FWT1 & Wilms Tumour

What is a Wilms tumour?

- A Wilms tumour, also known as a nephroblastoma, is the most common kidney tumour in children.
- Most children present with an abdominal swelling or mass. Other signs and symptoms may include abdominal pain, blood in the urine, fever and high blood pressure. Some children may have no symptoms at all.
- Inherited Wilms tumours only account for around 1 percent of all cases.
- One of the most significant differences is that the age of presentation is much later – in one reported family, the average was 5 years of age, with a range of 2 – 12 years.

What is FWT1, and how do changes in FWT1 affect the kidneys?

- FWT1 is a gene that has been associated with Wilms tumours. There is not a huge amount of information about this gene and its function currently available.
- Changes in this gene result in abnormal growth of kidney cells and the development of kidney tumours in one or both kidneys.

Do these changes have effects on other parts of the body?

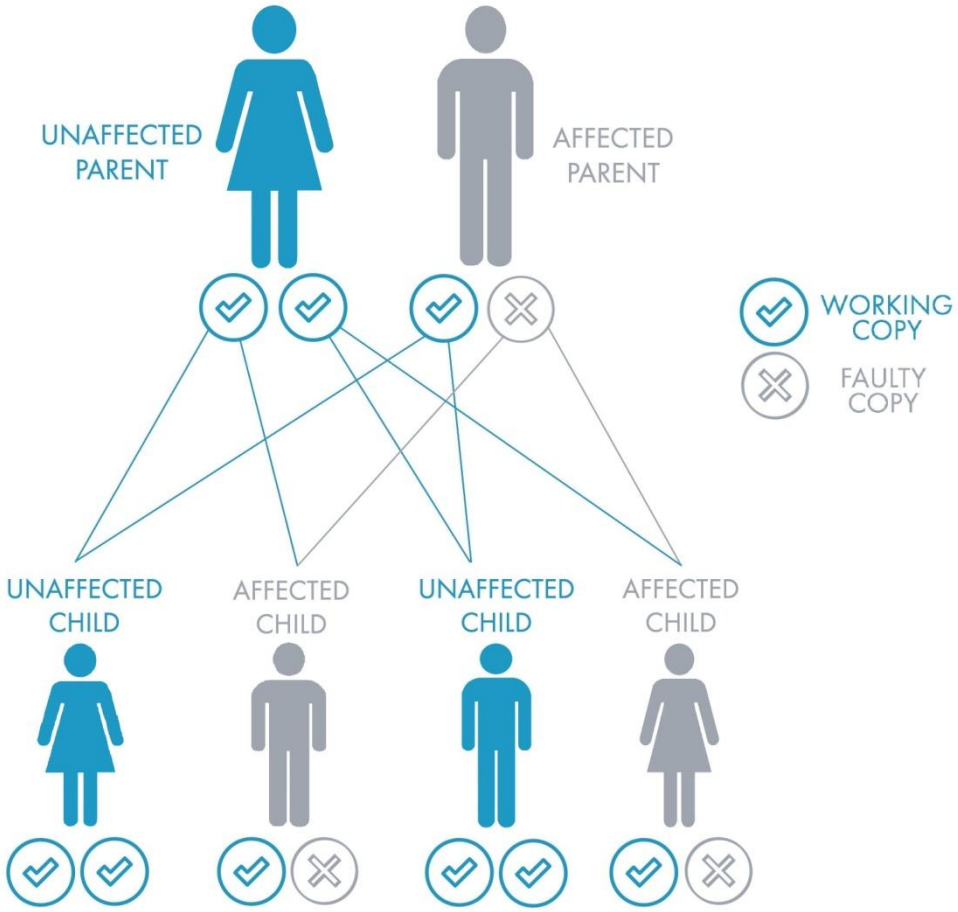
- While no specific links between FWT1 and particular effects have been reported, Wilms tumours in general can develop in association with syndromes such as Denys-Drash syndrome and WAGR syndrome.

How is Wilms tumour treated?

- The treatment approach is based on the type of Wilms Tumour and its stage.
- Treatment can include surgery, chemotherapy and radiotherapy.

How is this change passed down through a family?

- You have two copies of FWT1 – one copy from each of your parents.
- To have Wilms tumour you must inherit at least one faulty copy of the FWT1 gene from an affected parent.
- Each child of an affected parent has a 1 in 2 (50%) chance of inheriting the disease.



Should my family members be tested?

- Siblings of affected individuals and offspring of survivors should be screened using abdominal ultrasound every three months until they reach 8 years of age.