

SPEAKER 1: These things are really important. And I think the thing that we've learned is that we really have to be complete in how we do surveillance for Fabry. When you see me or other folks that are in centers of excellence that have recognized expertise with Fabry, typically you're going to have-- and it depends on your age group-- but you would typically involve imaging in the form of cardiac MRI. Maybe, maybe not with echocardiography, we would do echocardiography or ultrasound of the heart for our younger patients typically.

We usually do some kind of ambulatory rhythm surveillance, such as a Holter monitor or other longitudinal devices that gives us a lot of information. Sometimes we'll do stress testing to make sure there isn't evidence of premature coronary disease, which also occurs in patients with Fabry Disease. So there's a very broad blanket of things that you have to look at. And depending on your clinical suspicion, we can take that even further down the path. And I think what's becoming more apparent for us that see lots of patients with Fabry is that many of the tools that are used as commonplace investigation in medicine and in cardiology probably are too blunt of tools to really detect early cardiovascular involvement.

And as I said, that's an important thing. Pretty much everything I do in cardiology, the earlier I can detect it, the less implications that we're going to have long-term. Meaning, if I can find something before a patient becomes symptomatic and deal with it, the outcomes are typically going to be better than someone who comes to me and has been having symptoms for many years. A perfect example of that would be heart failure for someone that has Fabry Disease. It's much easier to treat a patient with their heart muscle not squeezing very well but being asymptomatic, as opposed to someone who comes in who is end stage of heart failure, meaning they need consideration for a mechanical support device or a cardiac transplant.

So those are the implications of Fabry. And I think what we hope to do through this, and what I try and do in our practice, is increase awareness of this disease and the implications of the disease, and to try and avoid these bad outcomes. Some of these are catastrophic, meaning a stroke or heart failure or an infarction that are fatal, and we don't want that. So as much as we can do to detect early disease and treat it appropriately, I think, should be a target for us as a community.