

Sponsored Genetic Testing Programs for FTD		
Sponsor	Alector	Passage Bio
GENERAL INFORMATION		
<b>Eligibility</b> Affected Individuals Unaffected w/ Family History	✓ <sup>1</sup> ✓	✓ ✓ <sup>3</sup>
<b>Cost</b>	\$0	\$0
<b>Testing Available to Patients Outside U.S.</b> (Counseling limited to U.S. participants)	No	No
LABORATORY INFORMATION		
<b>Lab</b>	Prevention Genetics	Prevention Genetics
<b>CLIA Certified</b>	✓	✓
<b>Genes Included</b> <i>GRN</i> <i>C9orf72</i> <i>MAPT</i> Other	Panel ✓ ✓ ✓ X	Panel ✓ ✓ ✓ ✓ <sup>6</sup>
<b>ACMG Variant Classification Guidelines in Use</b>	✓	✓
<b>Test Limitations</b>	<i>C9orf72</i> expansion test result typically does not include exact repeat number	<i>C9orf72</i> expansion test result typically does not include exact repeat number
<b>Sample Requirement</b>	Buccal (cheek) swab; other options may be available	Buccal (cheek) swab; other options may be available
GENETIC COUNSELING		
<b>GC Provider</b>	InformedDNA	InformedDNA
<b>All genetic counselors certified by ABGC</b>	✓	✓
<b>GCs w/ experience in neurodegenerative disease licensed in all states requiring licensure</b>	✓	✓
<b>GC Provider Experience in Neurodegenerative Disease</b>	Participants are only scheduled with GCs on InformedDNA's neurology team	Participants have the option to schedule post-testing counseling with GCs on InformedDNA's neurology team
<b>Pre-test counseling provided</b>	✓	✓
<b>Post-test counseling provided</b>	✓	✓
<b>Offers in-house physician ordering</b>	✓ After pre-test genetic counseling	✓ After pre-test genetic counseling
PRIVACY/LEGAL CONSIDERATIONS		
<b>Validation of Patient Competence</b>	Clinical judgement; GC will ask for POA or have participant sign a healthcare surrogacy form identifying a family member to speak on their behalf.	Clinical judgement; GC will ask for POA or have participant sign a healthcare surrogacy form identifying a family member to speak on their behalf.
<b>Data Sharing</b>	Results go to participant and physician. De-identified information goes to sponsor, no PHI is shared.	Results go to participant and physician. De-identified information goes to sponsor, no PHI is shared.
<b>Consent</b>	Sponsored testing under a research protocol; written consent to participate.	Verbal consent for testing documented in visit summary. Written consent for counseling.
<b>Links</b>	<a href="#">Alector site - patient screener</a> <a href="#">InformedDNA site for program</a>	<a href="#">Passage Bio website</a> <a href="#">InformedDNA website for program</a>
<b>KEY</b> ABGC = American Board of Genetic Counseling CLIA = Clinical Laboratory Improvement Amendment HCP = healthcare provider POA = power of attorney ACMG = American College of Medical Genetics and Genomics GC = genetic counseling, genetic counselor PHI = personal health information, protected health information		

#### FOOTNOTES

<sup>1</sup> Participants with personal or family history of amyotrophic lateral sclerosis (ALS) or known mutation in another FTD gene are excluded.

<sup>2</sup> Program includes testing for persons diagnosed with FTD or related disorders in addition to individuals who might be experiencing FTD-like symptoms and do not have an FTD diagnosis. Eligibility may be determined by the use of an FTD-trained Symptom Checker. Submissions to the Symptom Checker can be entered by a loved one or care partner on behalf of the symptomatic person.

<sup>3</sup> Eligibility includes unaffected family members if they have a close relative (parent, sibling, adult child) with a *GRN* gene mutation.

<sup>4</sup> Program provides genetic counseling and testing in all U.S. states except New York.

<sup>5</sup> Primary findings, including any pathogenic or likely pathogenic variant in genes related to the participant's reported clinical phenotype, and secondary findings will be reported back to the participant.

<sup>6</sup> All of the following genes are tested: *APP*, *C9ORF72*, *CHCHD10*, *CHMP2B*, *CSF1R*, *DCTN1*, *FUS*, *GRN*, *ITM2B*, *MAPT*, *PSEN1*, *PSEN2*, *SQSTM1*, *TARDBP*, *TBK1*, *TREM2*, *UBQLN2*, *VCP*.

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