

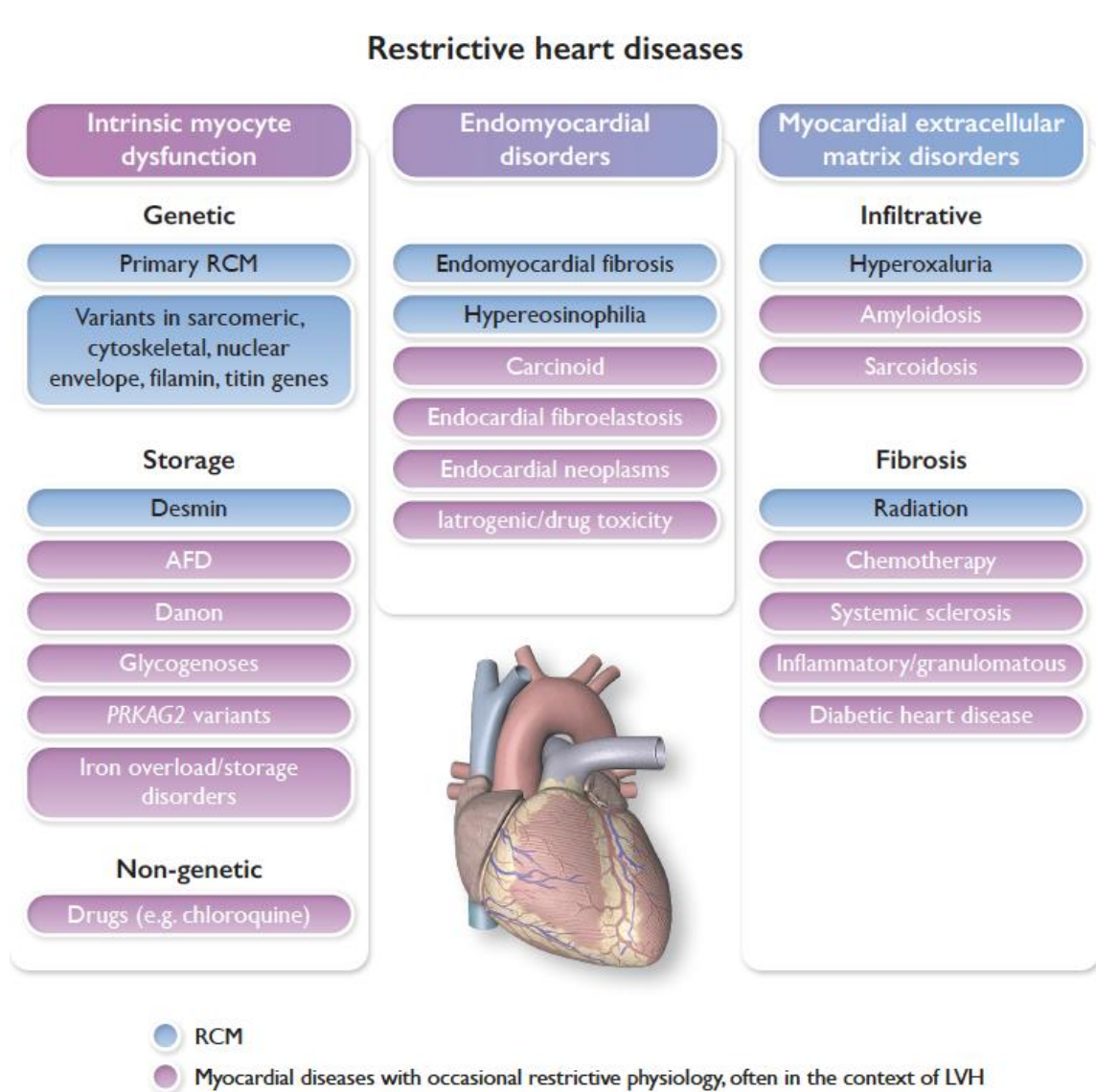


Figure 1. ESC 2023 GL on Cardiomyopathies. Spectrum of restrictive heart diseases.

AFD, Anderson–Fabry disease; LVH, left ventricular hypertrophy; PRKAG2, Protein kinase; AMP-activated non-catalytic subunit gamma 2; RCM, restrictive cardiomyopathy.

Table 1. EHRA/HRS/APHRS/LAHRS 2022 Consensus Statement on genetic testing. Genes implicated in restrictive cardiomyopathy

Gene	Locus	Syndrome	Protein (functional effect)	Frequency	ClinGen classification
<i>MHY7</i>	14q11.2	RCM	Beta myosin heavy chain	10–15%	NA/major gene
<i>TTN</i>	2q31.2	RCM	Titin	5–10%	NA/major gene
<i>ACTC1</i>	15q11.14	RCM	Cardiac alpha-actin	5–10%	NA/major gene
<i>TNNI3</i>	19q13.4	RCM	Cardiac troponin I	5–10%	NA/major gene
<i>TTR</i>	18q12.1	RCM, amyloidosis	Transthyretin	1–5%	NA/major gene
<i>FLNC</i>	7Q32.1	RCM	Filamin-C	1–5%	NA/major gene
<i>TNNT2</i>	1q32.1	RCM	Cardiac troponin T	1–2%	NA/rare gene

RCM, restrictive cardiomyopathy.

Table 2. ESC 2022 GL on cardio-oncology. Recommendations for carcinoid valvular heart diseases

Echocardiography ^a for the detection of carcinoid cardiac involvement in all patients with carcinoid syndrome and elevated NP levels and/or clinical signs of carcinoid heart disease, and for surveillance every 3 or 6 months depending on the severity of cardiac involvement and clinical status.	I B
NP for screening and surveillance of carcinoid heart disease every 6 months	IIa B
A MDT discussion for optimal medical management to prevent carcinoid crisis before any invasive or surgical cardiac procedure.	I C
Valve replacement surgery in symptomatic patients with severe carcinoid tricuspid or pulmonary VHD and an expected survival ≥ 12 months. ^b	I C
Valve replacement surgery in patients with asymptomatic severe carcinoid tricuspid or pulmonary VHD, progressive RV dysfunction/dilatation, and an expected survival ≥ 12 months. ^b	IIa C
Valve replacement or repair surgery in symptomatic patients with severe carcinoid mitral or aortic VHD and an expected survival ≥ 12 months..	I C
MDT, multidisciplinary team; NP, natriuretic peptides; RV, right ventricular; VHD, valvular heart disease.	

a Including saline contrast infusion at baseline to rule out patent foramen ovale.

b With controlled serotonin concentrations.

Table 3. EHRA/HRS/APHRS/LAHS 2022 Expert Consensus Statement. Arrhythmogenic Cardiomyopathy

Impact of genetic testing for the index case

Disease	Diagnostic	Prognostic	Therapeutic
RCM	+	+	+

Recommendations

Should do

Genetic testing specifically for TTR pathogenic variants for patients with RCM and a clinical diagnosis of cardiac TTR amyloidosis.

May do

RCM genetic testing for patients with an established clinical diagnosis of RCM based on examination of the patient's clinical history, family history, and electrocardiographic/echocardiographic phenotype.

Variant-specific genetic testing for family members and appropriate relatives following the identification of the disease-causative variant.