SPEAKER: So the implications of Fabry in pediatric patients is an evolving science. We've been involved with many of the statements and the guidelines that are focused on the care of pediatric patients with Fabry.

We have typically screen patients at a very young age, so meaning we've had some patients that maybe get onto enzyme replacement before the age of five, for example, which would be somewhat atypical. But we would also marry that with cardiovascular surveillance. And typically, that would include an echocardiogram and an ECG.

And we would do that periodically throughout life. It's really not very common for pediatric patients to have cardiovascular involvement, especially in the pre-adolescent phase. The one thing that we have noticed is that on serial electrocardiograms, at least some patients develop sinus bradycardia, and that's in the absence of any sinus-slowing drugs or any other pathology.

And if you follow these patients into adulthood, many adult patients with Fabry also have sinus bradycardia. So is this evidence that the sinus node is becoming diseased? Possibly. I don't think we really know for sure.

In children, I think the thing that I would pay probably the most attention to is the potential for arrhythmias. And as you know, children aren't going to always have the best descriptors of palpitations. And so one has to be cognizant of that.

Especially if it's a known family history of Fabry, I would have a low suspicion to do an ambulatory monitoring strategy on that patient, because we have detected SBT, for example, in some of our pediatric Fabry patients, which obviously may have implications from a therapeutic perspective.