555 UNIVERSITY AVENUE
TORONTO, ONTARIO
CANADA M5G 1X8
PHONE (416) 813-1500

THE HOSPITAL FOR SICK CHILDREN

APPENDIX C

CLINICAL INFORMATION SHEET

Delineation of Molecular Defects in Russell-Silver syndrome.

HSC

DIVISION OF CLINICAL GENETICS

Investigators:
Cheryl Shuman, M.Sc., Genetic Counsellor.
Dr. Rosanna Weksberg, Clinical Geneticist/Assistant Professor.
Dr. Lap-Chee Tsui, Senior Scientist.
Dr. Stephen Scherer, Research Associate.
Dr. Jeremy Squire, Scientist/Assistant Professor.

Purpose of Research

Russell-Silver syndrome (RSS) is characterized by a variety of features including failure to grow both pre- and post-natally. In most instances RSS occurs sporadically, which means there is no previous family history of the disorder; however, certain families have been identified in whom there seems to be a familial basis for inheriting RSS (i.e. passing it on to children).

The genetic makeup of an individual consists of 22 pairs of chromosomes plus one pair of sex chromosomes. Normally, the mother and the father each contribute one chromosome of every pair to their children. Uniparental disomy occurs when both chromosomes in a pair have been passed down from one parent only (that is, the mother or the father). In a small number of cases of children affected with RSS, it has been observed that both chromosomes of the number 7 pair have been inherited from the mother. This is termed uniparental disomy of chromosome 7 (UPD 7).

We are studying the causes of RSS and plan to determine the frequency of UPD for chromosome 7 as well as other chromosomes. Such studies may provide better diagnosis and recurrence risk information for patients and families with RSS. In the future if the malfunctioning gene is identified, it may lead to research on treatment for RSS.

Procedure

If you agree to participate, you and your family will be asked to give some blood during your regular visit to your physician. An investigator may telephone you later and ask details regarding your family history; the telephone conversation will last approximately 20 minutes and its aim is to provide us with information that will help us delineate the genetic basis of the disorder. All such information obtained during the telephone interview or otherwise will be used strictly for the purpose of this study and will remain entirely confidential.

Potential Benefits

There may be no immediate benefit to taking part in this study. However, the progress made in this study toward identifying the exact genetic basis of Russell-Silver syndrome could allow similarly affected individuals to be diagnosed sooner by means of a molecular test. It may also enable physicians to ascertain the chances of a family having another affected child. In addition, in the future this study could be useful in developing treatment options for those diagnosed with RSS.

Potential Harms

Approximately 20 cc (2 tablespoons) of blood from adults and 5-20 cc of blood from children will be drawn. There may be slight discomfort and a minute amount of bleeding from the vein immediately after the procedure. Redness and bruising may occur and if so they will be minor and disappear in a couple of days. In most cases blood will be drawn from you as part of your visit to your physician. Due to the nature of uniparental disomy, interpretation of the results of molecular testing will be dependent on your provision of accurate family information such as paternity, adoption, etc.

Confidentiality

Confidentiality will be strictly maintained and no information that discloses the identity of you or your child will be released without your consent. For your information, the research consent form will be inserted in the patient health record of your child. As stated previously, the results of the molecular investigations will the used for research purposes only in the context of this study. We would need your permission and signed consent to release these results to another professional involved in your care.

Participation.

Participation in this study is entirely voluntary. If you choose not to participate, you and your family will continue to have access to quality care at The Hospital for Sick Children. If you choose to participate in this study you can withdraw at any time. Again you and your family will continue to have access to quality care at The Hospital for Sick Children.

/RN

RUSSELL-SILVER SYNDROME

Name:_____

D.O.B.:_____

Address:_____

_____

Parents' Names:_____

Referring Physician:_____

Institution:_____

CLINICAL FINDINGS CHECKLIST

To aid in the molecular testing, please circle Y or N and fill in the blanks:

- IUGR. Y N
  Please specify :
  *-birth wt.*_____
  -gestational age _____
- Postnatally:
  -head circumference _____ cm
  _____ %
  -height _____ cm
  _____ %
- Asymmetry. Y N
- Triangular face. Y N
- Down-turned mouth corners. Y N
- Micrognathia. Y N
- Frontal bossing. Y N
- Increased sweating (face and upper torso). Y N
- Fifth finger clinodactyly. Y N
- Delayed bone age. Y N
- 2-3 syndactyly of the toes. Y N
- Delayed closure of the anterior fontanelle. Y N
- Cafe au lait spots. Y N
  *If yes, please specify the number:*_____
- Neonatal hypoglycemia. Y N
- Horseshoe kidney or other renal anomalies. Y N
  (*please specify*):_____
  _____
- Development:
  -normal. Y N
  -mildly delayed. Y N
  -moderately delayed. Y N
  -severely delayed. Y N
- Thin skin. Y N
- Blue sclerae. Y N
- Cryptorchidism/hypo-spadias. Y N
- Other clinical findings:_____
  _____
  _____
  _____
  _____
  _____
  _____

/RN

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APPENDIX D

CONSENT FORM

DIVISION OF
CLINICAL
GENETICS

Title of Research Project

Delineation of Molecular Defects in Russell-Silver syndrome.

Cheryl Shuman, M.Sc., Genetic Counsellor, Clinical Genetics
Dr. Rosanna Weksberg, Department of Clinical Genetics
Dr. Lap-Chee Tsui, Department of Medical Genetics
Dr. Stephen Scherer, Department of Medical Genetics
Dr. Jeremy Squire, Department of Pathology

I acknowledge that the research procedures described on the attached form and of which I have a copy have been explained to me and that any questions that I have asked have been answered to my satisfaction. I have been informed of the alternatives to participation in this study. The possible risk and discomforts have been explained to me. I know that I may ask now, or in the future any questions I have about the study or the research procedures. I have been assured that records relating to me/my child and my/his/her care will be kept confidential and that no information will be released or printed that would disclose my personal identity without my permission. I understand that interpretation of the molecular analysis will be based on the family information I have provided (i.e. issues regarding paternity and adoption).

I understand that I am free to withdraw from the study at any time. I further understand that if I do no participate in the study, or if there is withdrawal from it at any time, the quality of medical care for me/my child and for other members of my family at The Hospital for Sick Children will not be affected.

I hereby consent for my child_____to participate.

_____
Name

_____
Signature & Capacity, e.g.Parent

_____
Name

_____
Signature of Patient & Age

The Person who may be contacted about the research is:
Cheryl Shuman

who may be reached at
(416) 813-6386

_____
Date