

GENETIC TESTING FOR BREAST CANCER RISK

TAKE-HOME MESSAGES:

- 1) TEST MORE INDIVIDUALS
- 2) USE EXPANDED PANEL
- 3) VUS (VARIANT OF UNCERTAIN SIGNIFICANCE) -
NO CAUSE FOR ALARM.

BRCA+ carriers identified & informed:

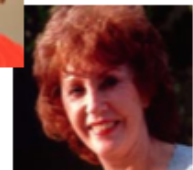
- Over 220,000* Unaffected carriers (U.S.):

5-6% identified and informed



- Over 35,000 Breast Cancer patients have deleterious BRCA mutations:

30% identified and informed



A Positive Test for a Known Family Mutation

- **Directs Appropriate Resource Utilization**
 - “High Risk” Surveillance (MRI, WBUS...)
 - Chemoprevention
 - Preventative surgery
 - ✦ BSO (mastectomy in selected cases)
- about Targeting Resources (Not mastectomy)

Negative Test with Known Familial Mutation

- **Ordinary Population-level Risk***
 - (Previously controversial)
- **Stop wasting resources, reduce distress**

Ordinary screening vs “high risk” screening

- **Corrects the biopsy threshold**
- **Ordinary screening vs fear-based mastectomies**

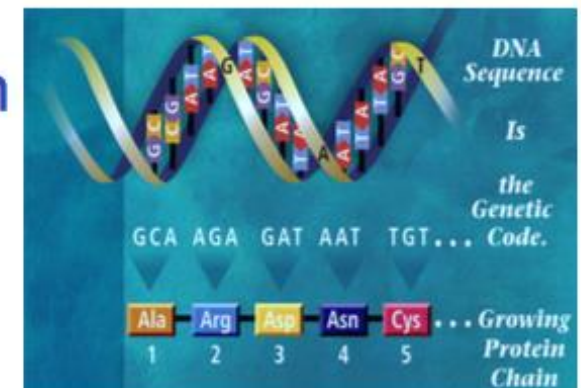
Pathogenic/Deleterious Mutations

- Thousands of BRCA mutations with *unambiguous severe effects* on cancer risk identified

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- Nearly all **truncate or delete their host gene**
- In addition: About a dozen amino acid substitutions proven to cause loss of BRCA function

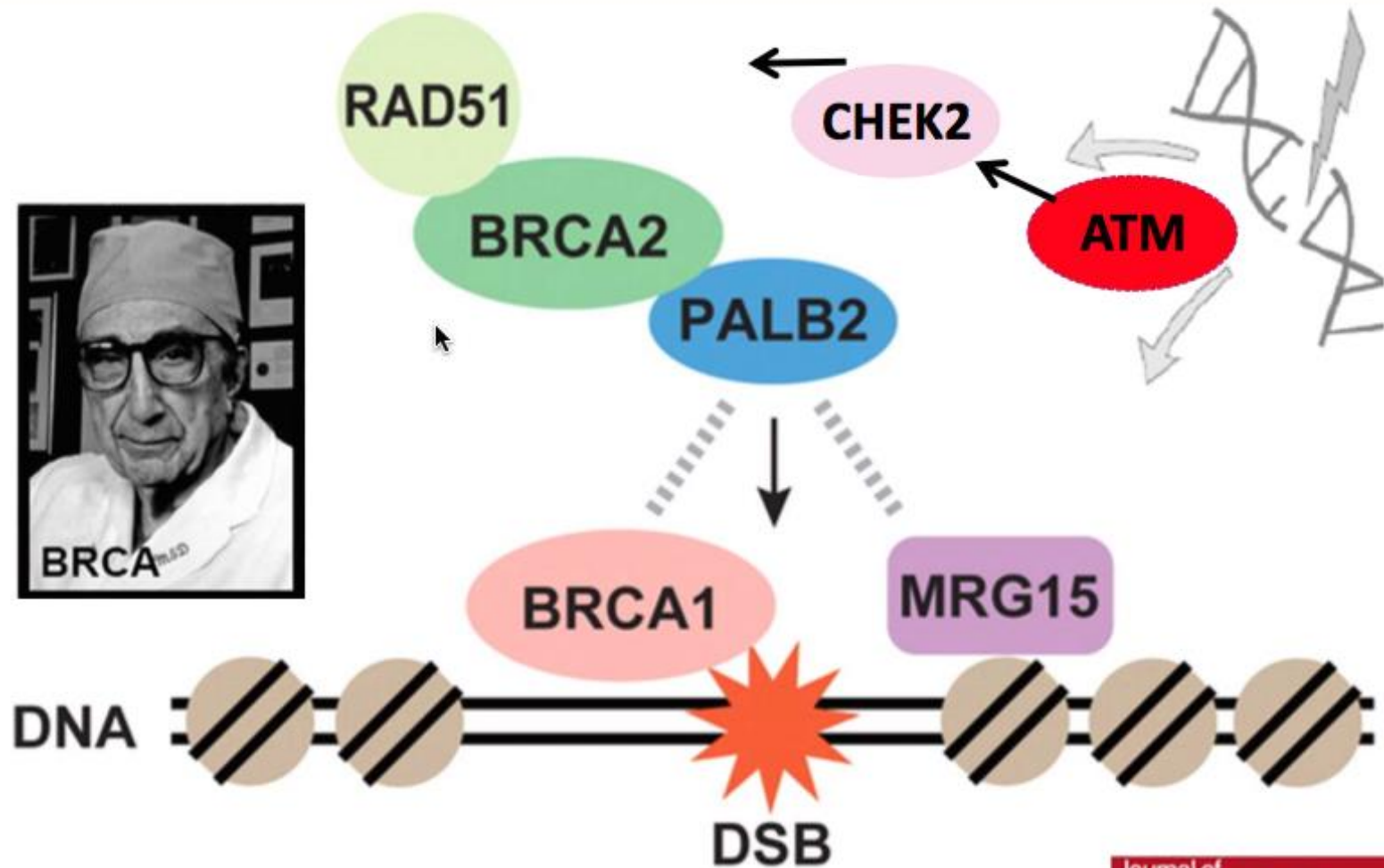
- ✦ **Great majority** of AA substitutions:
- benign



IS THERE A BRCA 3 ?

- HIGH RISK FAMILIES WHO TESTED NEGATIVE FOR BRCA 1 & 2
- WITH RAPID “NEXT GENERATION” SEQUENCING OF DNA, IT TURNS OUT THERE ARE MANY POTENTIAL MUTATIONS THAT ARE RESPONSIBLE.
- SIGNAL TRANSDUCTION PATHWAYS

Most breast cancer-related genes are: DNA repair genes



Pathogenic Mutations in Panel testing: Almost 50% “other than” BRCA Genes

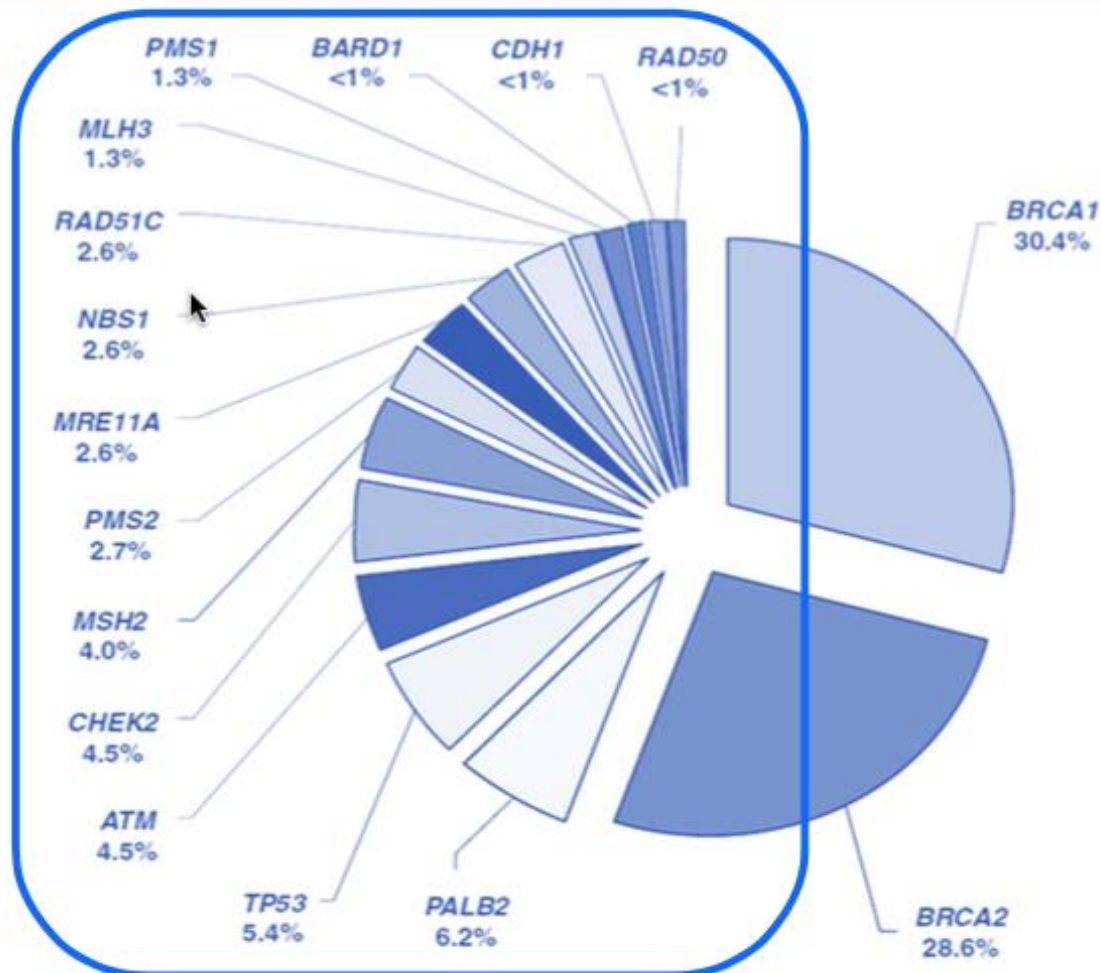


Figure 1 Relative distribution of variants detected with NGS in 708 HBOC

Genetic Variant Classification

<u>Classification</u>	<u>Probability Pathogenic</u>
Pathogenic	>99%
Likely Pathogenic ^I	95-99%
VUS	5 - <95%
Likely Not Pathogenic	1- <5%
Not Pathogenic	<1%

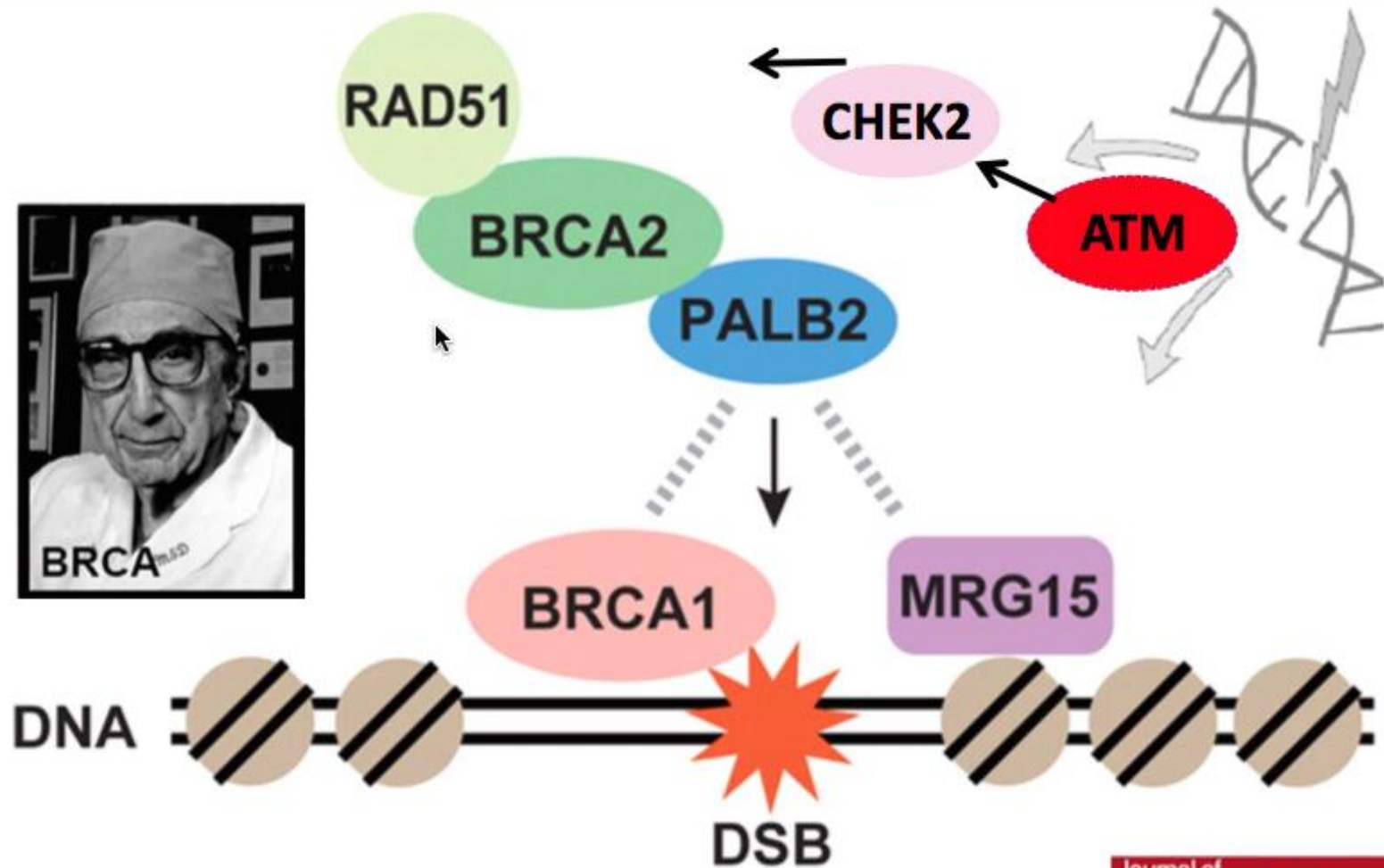
Average healthy person:

- about 10 million SNPs (single nucleotide polymorphisms)

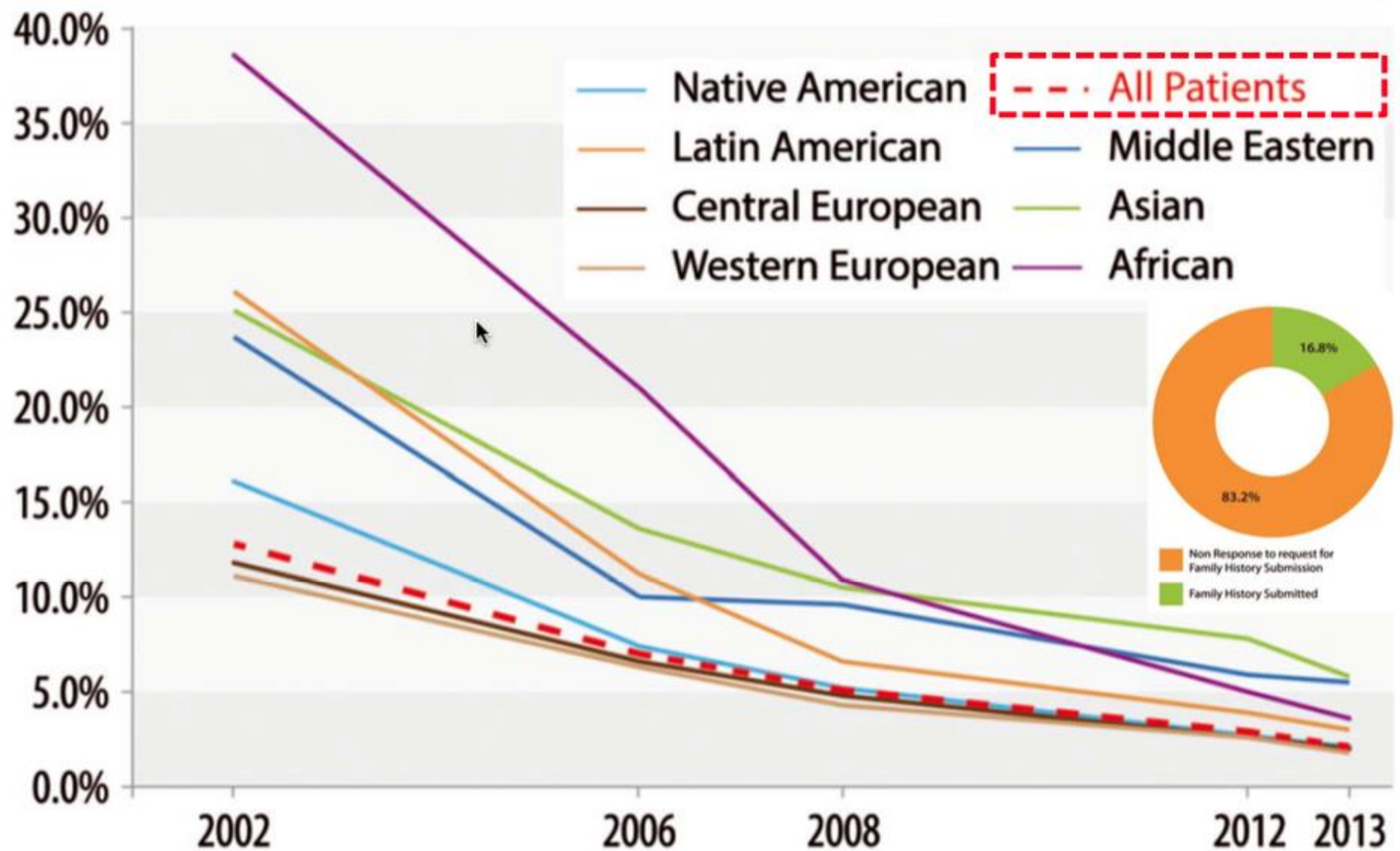
VUS – VARIANT OF UNCERTAIN SIGNIFICANCE

- ❉ HIGHLY UNLIKELY TO INCREASE CANCER RISK
- ❉ IT'S LIKE A DIFFERENT SPELLING OF A WORD.
- ❉ IN THIS COUNTRY WE SPELL THE WORD “COLOR” DIFFERENTLY FROM BRITAIN, WHERE THEY SPELL IT “COLOUR”
- ❉ IT'S STILL THE SAME WORD WITH THE SAME SOUND AND THE SAME MEANING. IN SIMILAR FASHION, A VUS STILL PRODUCES THE SAME PROTEIN WITH THE SAME FUNCTION

Most breast cancer-related genes are: DNA repair genes



Decline in BRCA VUS Rate (Myriad)



WHO SHOULD BE TESTED?

- ❶ NCCN – NATIONAL COMPREHENSIVE
CANCER NETWORK – ONLINE
GUIDELINES UPDATED REGULARLY –
A NETWORK OF CANCER CENTERS

WHO SHOULD BE TESTED?

WOMEN WITH BREAST CANCER & “RED FLAG”

- ⊗ ≤45Y AT DIAGNOSIS
- ⊗ ≤50Y AT DIAGNOSIS PLUS: a) 2ND PRIMARY BREAST CANCER, b) RELATIVE WITH BREAST, PANCREATIC, OR PROSTATE CANCER
- ⊗ ≤60 AT DIAGNOSIS, WITH TRIPLE NEGATIVE BREAST CANCER
- ⊗ ANY AGE AT DIAGNOSIS PLUS: a) ONE CLOSE RELATIVE WITH BREAST CA <50 OR OVARIAN CANCER OR MALE BREAST CANCER b) TWO CLOSE RELATIVES WITH BREAST, OVARIAN, PANCREATIC, OR PROSTATE CANCER.

WHO SHOULD BE TESTED?

THOSE WITH OTHER CANCERS

- ❶ INDIVIDUAL WITH OVARIAN CANCER OR MALE BREAST CANCER
- ❷ INDIVIDUAL WITH HIGH-RISK PROSTATE CANCER AND CLOSE FH OF BREAST, OVARIAN, PANCREATIC, OR PROSTATE CANCER
- ❸ INDIVIDUAL WITH PANCREATIC CANCER AND CLOSE FH OF BREAST, OVARIAN, PANCREATIC, OR PROSTATE CANCER
- ❹ INDIVIDUAL WITH PANCREATIC CANCER AND ASHKENAZI JEWISH ANCESTRY

WHO SHOULD BE TESTED?

CANCER-FREE BUT WORRISOME FAMILY:

- ❶ INDIVIDUAL FROM A FAMILY WITH A KNOWN BRCA MUTATION
- ❷ FIRST-DEGREE OR SECOND-DEGREE RELATIVE MEETING ANY OF THE CRITERIA ON PREVIOUS SLIDE
- ❸ THIRD-DEGREE RELATIVE WITH BREAST +/- OVARIAN CANCER AND 2 CLOSE RELATIVES WITH BREAST OR OVARIAN CANCER

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