

# Genetic Evaluation, Diagnosis and Treatment

--Start from Knowing

遺傳諮詢診治

--從瞭解開始

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How is genetics visit relevant for my child?



Start from knowing



## Genetics is actually not far from you...

- Prenatal
- Ultrasound
- Newborn screening
- Health screening
- Referring for common indications:
  - recurrent infections
  - developmental delay
  - short stature
  - low muscle tone
  - Etc.





## Overview

- ▶ When to have a genetic evaluation?
- ▶ What are the benefits of having a genetic diagnosis?
- ▶ What to expect in a typical appointment with genetics?
- ▶ The basics of genetics and genetic testing – understand your child's testing report
- ▶ Case examples (3 brief cases)
- ▶ Dispelling the common myths about genetics
- ▶ Q & A



## 要述

- ▶ 什麼時候需要醫學遺傳門診服務？
- ▶ 遺傳診斷能對您和家人有什麼幫助？
- ▶ 遺傳門診通常做些什麼？
- ▶ 基礎遺傳學和遺傳檢測小知識 – 讀懂孩子的檢查報告
- ▶ 一些關於遺傳的常見誤解
- ▶ 典型病例（3例）
- ▶ 問答環節

## When to see genetics

- Multiple congenital abnormalities (such as a neural tube defect, heart defect, cleft lip or palate)
- Rare or unusual symptoms (eg. heterochromia)
- Developmental delay/Intellectual Disability/Autism
- Family history of traits/diseases
- Previous child with a genetic disorder
- Early onset of a condition that usually starts much later (such as heart muscle disease in a child)



## Developmental Delay

**Your Child's Early Development is a Journey**  
Check off the milestones your child has reached and share your child's progress with the doctor at every visit.

**6 MONTHS**

- Turns his head when you call his name
- Smiles back at you
- Responds to sound by making sounds
- Sits without support for a short time
- Likes social play (games like peek-a-boo)
- Uses simple gestures such as shaking head for "no" or waving "bye-bye"

**12 MONTHS (1 YEAR)**

- Pulls up to stand
- Copies you during play (like clapping when you clap)

**18 MONTHS (1 1/2 YEARS)**

- Uses 2- to 4-word phrases
- Shows more interest in other children
- Looks at something when you point to it and say "look"
- Uses several single words to get what she wants
- Walks without help
- Plays pretend (like talking on a toy phone)
- Points to interesting things
- Responds when told "no"
- Says "mama" and "dada"

**2 YEARS**

- Follows simple instructions
- Kicks a ball
- Points to something (like a toy or picture) when you name it
- Shows affection for playmates
- Runs 4- to 5-word sentences

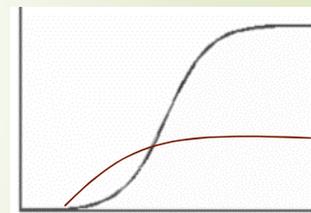
**3 YEARS**

- Copies adults and playmates (like crawling when other children crawl)
- Thinks well
- Plays make-believe with dolls, animals, and people (like feeding a teddy bear)
- Follows 3-step commands (like "get dressed, comb your hair, and wash your face")

**4 YEARS**

- Hops and can stand on one foot for up to five seconds
- Shares and takes turns with other children
- Draws circles and squares

These are just a few of many important milestones to look for. For more complete checklists by age visit [www.cdc.gov/ActEarly](http://www.cdc.gov/ActEarly) or call 1-800-CDC-INFO.



## Intellectual Disability

- ▶ Characterized by intelligence below normal (IQ<70)
- ▶ Lack of needed skills for daily functioning
- ▶ People with intellectual disabilities can learn new skills and tasks but will do so more slowly

## Autism Spectrum Disorder

Characterized by:

- Difficulties with social interaction and communication
- Stereotypical and repetitive behaviors
- Delay in language acquisition
- Begins before 3 years of age

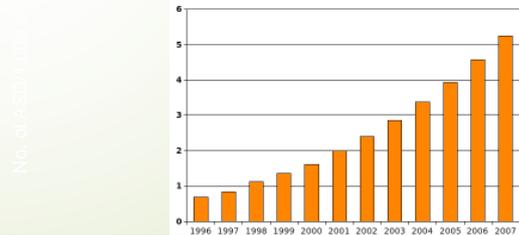
- Associated conditions:
  - Intellectual disability
  - Epilepsy
  - Anxiety



## Autism Spectrum Disorder (ASD)

- ASD affects 14.7 per 1,000 children (up to 8 years of age)
- It is estimated that of the 4 million children born in the USA each year 36,500 will be diagnosed with autism. It is estimated that 730,000 people between 0 and 21 years have ASD.

MMWR, 2010 & <http://www.cdc.gov>



## Characteristics of genetic condition

Family as a unit of receiving service

Lifelong diagnosis

## Benefits of genetic evaluation for the child

- ▶ Early diagnosis and recognition may influence long-term outcome
- ▶ Find appropriate medical & non-medical therapies
- ▶ Screen for associated complications or disabilities before symptoms seen
- ▶ Avoid unnecessary testing & evaluations
- ▶ Help with educational planning (immediate & long-term)
- ▶ Easier to obtain therapy and services if the child has a diagnosis

## Benefits of genetic evaluation for the family

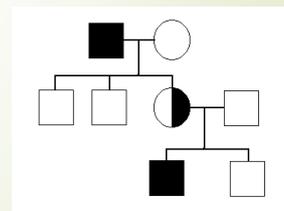
- ▶ Provide information about the cause, treatment and dispel misinformation
- ▶ Relieve the guilt some parents feel
- ▶ Offer support, guidance and an outline of what to expect
- ▶ Reduce the sense of helplessness when the diagnosis/prognosis is not known
- ▶ Learn about opportunities for education, advocacy and research
- ▶ Provide reproductive options
- ▶ Help with decisions about long-term care planning (insurance, education, medical, contraception, adult living)

## What happens in a typical appointment with genetics?



## Before the visit – What to prepare in advance

- ▶ Gather family health history up to three generations
- ▶ Share with your doctor without holding back information that you think is irrelevant
- ▶ Prepare questions for your genetics doctor



## Before the visit – Five questions for the genetics doctor

- ▶ What's the diagnosis?
- ▶ What's the cause?
- ▶ What's the future hold?
- ▶ What's the treatment?
- ▶ What's the chance of the condition occurring again?



## During the visit

- ▶ Family Health history
- ▶ Medical history
- ▶ Physical exam
- ▶ Discuss clinical impression and test recommendations: blood and urine tests, imaging exams, etc.





## How is genetics diagnosis made?

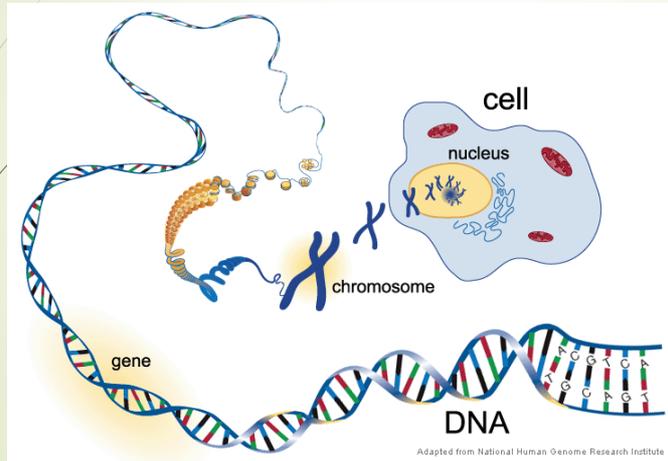
- Analyzing the family history
- Looking for a combination of clinical features
- Looking at the progression of medical problems
- Genetics testing on blood, saliva, urine – get to the bottom



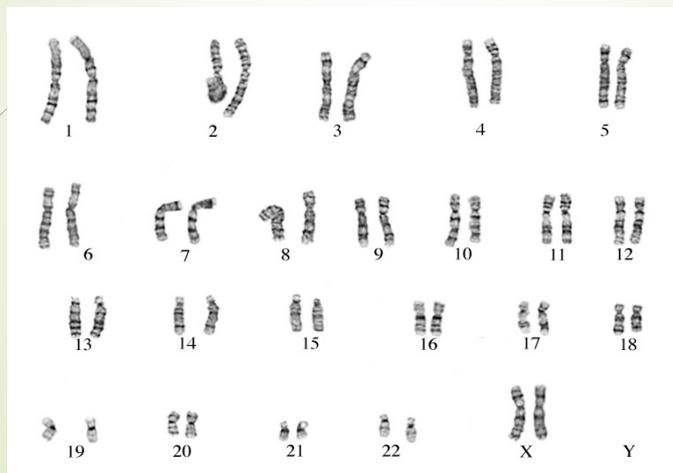
## Testing

- Results available in days to months
- When diagnosis made, family contacted by phone with results and schedule follow-up visit as soon as possible.

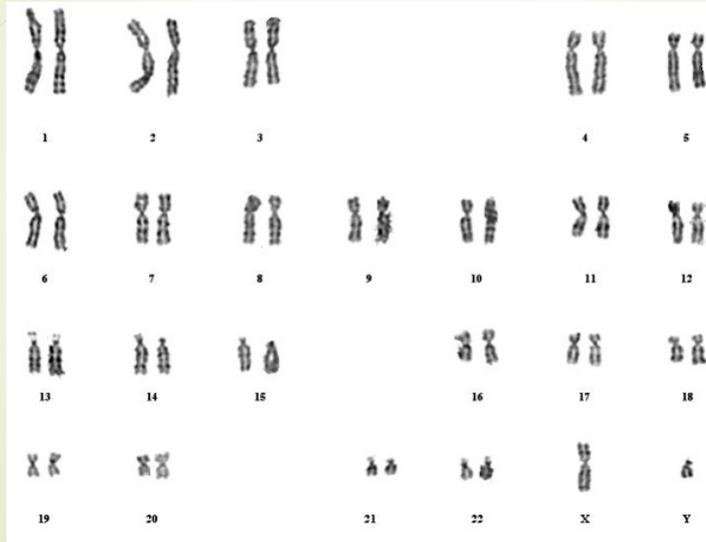
## The Basics of Genetics - Understand your child's testing report



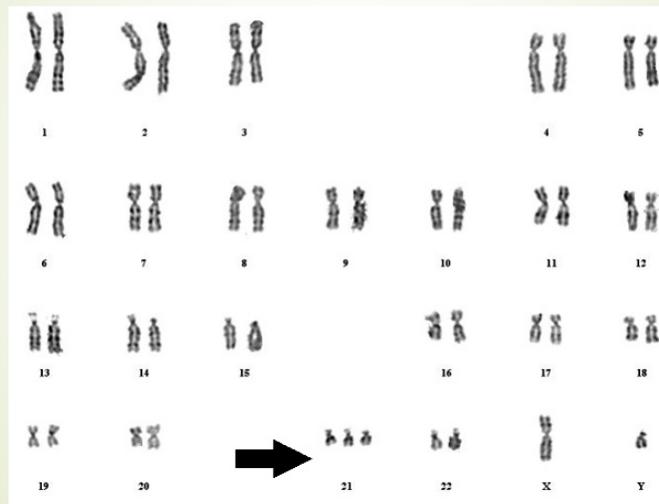
Chromosomes: normal female  
Our ~23,000 genes are on the 23 pairs of  
chromosomes



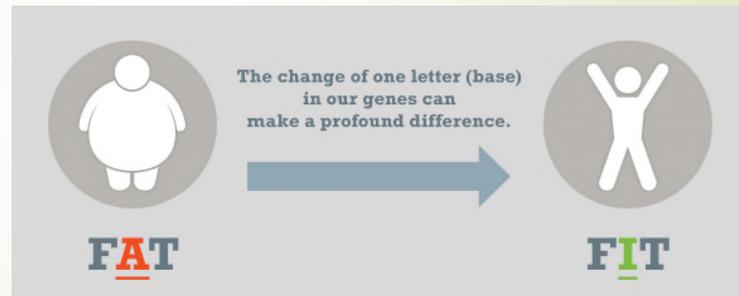
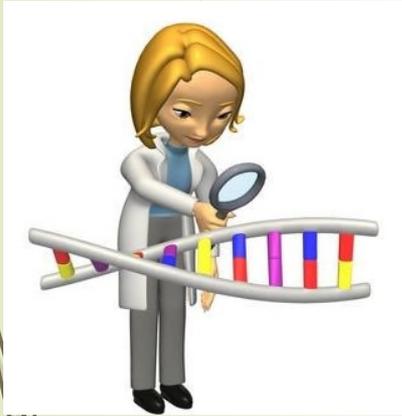
## Chromosomes: normal male



## Trisomy 21 (Down Syndrome)



## Gene Analysis



## When Diagnosis is Made:

- Provide information about the cause
- Features of the disease or condition
- What to expect over time
- Plan specific treatment and management
- Arrange for other consults if indicated: Neurology, cardiology, ophthalmology and etc.

## When Diagnosis is Made: Counseling Includes

- Inheritance Pattern
- Recurrence risk and reproductive options
- Testing for other family members may be indicated
- Offer information, support, resources



## GINA

Genetic Information Nondiscrimination Act passed in 2008.

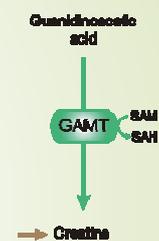
- Prohibits discrimination in health coverage and employment based on genetic information
- Does not extend to life, disability or long-term care insurance
- <http://www.genome.gov/24519851>

## Case 1

- ▶ 4 year old girl referred for short stature
- ▶ Parents not sure why here
- ▶ Turner syndrome
- ▶ Kidney and heart check-ups, growth hormone therapy

## Case 2

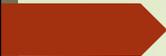
- ▶ Developmental delay
- ▶ High guanidinoacetate; low creatine -> Genetic testing
- ▶ GAMT deficiency
- ▶ Treatment is special diet: Arginine-restricted diet and creatine supplementation
- ▶ Not fully reversible for early age damage, but can prevent seizures and reduce severity





## Case 3

- Family history of aortic rupture
- Asymptomatic siblings 16 yo and 13yo
- Fear in the family; Annual cardiac check-up
- Genetic testing revealed mutation in the FBN1 gene in the elder brother
- Provide diagnosis, while prevent overscreening



## Myth 1

- I must have done something wrong/we must have missed something, so that my child has disability/genetic condition. 
- There is nothing you did or did not do that lead to the child's disorder.



## Myth 2

- Once I have a genetic diagnosis, it can be fully cured like cold.
  - There is nothing wrong with taking TCM, but with a genetic diagnosis, it can point to the specific need such as enzyme replacement
  - With genetic condition, usually there is no full cure.
- 



## Myth 3

- My child already has autism? Why do I still need to test/imaging
  - (Genetic disorder cannot be cured, so we don't need any testing.)
  - Treat/prevent potential complications; educate the school; reach the maximal potential
- 



## Myth 4

- Genetic testing sound fancy. It must be expensive and there is no way I can afford it!



- No! Resources are available.
- Medicaid cover genetic testing
- Private Insurances : United Healthcare, BCBS and etc.
- Financial assistance programs



## Myth 5

- Genetic disease are always inherited.



- Some are not (de novo, aneuploidy)
- Some are



Thank you!



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We take both self-referrals and provider referrals  
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Baylor Adult Genetics: 713-798-7820