Actionable Insights of Cardiogenetic Testing in my Practice

Genetic results can change how you diagnose patients

- **Diagnostic accuracy:** 14% of cases would be missed when relying only on high disease suspicion
- **Cascade testing:** Aid in confirming or ruling out diagnosis in other family members

Genetic results can inform selection of the most effective treatments

- **Treatment modification:** 84% of physicians made adjustments to patient care based on genetic test results
- **Personalized medicine:** Identify gene-specific therapy and personalize risk stratification
- **Cost-effective care:** Support coverage of therapies or prescription medications with genetic testing-based evidence

Genetic Testing Toolkit: Easily Implement Cardiogenetic Testing in Your Practice

SADS FOUNDATION

Scan to access the toolkit or visit SADS.org/toolkit

Cardiogenetic testing is standard of care for people with SADS conditions.

Recommended by major cardiology professional societies to complement clinical suspicion and improve diagnostic accuracy

Which patients should be tested?

- Anyone with a SADS condition or suspected of having a SADS condition
- At-risk family members when a disease-causing mutation has been identified in the family

When should I suspect a SADS condition?

- Family history of a SADS condition
- Sudden death of a family member under age 40
- Exercise-induced arrhythmias or syncope

SADS conditions include:

- Brugada syndrome (BrS)
- Catecholaminergic polymorphic ventricular tachycardia (CPVT)
- Long QT syndrome
- Short QT syndrome
- Timothy syndromes
- Andersen-Tawil syndrome (ATS)
- Arrhythmogenic right ventricular cardiomyopathy (ARVC)
- Dilated cardiomyopathy (DCM)
- Hypertrophic cardiomyopathy (HCM)

Debunking Genetic Testing Myths

Myth: Genetic testing costs thousands of dollars.

Truth: Genetic testing is often covered by insurance and out-of-pocket cost for most testing usually doesn't exceed $250.

Myth: If my patient tests positive, they will not be eligible for insurance.

Truth: Laws protect against genetic discrimination in health insurance. Life, disability, and long-term care insurance may still be available.

Myth: Lack of genetic testing services in my practice prevents ordering genetic tests.

Truth: Virtual assistance is now available for genetic testing including ordering, testing, billing, and one-on-one counseling with patients.

References:

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