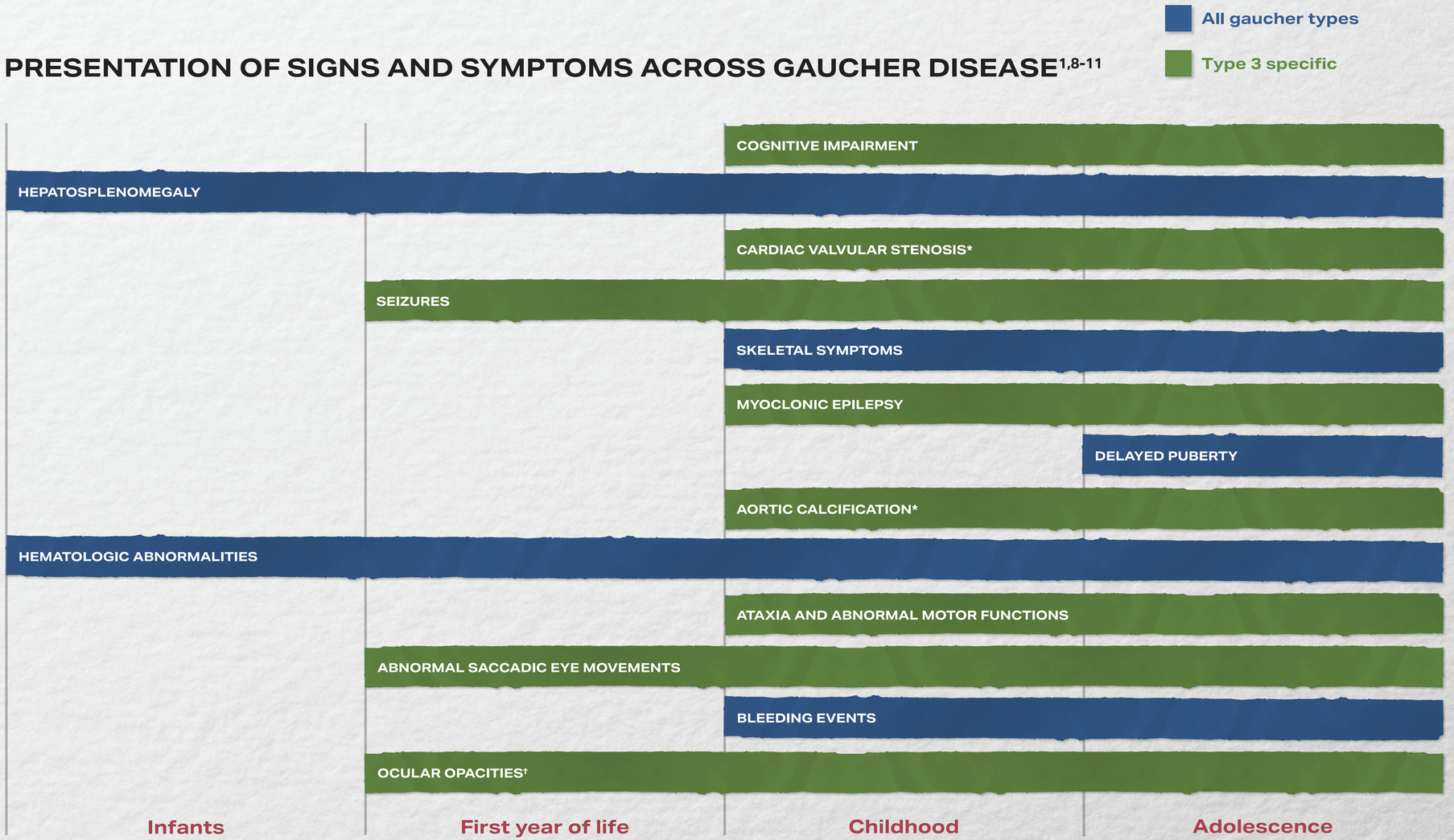
As the overlapping symptoms of Gaucher disease progress

GAUCHER TYPE 3 UNFOLDS

Proper subtyping of Gaucher disease type 3 (GD3) can be challenging.[1] Misclassification and diagnostic delays are common due to overlapping symptoms across subtypes, variability in symptom type, severity, and onset within GD3, along with the absence of subtype testing.[1-5] As a result, early and accurate subtyping depends on vigilant clinical monitoring throughout the life of the patient.[6,7]

PRESENTATION OF SIGNS AND SYMPTOMS ACROSS GAUCHER DISEASE[1,8-11]



*Based on data from individual case studies.

†Primarily associated with the Norrbottnian subtype of Gaucher disease type 3.[10]



GAZE PALSY[7]

Any patient showing slowing or looping horizontal saccades should be reevaluated for GD3



NEUROLOGICAL SYMPTOMS[2,12]

are highly variable and frequently missed in young patients with Gaucher disease



SKELETAL SYMPTOMS[13]

96% of patients with Gaucher disease will eventually show radiographic evidence of bone disease



MILD TO SEVERE[4,5]

Symptoms can range from silent and unnoticeable to life changing

Medical centers attributed diagnostic delays to the following[14]:

23%
Phenotypic heterogeneity

15%
Mild symptomology

~43%
Patients with GD3 were originally misclassified as type 1 in a Japanese study[2]

Proportion of Gaucher patients who have GD3[2,15-20]

5%
North America, Europe, and Israel

12-15%
East Asia and the Middle East

Vigilant monitoring is critical to the accurate classification and proactive management of Gaucher disease type 3[7]

ASSESS FOR SIGNS OF GD3 REGULARLY

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