

FSHD genetics and genetic counselling

FSHD 360 Conference
March 16, 2024
Calgary, Canada

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**UNIVERSITY OF
CALGARY**

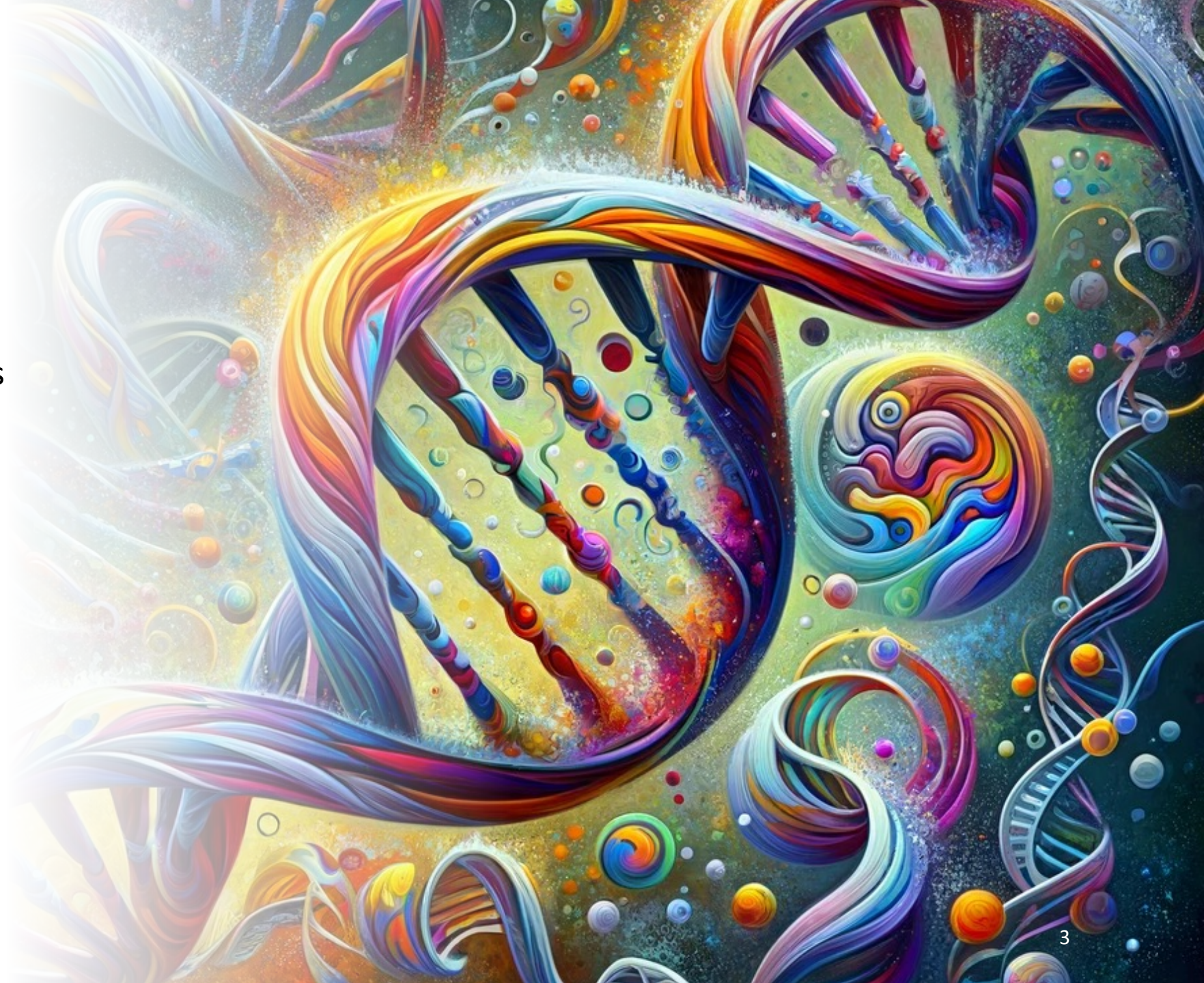
No competing interests to report

Advisory boards: Cure VCP, Ataxia Canada, ALS Canada, Muscular Dystrophy Canada

Grant support: CIHR, IDRC, Kennedy's Disease Association, Muscular Dystrophy Canada

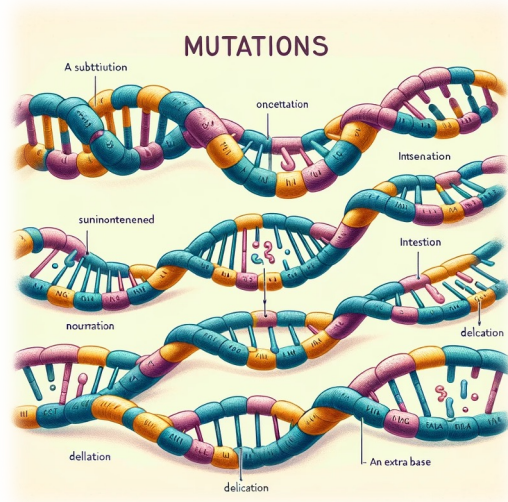
Overview

- Basic concepts in genetics
- Genetics of FSHD
- Genetic implications



Basic concepts in genetics

Genetic mutations



DNA methylation



Genetic mutations: three letter codes

Sentence example:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21
T h e b i g d o g h a s o n e r e d e y e

- Single base change
- Insertion/deletion (inframe vs frameshift)
- Stopgain

Genetic mutations: three letter codes


Sentence example:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21
T h e b i g ~~h a s~~ h a s o n e r e d e y e

- Single base change
- **Insertion/deletion** (inframe vs frameshift)
 - The big ___ has one red eye
- Stopgain

Genetic mutations: three letter codes

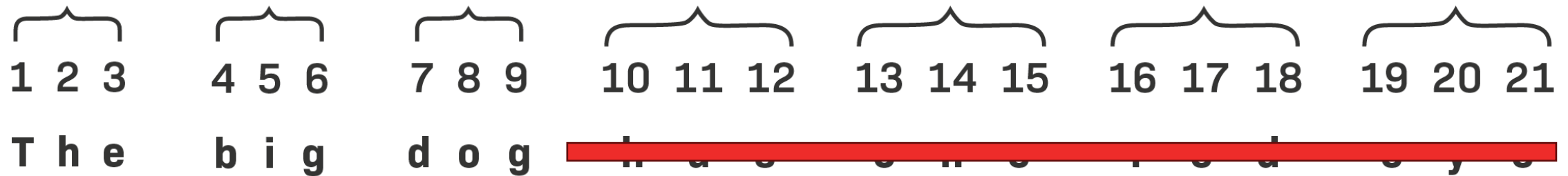
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 - The big doh aso ner ede ye
- Stopgain

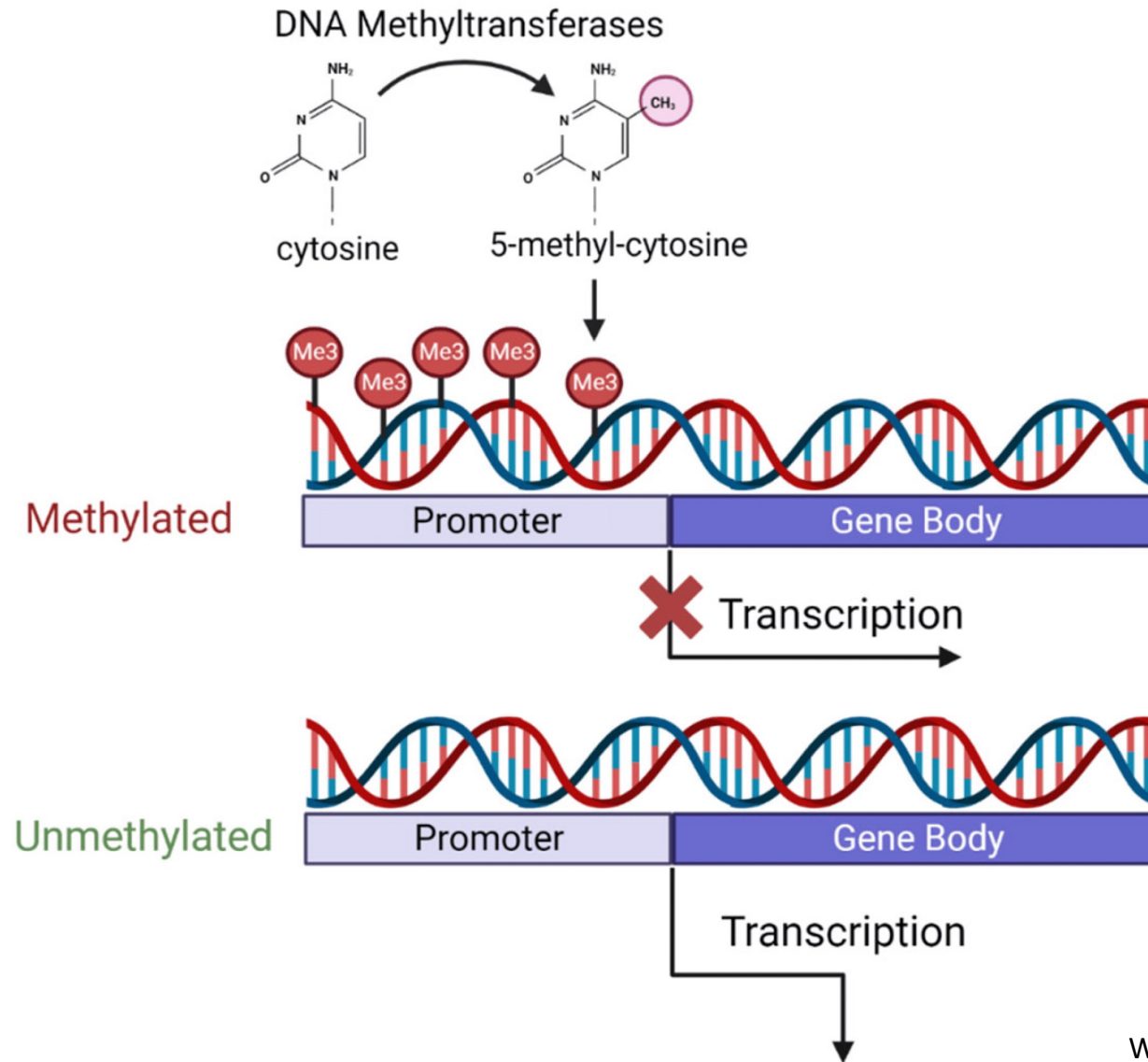
Genetic mutations: three letter codes

Sentence example:

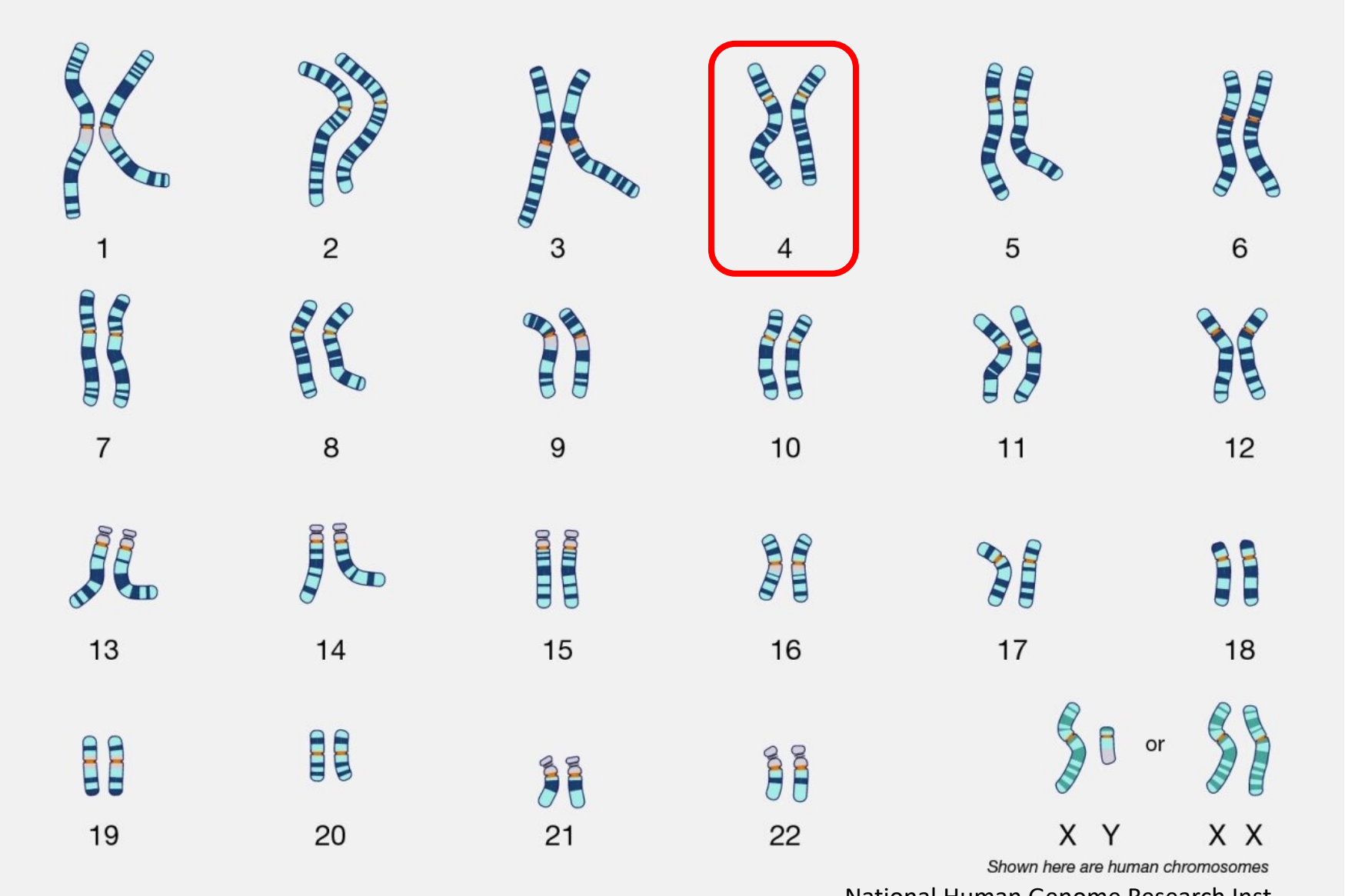


- Single base change
- Insertion/deletion (inframe vs frameshift)
- **Stopgain:** The big dog

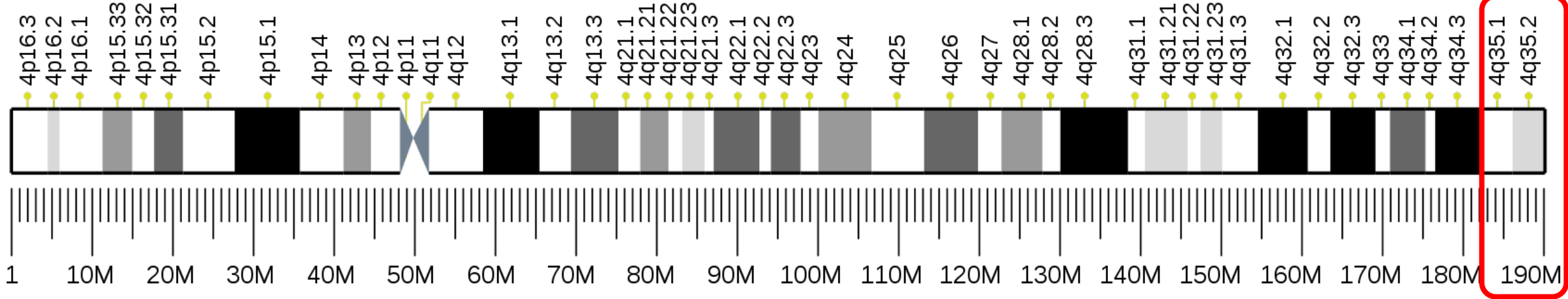
DNA methylation



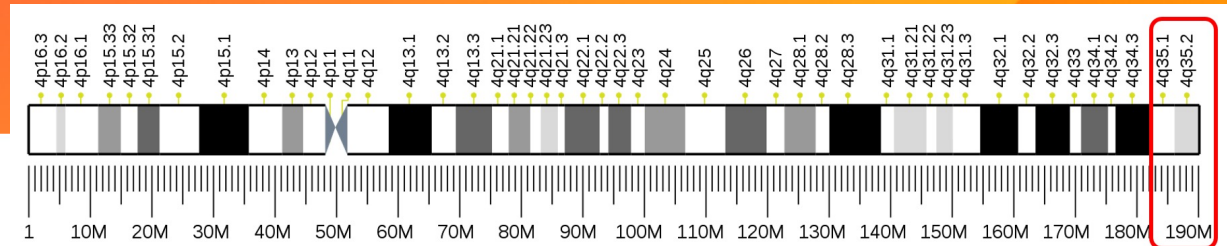
Human chromosomes



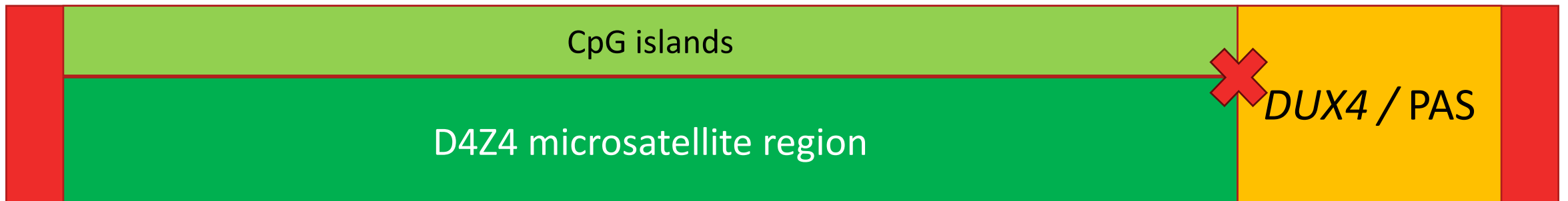
Chromosome 4



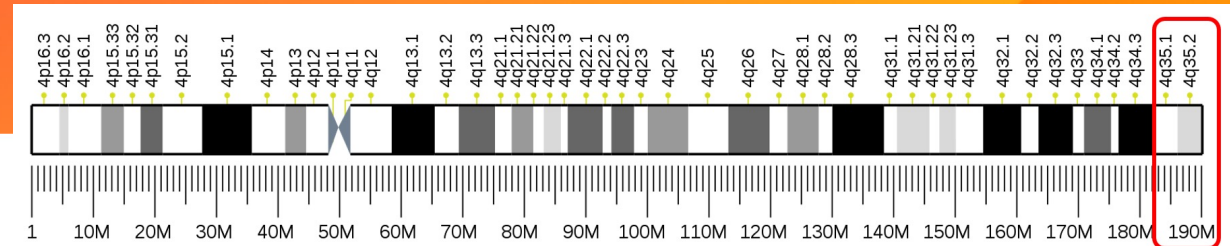
Chromosome 4q35



- *DUX4* is a gene normally only expressed in embryogenesis
- Heavily suppressed by methylation
- When expressed, is toxic to muscle



Chromosome 4q35

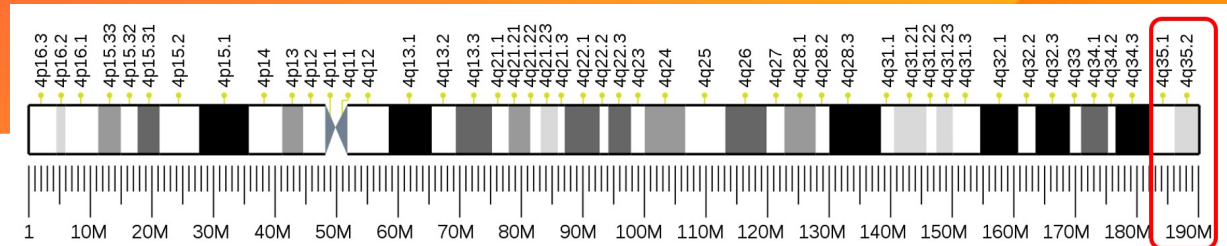


- If the D4Z4 region is deleted, there is less methylation of *DUX4* promoter and increased *DUX4*
- FSHD1: The most common cause of FSHD (95%)



FSHD1
Contraction of microsatellite region

Chromosome 4q35

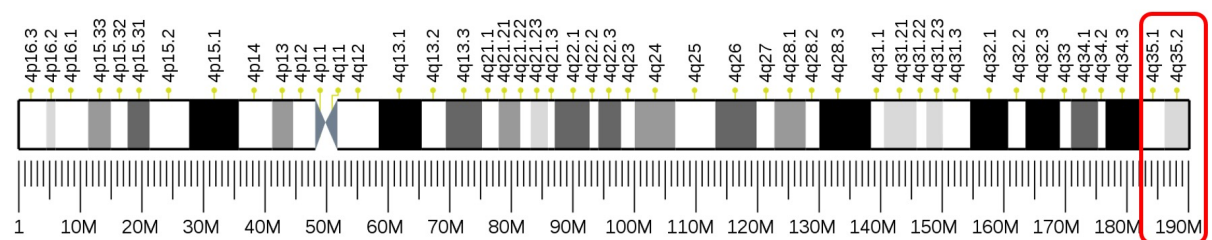


- Mutations that affect methylation of the D4Z4 region also cause FSHD, even without D4Z4 contraction

FSHD2
Failed de-repression
SMCHD1 mutation



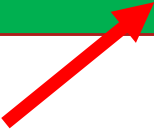
Chromosome 4q35



FSHD2
Failed de-repression
SMCHD1 mutation



FSHD1
Contraction of microsatellite region

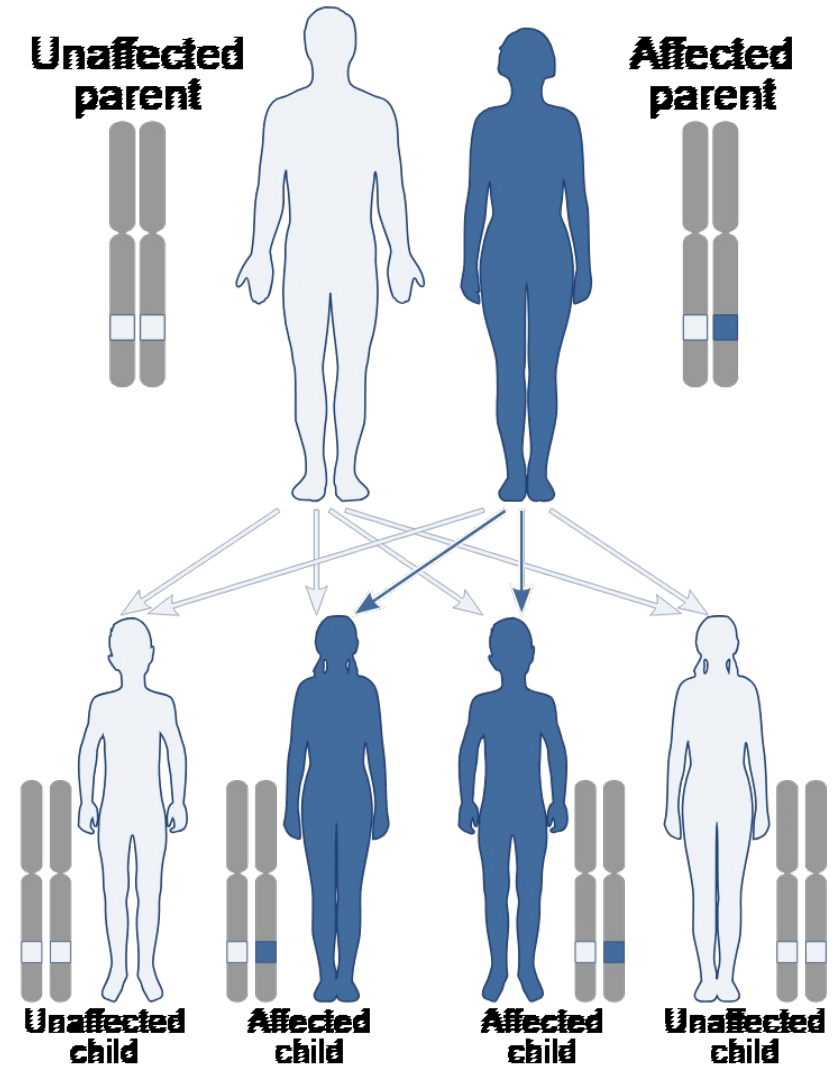


Implications of a genetic diagnosis

- Autosomal dominant inheritance
- Penetrance and onset age
- *De novo* cases

Autosomal dominant inheritance

- Only one mutant copy required
- 50/50 chance to pass on to each child

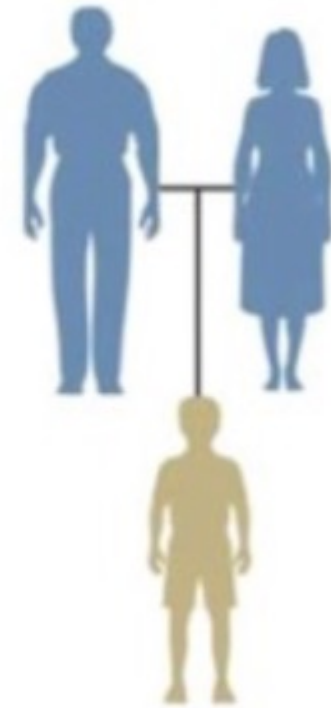


Penetrance and onset age

- Penetrance: likelihood of developing disease from a mutation
- Variable onset and severity
 - Usually onset age 15-30y
 - Approx 20% eventually require wheelchair
- Sex differences:
 - Penetrance 95% by age 30y in males (>females)
 - Males higher clinical severity scores (?)
 - Females more likely to progress to wheelchair (?)

De novo cases

- Mutation/contraction occurs spontaneously on permissive haplotype
- No family history will be present
- Up to 30% of FSHD cases



FSHD diagnostic testing

- Genetic testing: D4Z4 microsatellite contraction to <11 repeats (or in <5% of cases, demethylation of D4Z4 without contraction)
- Decision to test is straightforward in symptomatic cases
- Difficult decision in presymptomatic cases

Diagnostic result

- Medical attention for symptoms
- Key questions
 - Disclosure: whether to disclose, when, to whom
 - Family planning
 - Financial planning
- Genetic counselling
 - Prior and after testing, but “never too late”

Testing for presymptomatic cases

To test...

- Family planning
- Screening in affected children (when?)
- Financial/life planning
- Reproductive technologies
- Psychological harms
("responsibility" vs "survivor guilt")

...or not to test

- Not treatable (yet)
- May not affect family decisions
- Insurance implications
- Access
- Psychological harms
(uncertainty)

Testing for presymptomatic cases

- There is no “right” answer
- The answer is highly personal, individual, circumstantial
- Doctors and genetic counsellors as resources
 - Prior and after testing
- Virtual resources for genetic counselling (regional variation)

What to expect at genetic counselling

- On own or with other family
 - Can be a safe space for disclosure
- Review of family history
- Education
- Thought experiments
- Discussions of views and values
- No rush

Thank you

