

Familial Hypercholesterolaemia (FH) Pilot Cascade Screening Project

Samantha Poke¹, Gerald F Watts^{2,3}, Mary Ann Powell², Jon Emery⁴, Suzy Maxwell¹, Kate Brameld^{1,2}, Timothy Bates³, John Burnett^{2,3}, Frank van Bockxmeer^{2,3,5}, Simon Dimmitt^{2,3}, Trevor Redgrave^{3,6} and Peter O'Leary^{1,7,8}.

1. Office of Population Health Genomics, Department of Health
2. School of Medicine and Pharmacology, University of Western Australia
3. Royal Perth Hospital, South Metropolitan Area Health Service
4. School of Primary, Aboriginal and Rural Health Care, University of Western Australia
5. School of Surgery and Pathology, University of Western Australia
6. School of Biomedical, Biomolecular and Chemical Sciences, University of Western Australia
7. School of Women's and Infant's Health, Faculty of Medicine and Dentistry, University of Western Australia
8. School of Public Health, Curtin University of Technology

Familial hypercholesterolaemia (FH) is an inherited disorder of cholesterol metabolism leading to premature coronary heart disease (CHD). The early diagnosis and treatment of FH can delay or prevent the onset of CHD.

The Office of Population Health Genomics in collaboration with the Department of Internal Medicine (RPH), and the UWA School of Medicine and Pharmacology are supported by the Australian Better Health Initiative to run a pilot program of family cascade screening of FH cases in WA.

A model of care has been developed for screening adults and children at risk of FH. Index cases are identified through lipid and cardiology clinics, as well as through selected general practices. Once participants consent to the cascade-screening program, their relatives may be recruited into the program. All cases have an initial consult with the RPH Lipid Disorders Clinic, with ongoing medical care through their GP. So far, 69 index cases have been assessed by the FHWA clinic and 28 relatives are under clinical review.

This is the first report of an Australian FH program that has the potential to prevent 26 heart attacks in every 100 cases identified and treated, with a potential cost-effectiveness of \$14,000 per life year gained. This program provides information on appropriate service frameworks, support for FH families and opens issues of targeted genetic screening, sharing family health information and the translation of research into improvements in community health.