle (WA): University of Washington, Seattle; 1993-. http://www.ncbi.nlm.nih.gov/ books/NBK1289. Updated February 16, 2012. Accessed December 16, 2011.
3. Tzou WS, Gerstenfeld EP, Genetic testing in the management of inherited arrhythmia syndromes. *Curr Cardiol Rep*. 2009;11:343-351.
4. Perez MV, Wheeler M, Ho M, Pavlovic A, Wang P, Ashley EA. Genetics of arrhythmia: disease pathways beyond ion channels. *J of Cardiovasc Trans Res*. 2008;1:155-165.
5. Ackerman M. J., Priori S. G., Willems S., et al. HRS/EHRA expert consensus statement on the state of genetic testing for the channelopathies and cardiomyopathies this document was developed as a partnership between the Heart Rhythm. 2011;8(8):1308-139.
6. Roberts R. Mechanisms of disease: Genetic mechanisms of atrial fibrillation. *Nat Clin Pract Cardiovas Med*. 2006;3:276-282.
7. Tester DJ, Will ML, Haglund CM, Ackerman MJ. Effect of clinical phenotype on yield of long OT syndrome genetic testing. *J Am Coll Cardiol*. 2002;40:1445-1450.
9. Darbar D, Herron KJ, Ballew JD, et al. Franilial atrial fibrillation is a genetically heterogeneous disorder. *J Am Coll Cardiol*. 2003;41:2185-145.
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