

## Step 1

Document the following clinical information to assist in phenotyping:

- Size of kidneys
- Location, number, and size of cysts
- Cysts in other organs
- Kidney function
- Blood biochemistry
- Extrarenal features
- Family history of kidney disease, including kidney phenotype

**For patients with a negative or unknown family history:**

If possible, assess the phenotype of both parents with kidney/abdominal imaging and kidney function testing.

**For patients with a positive family history:**

If a family member has had genetic testing and a disease-causing variant has been identified:

- Do not proceed to genomic testing
- Refer to Genetic Health Queensland to discuss targeted confirmatory genetic testing

**Consider genomic testing if there are any of the following indications for testing:**

- Diagnostic uncertainty
- Genotype-specific management
- Family planning
- Risk clarification for family
- Transplant planning (particularly if donor is a blood relative)

## Step 2

The following pathway guides genomic testing based on suspected clinical diagnosis. Key clinical features for each diagnosis are listed.

### Autosomal Dominant Polycystic Kidney Disease (ADPKD)

- Enlarged kidneys
- >10 kidney cysts, with family history
- Liver cysts

### Atypical cystic disease (e.g. *GANAB*, *DNAJB11*)

- Variable kidney sizes
- Variable kidney cysts
- Liver cysts

### Autosomal Recessive Polycystic Kidney Disease (ARPKD)

- Kidney cysts
- Increased echogenicity
- Decreased corticomedullary differentiation
- Hepatic fibrosis

### Renal Cysts and Diabetes (RCAD)

- Kidney cysts
- Tubulointerstitial kidney disease
- CAKUT
- Diabetes
- Low Mg<sup>2+</sup>
- Bicornuate uterus

For paediatric patients:  
**Request chromosome microarray**

If result is uninformative, proceed to request panel.

### Nephronophthisis (NPHP)

- Kidney cysts (microcysts)
- Increased echogenicity
- Decreased corticomedullary differentiation
- Tubular atrophy and interstitial fibrosis
- Extrarenal features

**Request 'Renal Macrocytic Disease' panel**

Although the same genomic test is requested for these diseases, detailed phenotype information is crucial for analysing and interpreting the genomic test.

**Go to 'Tubulointerstitial diseases'**