

# Cardio Risk

is a genomic tool at the service of precision  
medicine and genetic counseling





“

*As doctors we are used to seeing the most severe cases, but with genetics you are anticipating.*

Dr. Luis Izquierdo | Chief Medical Officer Veritas Genetics

# CardioRisk

“*Human and technological commitment for diagnosis and counseling.*”

## What is CardioRisk?

**It is a service for the diagnosis of hereditary cardiovascular disease** that integrates:

- Veritas whole exome sequencing, with an optimized design to achieve a more homogeneous sequencing depth of the exome.
- The analysis, under the Double-check methodology, of 100 genes selected by an expert team in the classification of variants in the field of heart disease.<sup>1,2</sup>
- Pre-test and post-test counseling to the specialist provided by medical geneticists.
- The storage of sequencing data with a bioinformatic tool that allows subsequent access and re-analysis of the information, if necessary.

The ESC, AHA and CCS<sup>3,4,5,6,7</sup> recommend that patients with cardiomyopathy and channelopathy receive genetic counseling.

Scientific publications show that genetic studies in the field of familial heart disease are cost-effective.<sup>8,9</sup>

The test includes all the genes recommended by the American Heart Association (Scientific Statement 2020).<sup>10</sup>

## Types of sample

The following sample types are accepted:

- Saliva in specific kit provided by Veritas
- Whole blood in EDTA
- DNA extracted according to Veritas specifications

## Counseling to the specialist

Veritas provides a differential service by providing counseling to the specialist for the interpretation of the results of the patient, when needed.

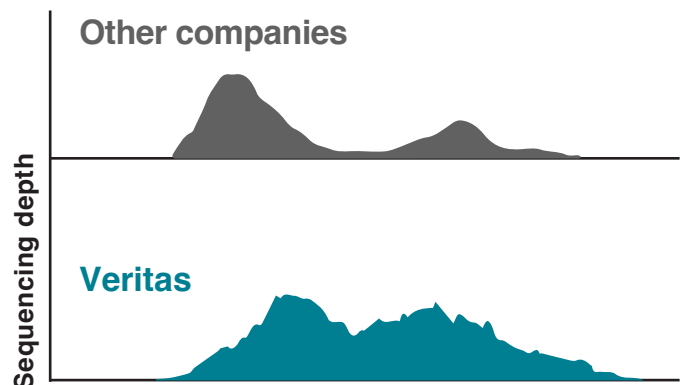
## Additional services

Once CardioRisk test has been performed, the genetic analysis can be expanded to include:

- Other genes of interest based on the specialist criteria.
- Exome Diagnostic Service.
- Data reanalysis service for the patient to benefit from advances in scientific knowledge.<sup>11</sup>

## Veritas whole exome technical information

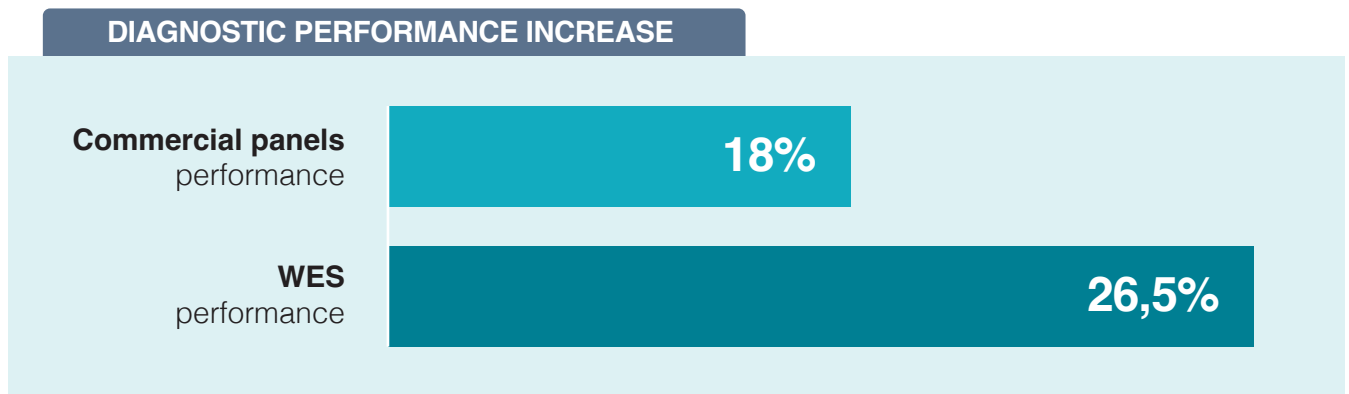
- Whole exome sequencing (WES) with 100x average coverage, sequencing more than 99% of the genes of interest at  $\geq 20x$ .
- More than 19,000 genes covered.
- The classification of the variants is performed according to the American College of Medical Genetics and Genomics (ACMG) guidelines.
- Veritas has a team of expert curators who perform the interpretation of the variants based on the most up-to-date scientific knowledge, with a specialized software developed for a detailed variant classification.



Example of the different coverage of a specific region in the exome with Veritas WES versus other companies.

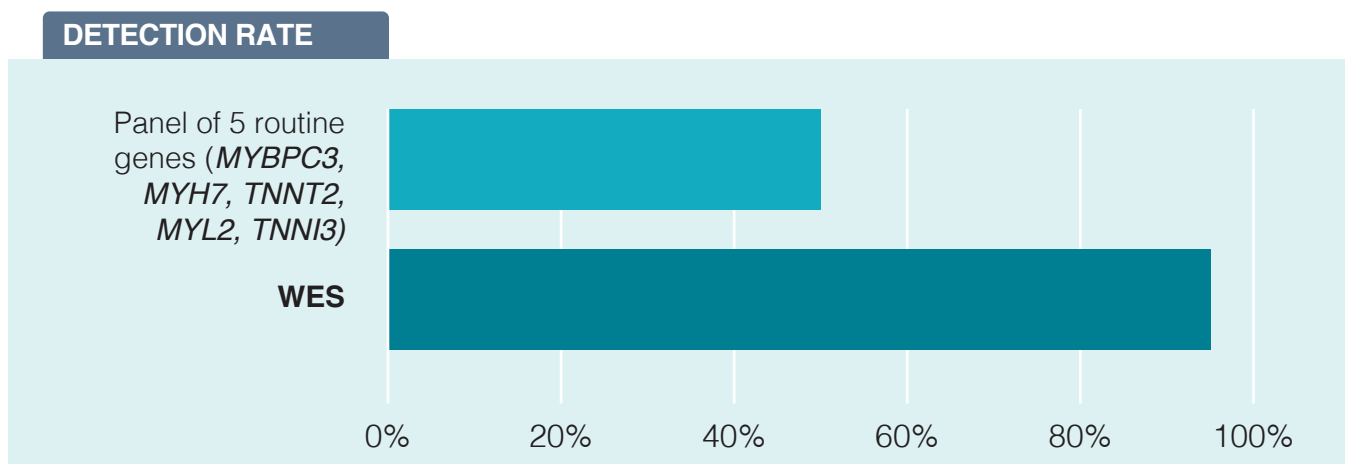
## Whole exome sequencing (WES) is a suitable tool to address the genetic heterogeneity present in hereditary cardiovascular disease.

- Recent studies show a very significant improvement in diagnostic performance using exome sequencing compared to the use of panels.<sup>12,13</sup>
- A high number of cases present several mutations simultaneously.<sup>13</sup>
- The advantages of the exome are more prominent in those cases in which there is no high clinical suspicion as well as those in which the patient has recovered after an episode of sudden death.<sup>12</sup>



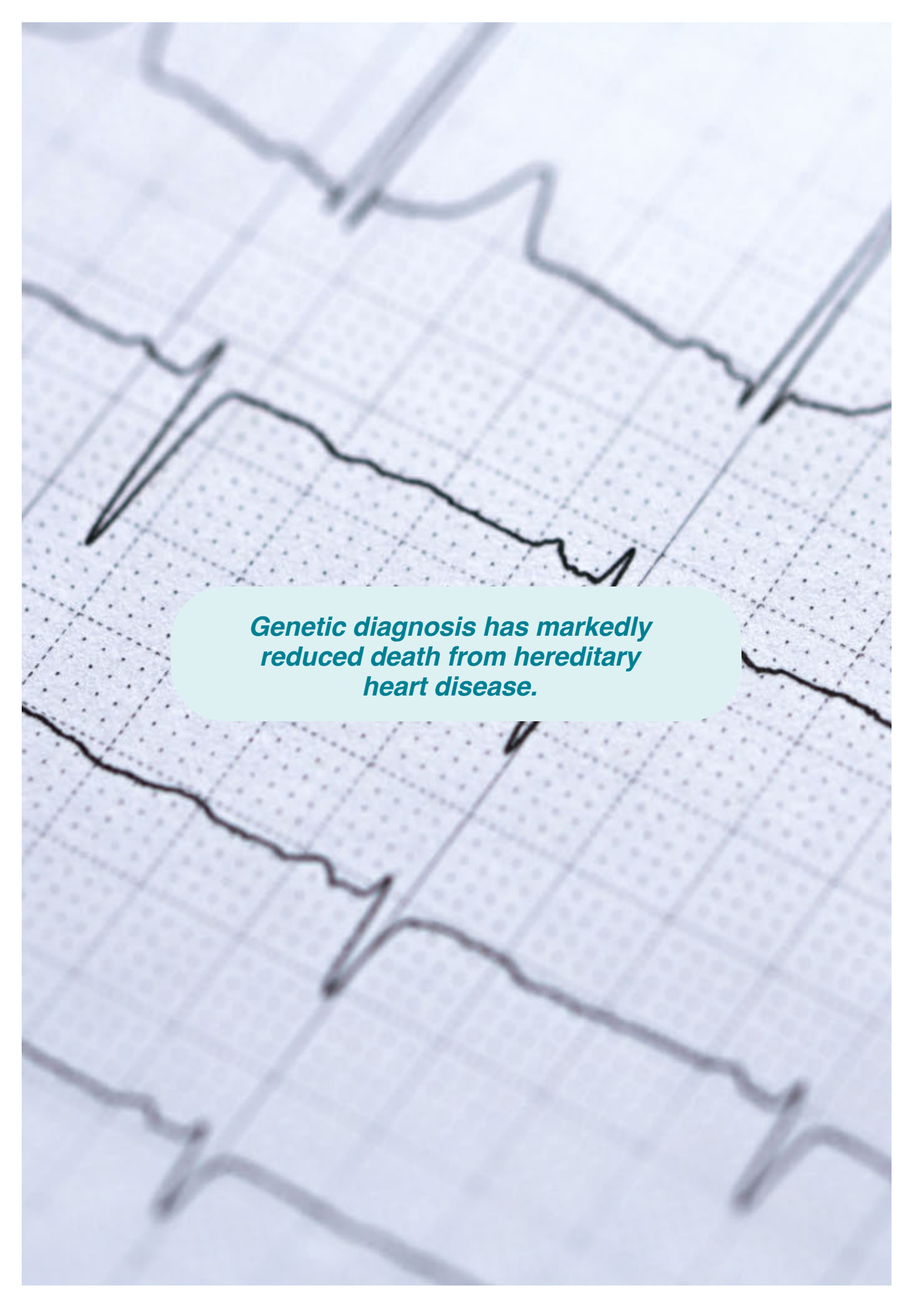
*Circulation: Cardiovascular Genetics - AHA Journals*

A study carried out by the Yale School of Medicine, on 200 cases of consecutive entry, in the framework of hereditary-based cardiovascular disease (CVD), a diagnostic increase from 18% to 26.5% was observed with the use of the exome  $p = 0.04$ <sup>12</sup>



*Archives of Cardiovascular Diseases Supplements*

Multicenter study on 200 cases of hypertrophic cardiomyopathy. The diagnostic yield appreciated is 95% compared to the 50% obtained with a reduced panel of 5 genes<sup>13</sup> (60% with the usual genes in routine practice in Spain)<sup>4,14</sup>

The background of the image is a close-up, slightly blurred view of an electrocardiogram (ECG) strip. The grid is composed of small squares and larger squares, with a dotted pattern. The ECG traces are dark and show various waveforms, including P waves, QRS complexes, and T waves, indicating a regular rhythm. The overall color palette is light blue and white.

***Genetic diagnosis has markedly reduced death from hereditary heart disease.***

# LIST OF FAMILY HEART DISEASES AND ASSOCIATED GENES

## (GROUPED BY CONDITION)

Primary cardiomyopathies	Hypertrophic cardiomyopathy	ACTC1, ACTN2, COX15, CSRP3, FHL1, FLNC, FXN, JPH2, LAMP2, LDB3, MYBPC3, MYH7, MYL2, MYL3, NEXN, NF1, PLN, PRKAG2, SLC25A4, TCAP, TNNC1, TNNI3, TNNT2, TPM1, TTN, VCL
	Dilated cardiomyopathy	ABCC9, ACTC1, ACTN2, BAG3, CRYAB, CSRP3, DES, DSG2, FKTN (FCMD), LDB3, LMNA, MYBPC3, MYH7, NEXN, NF1, PLN, RBM20, SCN5A, TAZ, TCAP, TMEM43, TNNC1, TNNI3, TNNT2, TPM1, TTN, VCL
	Left ventricular noncompaction	ACTC1, CSRP3, LDB3, LMNA, MYBPC3, MYH7, SCN5A, TAZ, TNNT2, TPM1, TTN
	Arrhythmogenic right ventricular cardiomyopathy	DES, DSC2, DSG2, DSP, JUP, LMNA, PKP2, PLN, RYR2, TGFB3, TMEM43, TTN
	Familial restrictive cardiomyopathy	ACTC1, BAG3, DES, FLNC, MYH7, MYL2, MYL3, TNNI3, TNNT2, TPM1, TTN
Metabolic cardiomyopathies	Fabry disease	GLA
	Pompe disease	GAA
	Danon disease	LAMP2
	Barth syndrome	TAZ
	Transthyretin-related familial amyloidotic cardiomyopathy	TTR
Channelopathies - Arrhythmias	Short QT syndrome	KCNH2, KCNJ2, KCNQ1
	Long QT & Romano-Ward syndrome	CALM1, CALM2, CAV3, KCNE1, KCNE2, KCNH2, KCNQ1, SCN5A
	Jervel and Lange-Nielsen syndrome	KCNE1, KCNQ1
	Brugada syndrome	CACNA1C, SCN5A
	Catecholaminergic polymorphic ventricular tachycardia	CALM1, CALM3, CASQ2, RYR2, TRDN
	KATP channelopathies	ABCC9
	Familial atrial fibrillation	ABCC9, KCNE2, KCNH2, KCNJ2, KCNQ1, LMNA, PRKAG2, RYR2, SCN5A, TNNI3, TNNT2
	Wolf-Parkinson-White	PRKAG2
	Familial progressive cardiac conduction defect	SCN5A
Syndromes with vascular involvement	Marfan syndrome	FBN1
	Loeys-Dietz syndrome	SMAD3, TGFB2, TGFB3, TGFB1, TGFB2
	Congenital contractural arachnodactyly (Beals syndrome)	FBN2
	Familial thoracic aortic aneurysm	ACTA2, ELN, FBN1, FLNA, LOX, MYH11, MYLK, NOTCH1, PRKG1, SMAD3, SKI, SLC2A10, SMAD4, TGFB1, TGFB2
	Ehlers-Danlos syndrome type IV (vascular type)	COL3A1
RASopathies	Noonan syndrome	BRAF, KRAS, MAP2K1, NRAS, PTPN11, RAF1, RIT1, SOS1, SOS2
	LEOPARD syndrome	BRAF, MAP2K1, PTPN11, RAF1
	Cardiofaciocutaneous syndrome	BRAF, KRAS, MAP2K1, MAP2K2
	Costello syndrome	HRAS
	Noonan-like syndrome with loose anagen hair (OMIM # 607721 # 617506)	PPP1CB, SHOC2
	Noonan-like syndrome with or without juvenile myelomonocytic leukemia	CBL
Other syndromes linked to heart disease	Friedreich ataxia with associated cardiomyopathy	FXN
	Andersen-Tawil syndrome	KCNJ2
	Cantu syndrome	ABCC9
	Fatal infantile cardioencephalomyopathy with COX deficiency	COX15
	Charcot-Marie-Tooth	BAG3, LMNA
	Cutis Laxa	EFEMP2
	Limb-Girdle muscular dystrophy	CAV3, FKTN (FCMD), LMNA, TCAP, TTN
	Distal muscular dystrophy	MYH7
	Emery-Dreifuss muscular dystrophy	EMD, FHL1, LMNA, TMEM43
	Fukuyama muscular dystrophy	FKTN (FCMD)
	Muscular dystrophy linked to LMNA	LMNA
	Leigh syndrome	COX15
	Early onset myopathy with lethal cardiomyopathy (OMIM # 611705)	TTN
	Neurofibromatosis	NF1
	Timothy syndrome	CACNA1C
Walker-Walburg syndrome	FKTN (FCMD)	
Other risk factors (Ischemic Heart Disease)	Familial hypercholesterolemia	ABCG5, ABCG8, APOE, APOB, LDLR, LDLRAP1 (ARH), LIPA, PCSK9

## References

1. Ingles J, et al. Evaluating the clinical validity of hypertrophic cardiomyopathy genes. *Circ Genom Precis Med*. 2019;12:e002460. doi:10.1161/CIRCGEN.119.002460.
2. Walsh R, et al. Defining the genetic architecture of hypertrophic cardiomyopathy: re-evaluating the role of non-sarcomeric genes. *Eur Heart J*. 2017;38:3461–3468. doi:10.1093/eurheartj/ehw603.
3. Ackerman MJ, 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 Society (HRS) and the European Heart Rhythm Association (EHRA). *Europace* 2011;13(8):1077-1109. doi:10.1093/europace/eur245.
4. Authors/Task Force members, et al. 2014 ESC Guidelines on diagnosis and management of hypertrophic cardiomyopathy: the Task Force for the Diagnosis and Management of Hypertrophic Cardiomyopathy of the European Society of Cardiology (ESC). *Eur Heart J*. 2014;35(39):2733-2779. doi:10.1093/eurheartj/ehu284.
5. Charron P, et al. Genetic counselling and testing in cardiomyopathies: a position statement of the European Society of Cardiology Working Group on Myocardial and Pericardial Diseases. *Eur Heart J*. 2010;31(22):2715-26. doi:10.1093/eurheartj/ehq271.
6. Gersh BJ, et al. 2011 ACCF/AHA guideline for the diagnosis and treatment of hypertrophic cardiomyopathy: a report of the American College of Cardiology Foundation/American Heart Association Task Force on practice guidelines developed in collaboration with the American Association for Thoracic Surgery, American Society of echocardiography, American Society of nuclear Cardiology, Heart Failure Society of America, Heart Rhythm Society, Society for Cardiovascular Angiography and Interventions, and Society of Thoracic Surgeons. *J Am Coll Cardiol*. 2011;58(25):e212-e260. doi:10.1016/j.jacc.2011.06.011.
7. Gollob MH, et al. Recommendations for the use of genetic testing in the clinical evaluation of inherited cardiac arrhythmias associated with sudden cardiac death: Canadian Cardiovascular Society/Canadian Heart Rhythm Society joint position paper. *Can J Cardiol*. 2011;27(2):232-245. doi:10.1016/j.cjca.2010.12.078.
8. Ingles J, et al. A cost-effectiveness model of genetic testing for the evaluation of families with hypertrophic cardiomyopathy. *Heart*. 2012;98(8):625-630. doi:10.1136/heartjnl-2011-300368.
9. Perez MV, et al. Cost-effectiveness of genetic testing in family members of patients with long-QT syndrome. *Circ Cardiovasc Qual Outcomes*. 2011;4:76-84. doi:10.1161/CIRCOUTCOMES.110.957365.
10. Musunuru K, et al. Genetic testing for inherited cardiovascular diseases: a scientific statement from the American Heart Association. *Circ Genom Precis Med*. 2020;13:e000067. doi:10.1161/HCG.0000000000000067.
11. Baker SW, et al. Automated clinical exome reanalysis reveals novel diagnoses. *J Mol Diagn*. 2019 Jan;21(1):38-48. doi:10.1016/j.jmoldx.2018.07.008.
12. Seidemann SB, et al. Application of whole exome sequencing in the clinical diagnosis and management of inherited cardiovascular diseases in adults. *Circ Cardiovasc Genet*. 2017;10(1):e001573. doi:10.1161/CIRCGENETICS.116.001573.
13. Nguyen K, et al. Genetic spectrum of hypertrophic cardiomyopathy revisited. Whole Exome Sequencing reveals extreme genetic heterogeneity, new gene mutations in a multicenter series of 200 patients. *Archives of Cardiovascular Diseases Supplements*. 2019;11(1):29. doi:10.1016/j.acvdsp.2018.10.059.
14. Binder J, et al. Echocardiography-guided genetic testing in hypertrophic cardiomyopathy: septal morphological features predict the presence of myofibrillar mutations. *Mayo Clin Proc*. 2006;81(4):459-467. doi:10.4065/81.4.459.

## Bibliography

- Zook JM. et al. Extensive sequencing of seven human genomes to characterize benchmark reference materials. *Sci Data* 2016;3:160025 doi: 10.1038/sdata.2016.25. PMID: 27271295
- Mandelker D et al. Navigating highly homologous genes in a molecular diagnostic setting: a resource for clinical next-generation sequencing. *Genet Med* 2016;18:1282-1289. PMID: 27228465
- Landrum MJ et al. ClinVar: public archive of interpretations of clinically relevant variants. *Nuc Acids Res* 2016;44(1):D862–D868. doi: 10.1093/nar/gkv1222. PMID 26582918
- Richards S et al. Standards and guidelines for the interpretation of sequence variants: a joint consensus recommendation of the American College of Medical Genetics and Genomics and the Association for Molecular Pathology. *Genet Med* 2015;17:405-424. PMID 25741868
- Stenson PD et al. The Human Gene Mutation Database: towards a comprehensive repository of inherited mutation data for medical research, genetic diagnosis and next-generation sequencing studies. *Hum Genet* 2017;136:665-677. PMID: 28349240

## About Veritas

Veritas Genetics, a *LetsGetChecked* company, is one of the world leaders in advanced genetic sequencing and clinical interpretation of the exome and whole genome, driving the transition to personalized and preventive medicine.

Using state-of-the-art technologies and the highest safety standards, Veritas Genetics helps individuals, healthcare professionals and institutions worldwide to understand and anticipate genetic risks, enabling more informed and proactive health decisions.

With a focus on innovation and accessibility, Veritas Genetics transforms the way we understand and care for health at every stage of life.



[info@veritasint.com](mailto:info@veritasint.com) | [veritasint.com](https://veritasint.com)

