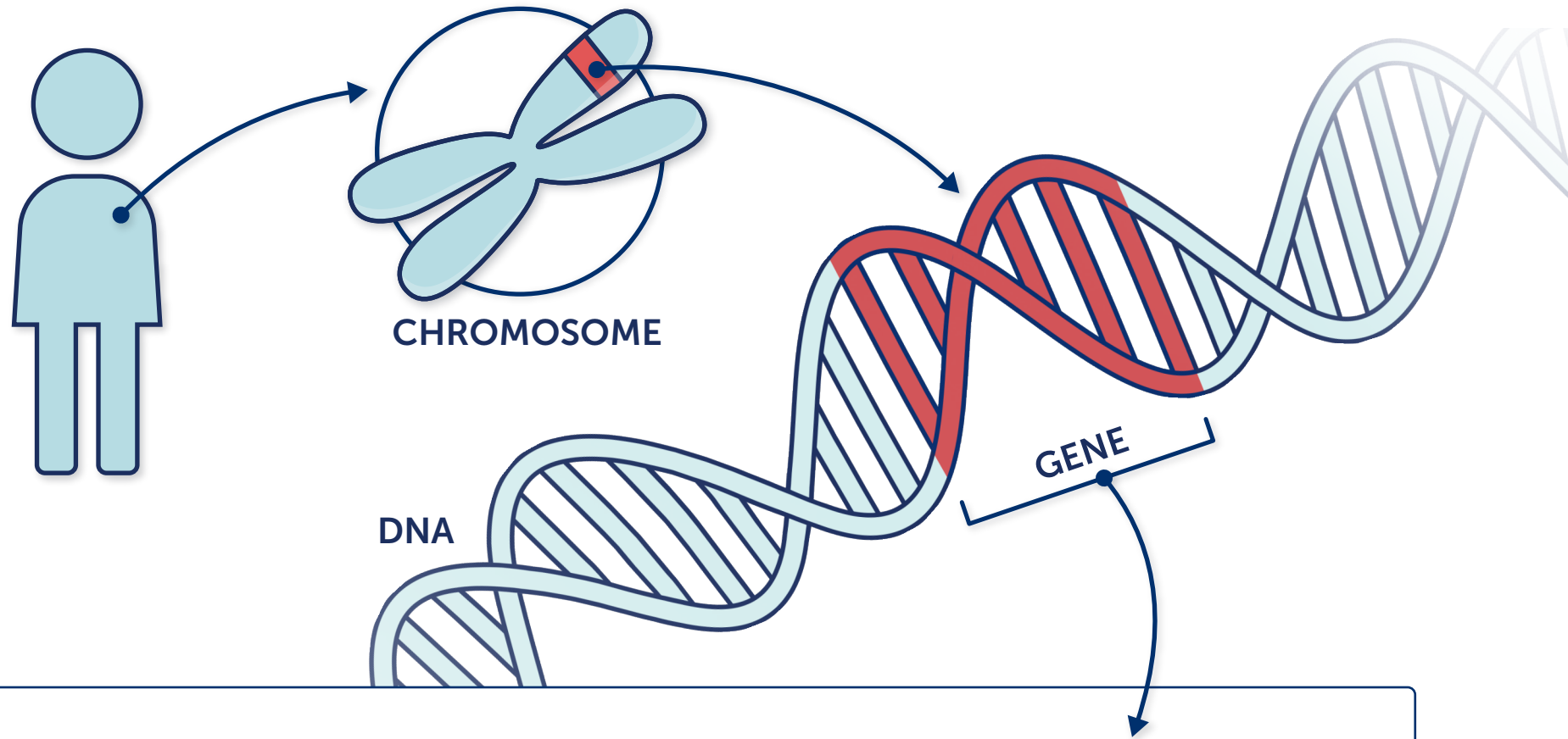


# WHAT IS A GENE?



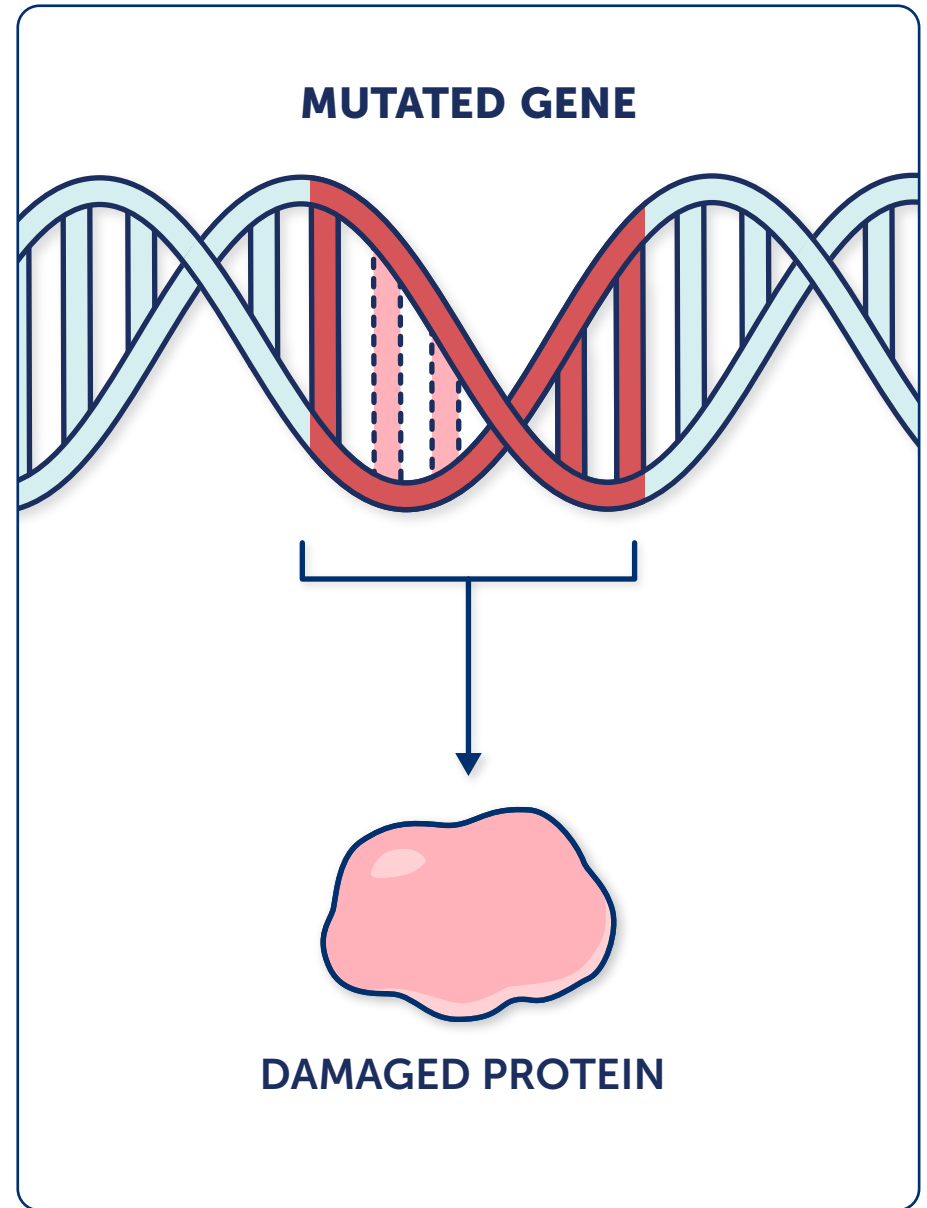
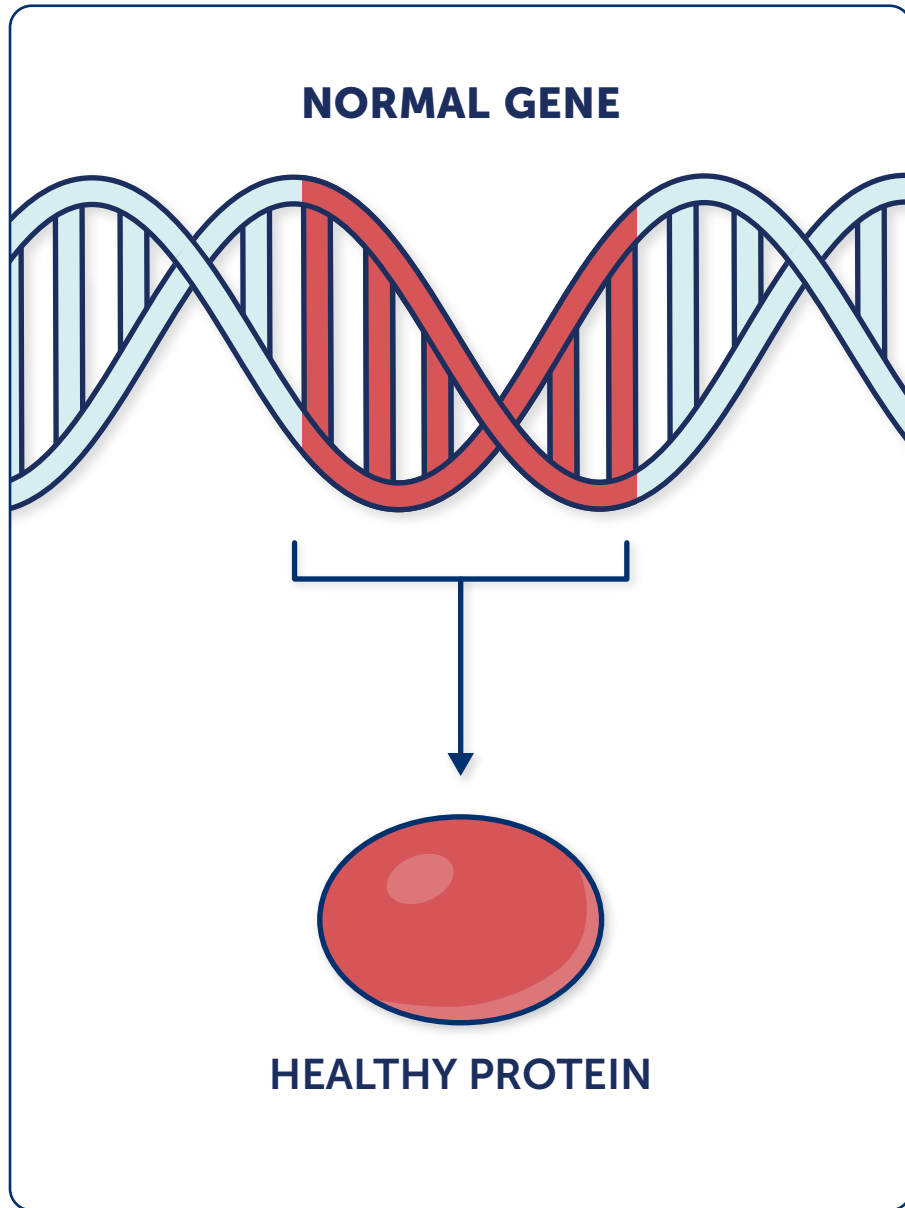
A **gene** is made up of **DNA**. It carries instructions to make proteins.

The **proteins** have specific jobs that help your body work normally.

PROTEIN

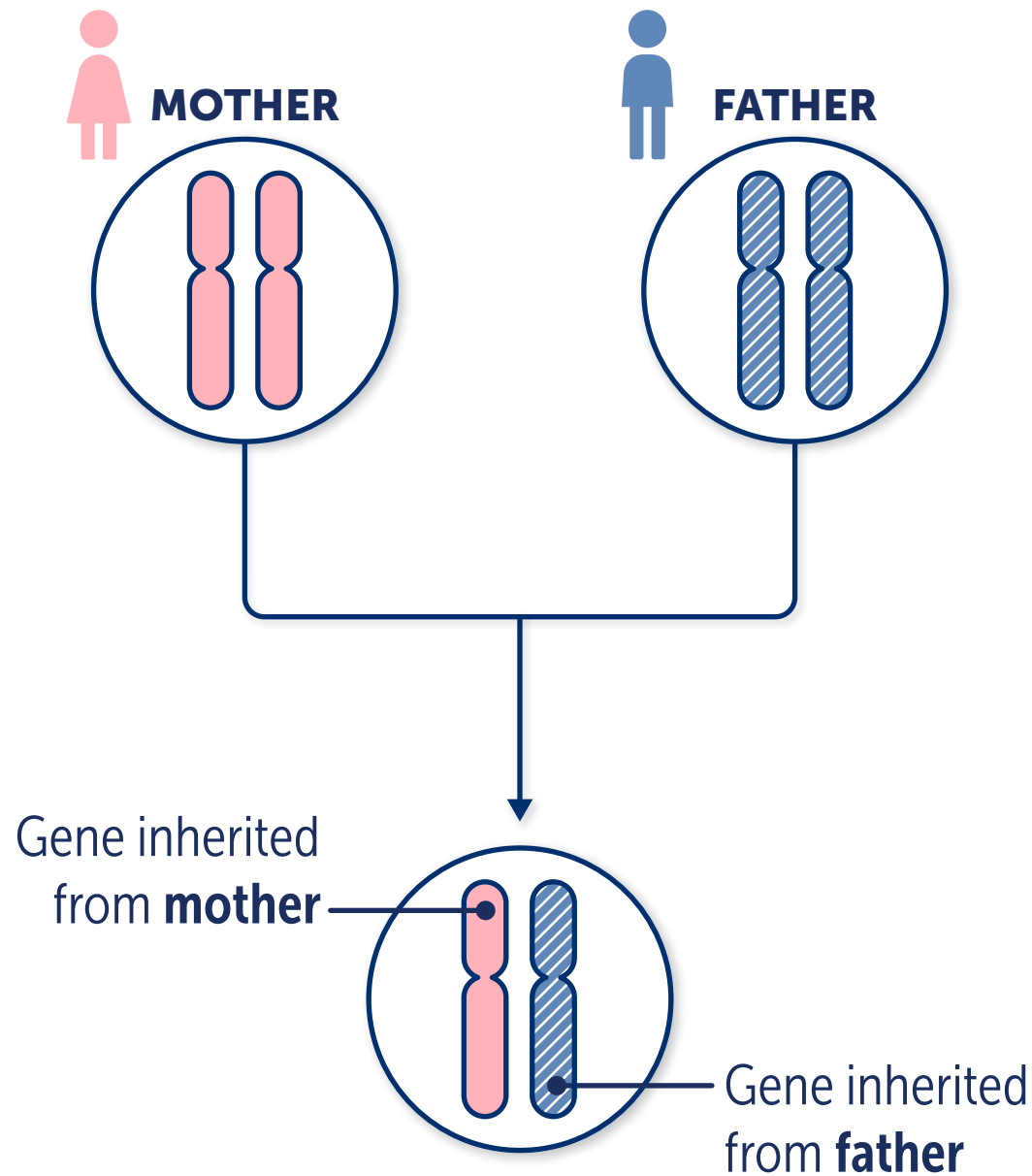
# WHAT HAPPENS WHEN THERE IS A GENETIC MUTATION?

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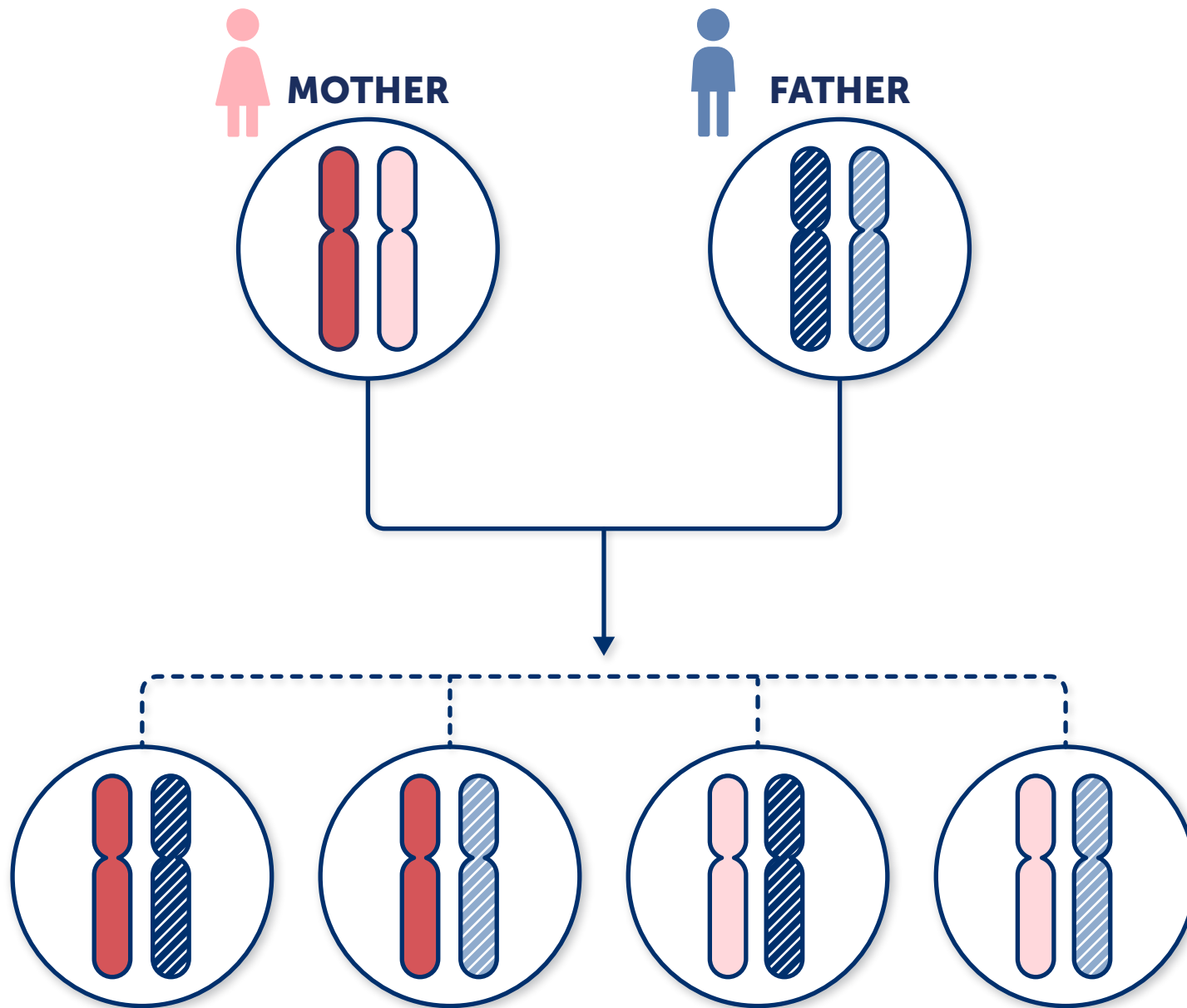
# HOW ARE GENES INHERITED?

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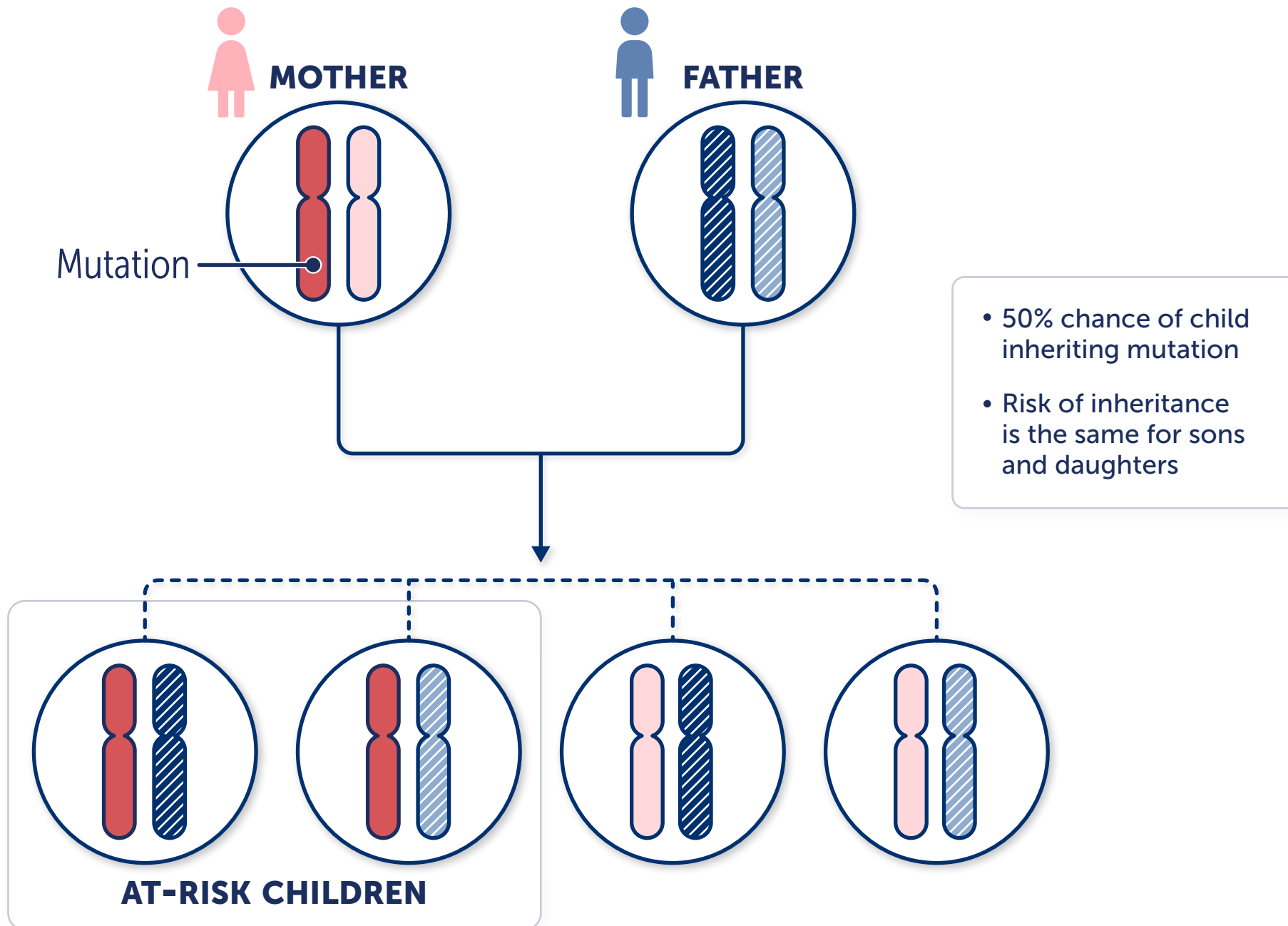


# HOW ARE GENES INHERITED?

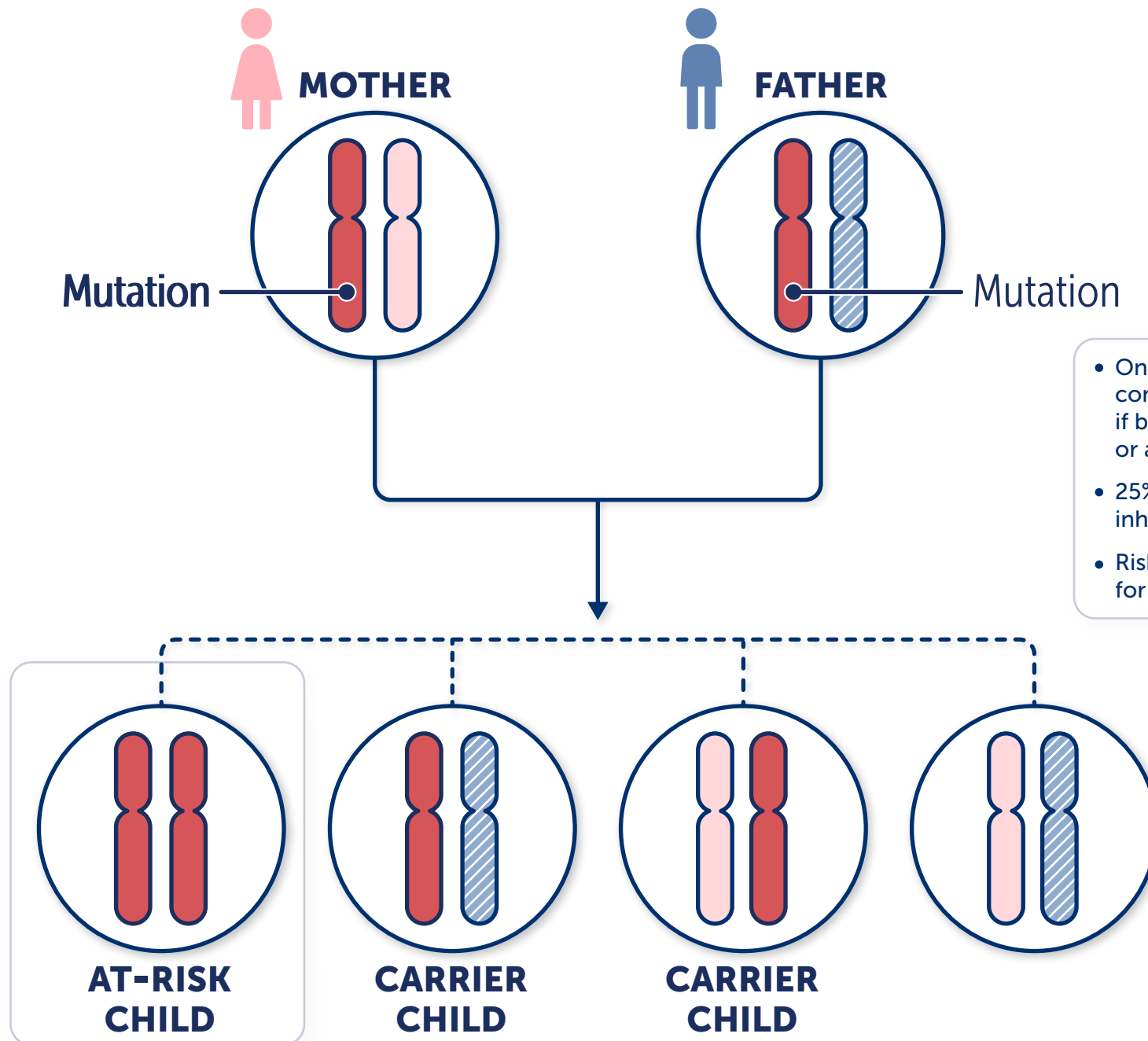
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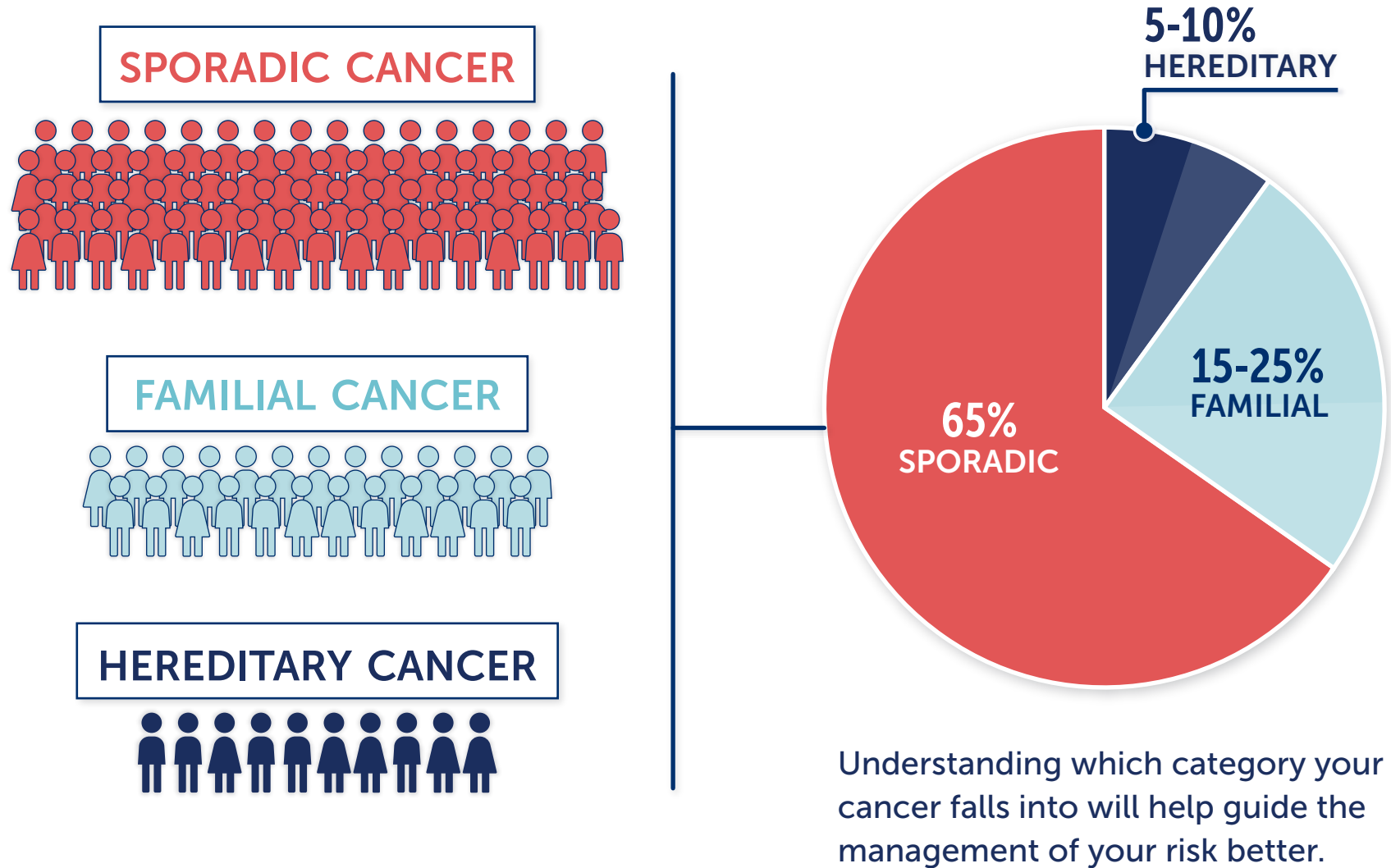
# AUTOSOMAL DOMINANT INHERITANCE



# AUTOSOMAL RECESSIVE INHERITANCE

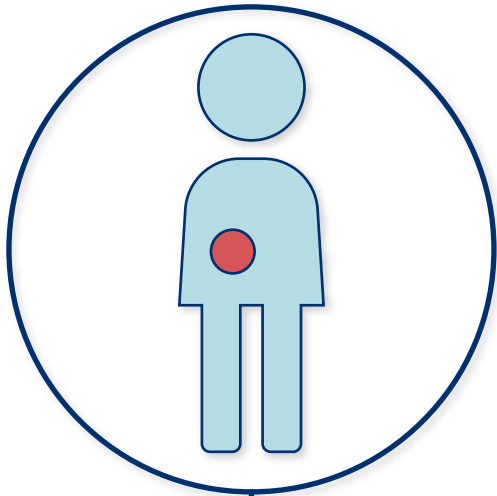


# CANCER CAN BE HEREDITARY, FAMILIAL, OR SPORADIC



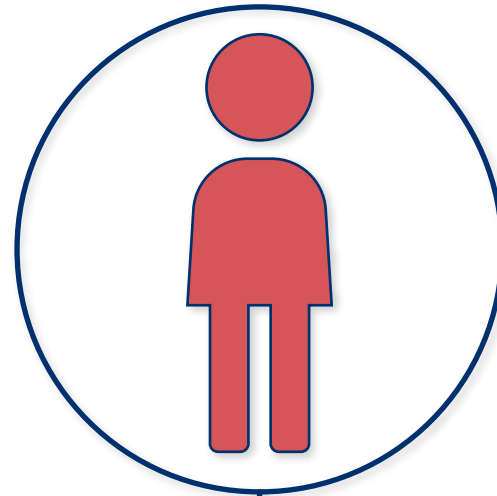
# SOMATIC VS GERMLINE MUTATION

---



## SOMATIC MUTATION

- Every cancer has many somatic mutations.
- A **somatic mutation** is a change in the gene that arose in the tumor and is confined to the tumor.
- Most cancer is sporadic (i.e., it happened by chance)



## GERMLINE MUTATION

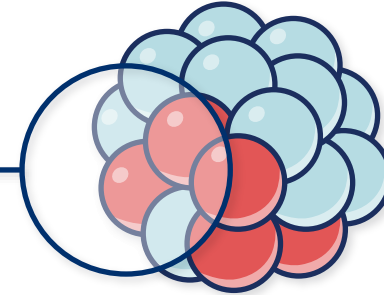
- A **germline mutation** is a change in the gene that was inherited and therefore causes an increased risk for cancer.
- This is also known as **hereditary cancer**.
- Only around 10% of cancer is hereditary.



# TUMOR TESTING VS GERMLINE TESTING

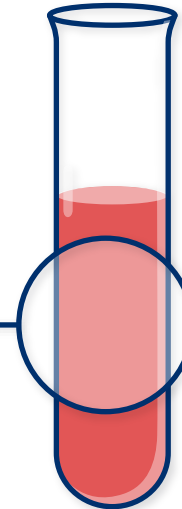
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**Tumor testing** can help guide treatment options (e.g., chemotherapy)



**TUMOR BIOPSY**

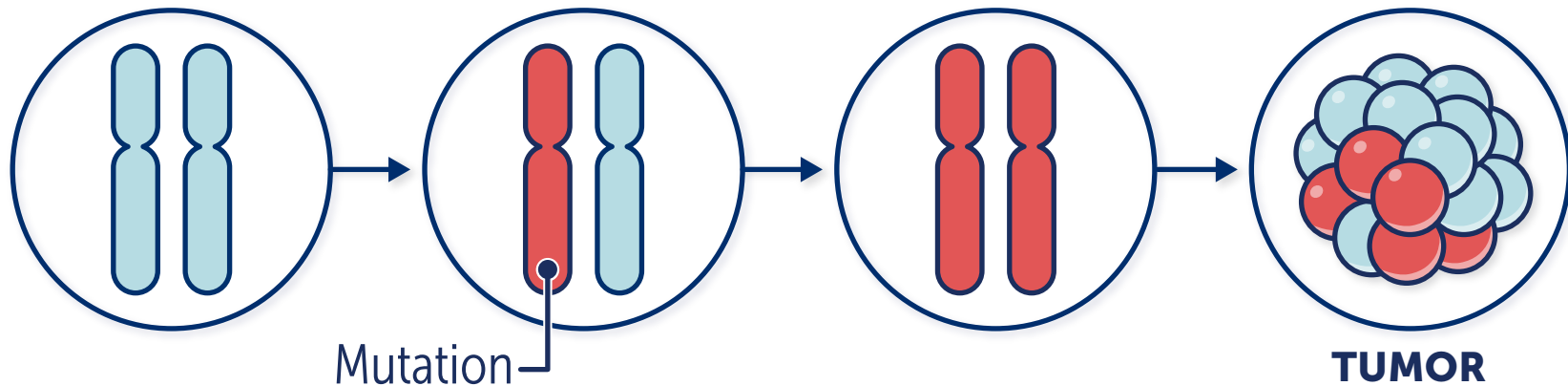
**Germline testing** can help determine if a mutation was inherited and help guide treatment and risk management options



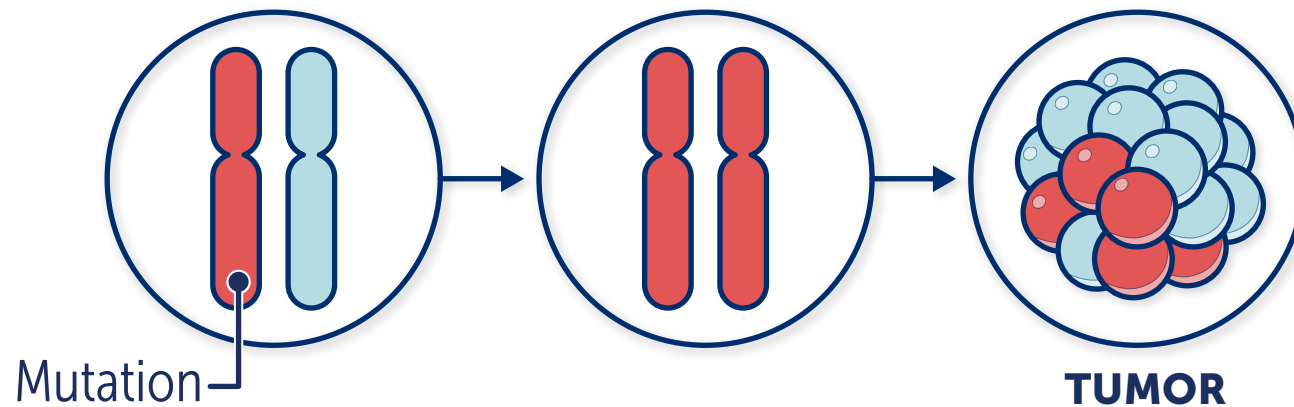
**BLOOD TEST**

# THE TWO-HIT HYPOTHESIS

## INDIVIDUAL WHO DOES NOT CARRY A MUTATION



## INDIVIDUAL WHO CARRIES A MUTATION



# FLAGS FOR GENETIC TESTING

*What are the common traits associated with hereditary cancer?*

---

**1**

## **CANCER AT AN EARLY AGE**

At an age younger than average

**2**

## **CERTAIN RARE CANCERS**

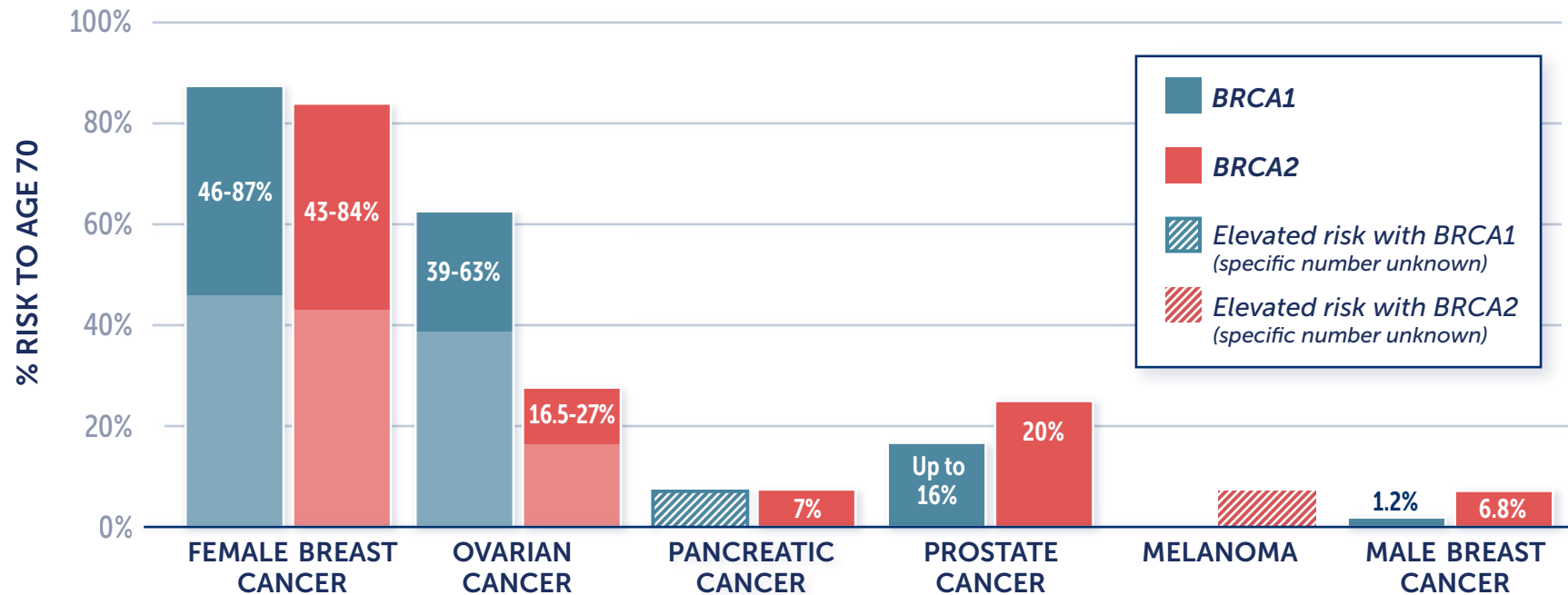
Such as male breast cancer, sarcoma etc.

**3**

## **MULTIPLE CANCERS**

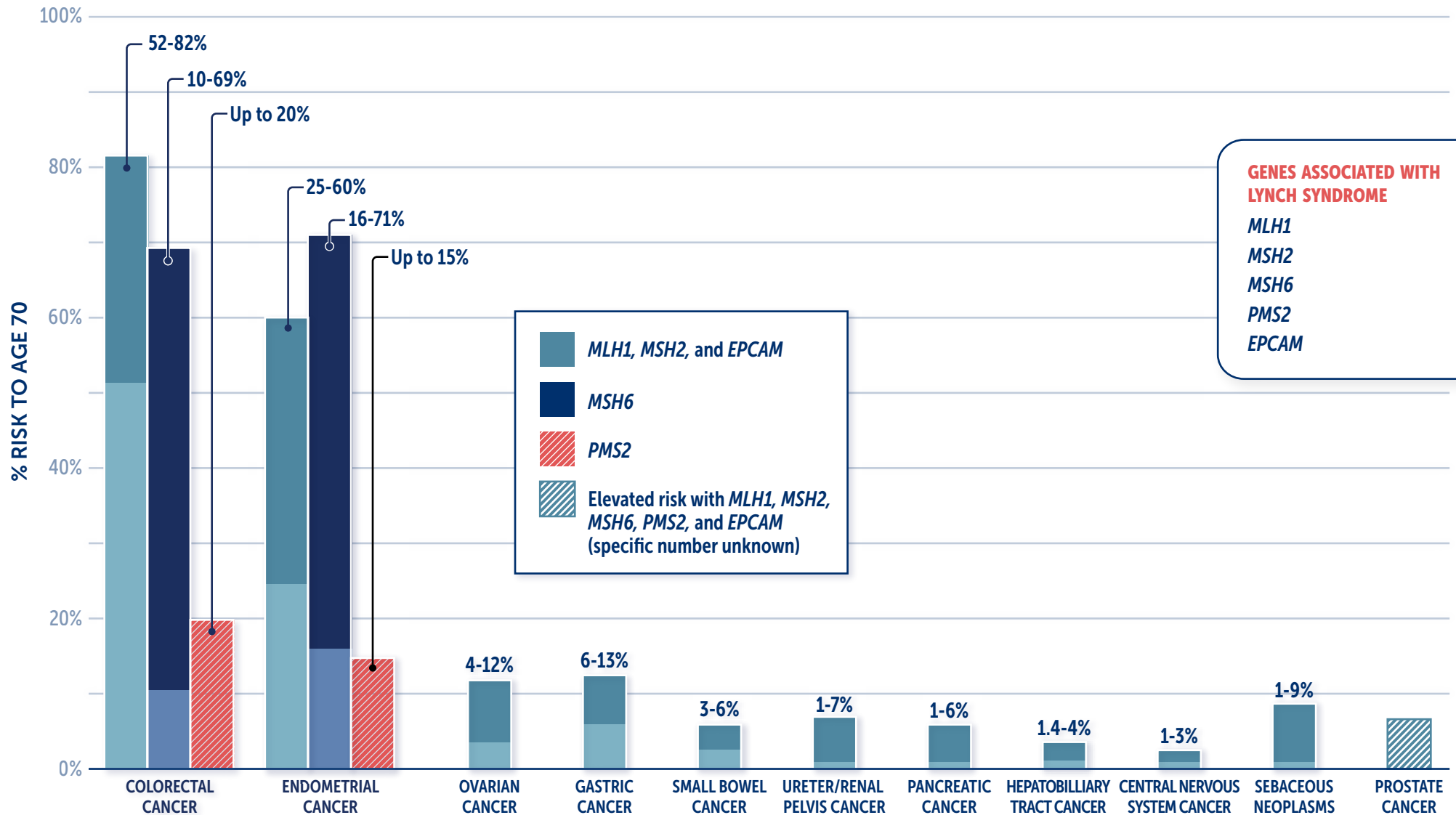
Multiple individuals within the family may have cancer. Or one individual may have multiple cancers

# CANCER RISKS ASSOCIATED WITH *BRCA1* & *BRCA2*



	<i>BRCA1</i>	<i>BRCA2</i>
Female breast cancer risk to age 50	28-51%	23-28%
Second breast cancer within 5 years of first diagnosis	20%	12%
Ovarian cancer risk to age 50	13-23%	0.4-4%
Ovarian cancer risk within 10 years of breast cancer diagnosis	12.7%	6.8%

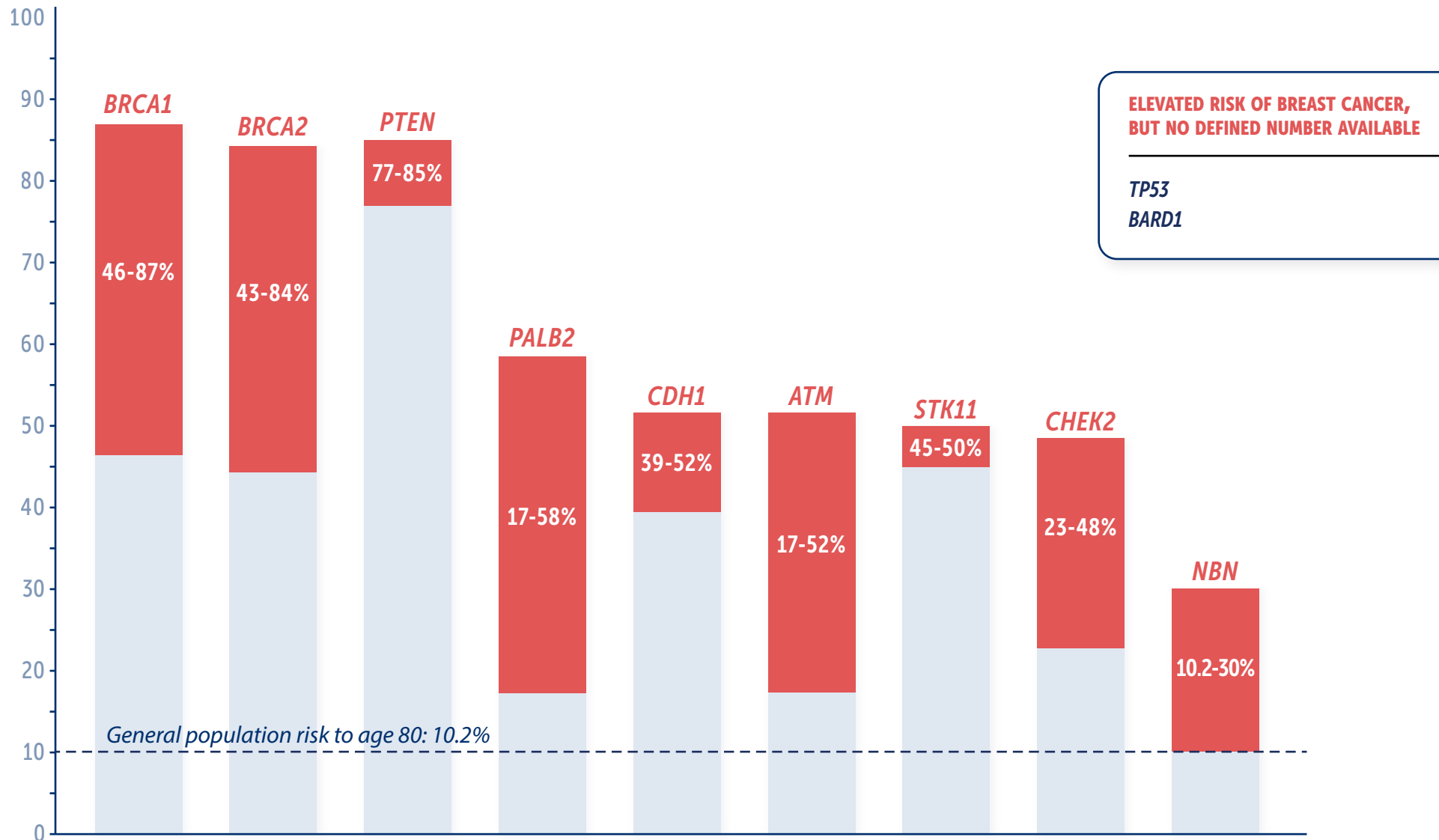
# CANCER RISKS ASSOCIATED WITH LYNCH SYNDROME



CANCERS KNOWN TO HAVE ELEVATED RISKS WITH LYNCH SYNDROME

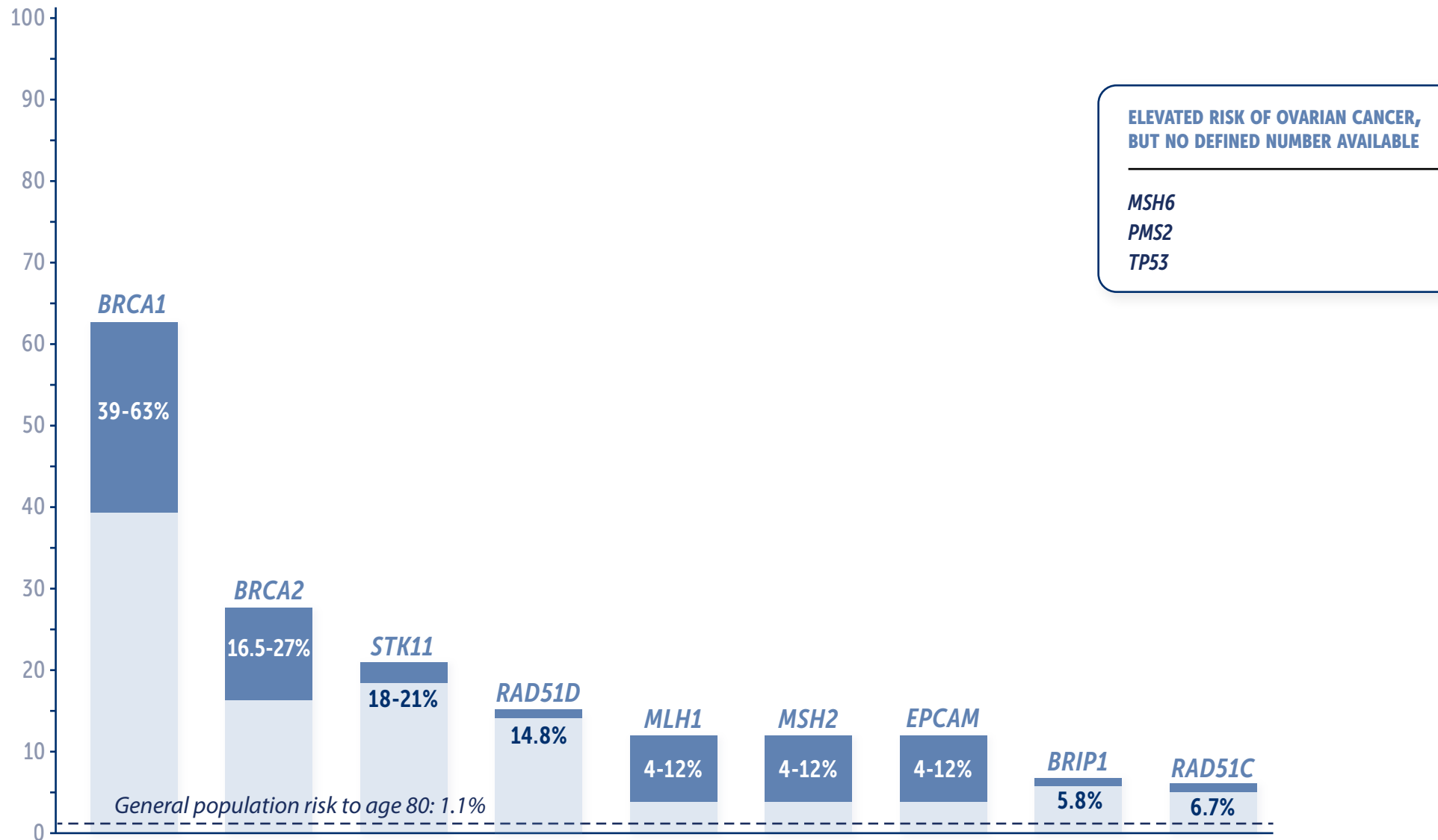
# GENES ASSOCIATED WITH BREAST CANCER

*and their associated risk ranges*



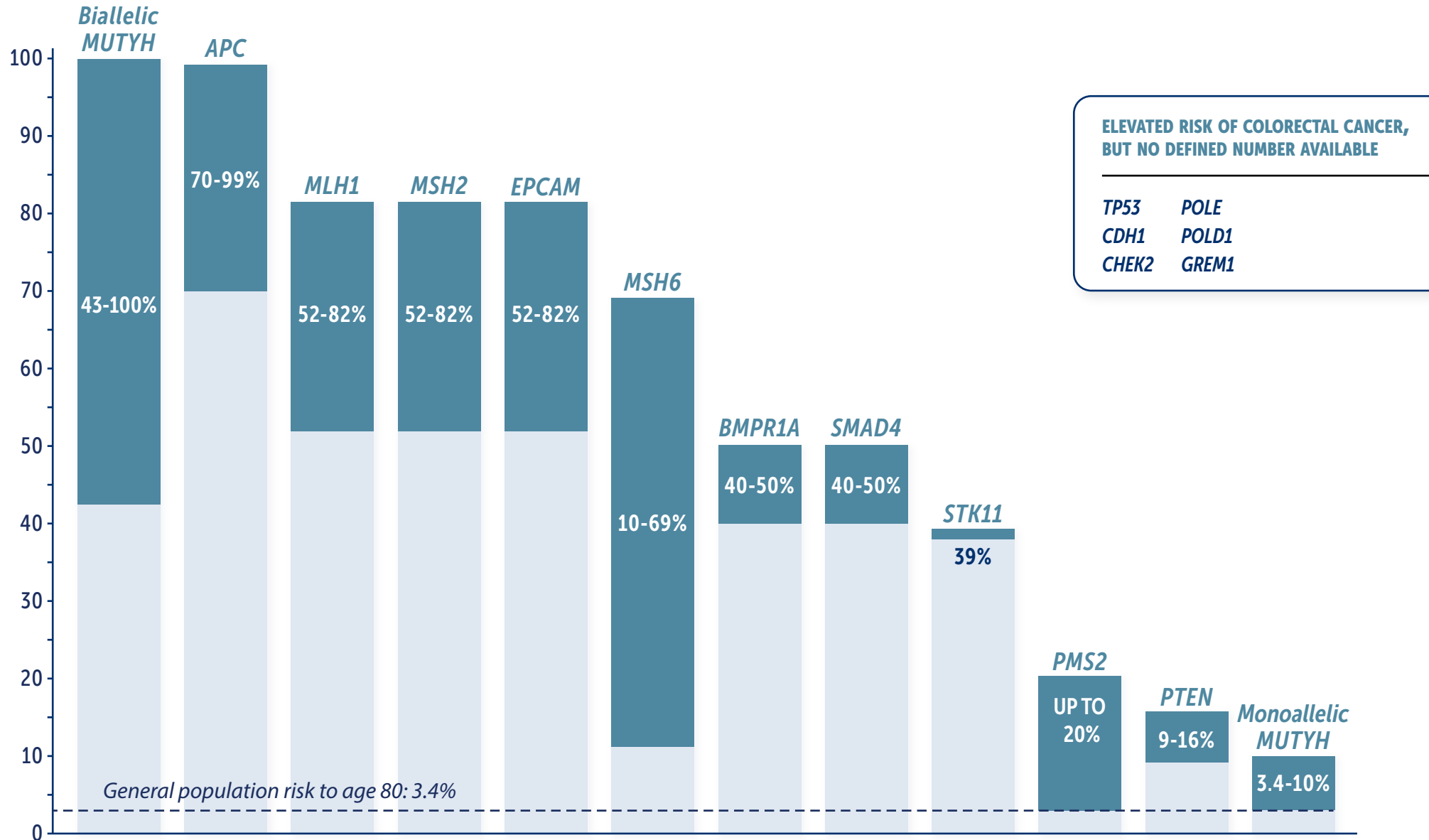
# GENES ASSOCIATED WITH OVARIAN CANCER

*and their associated risk ranges*



# GENES ASSOCIATED WITH COLORECTAL CANCER

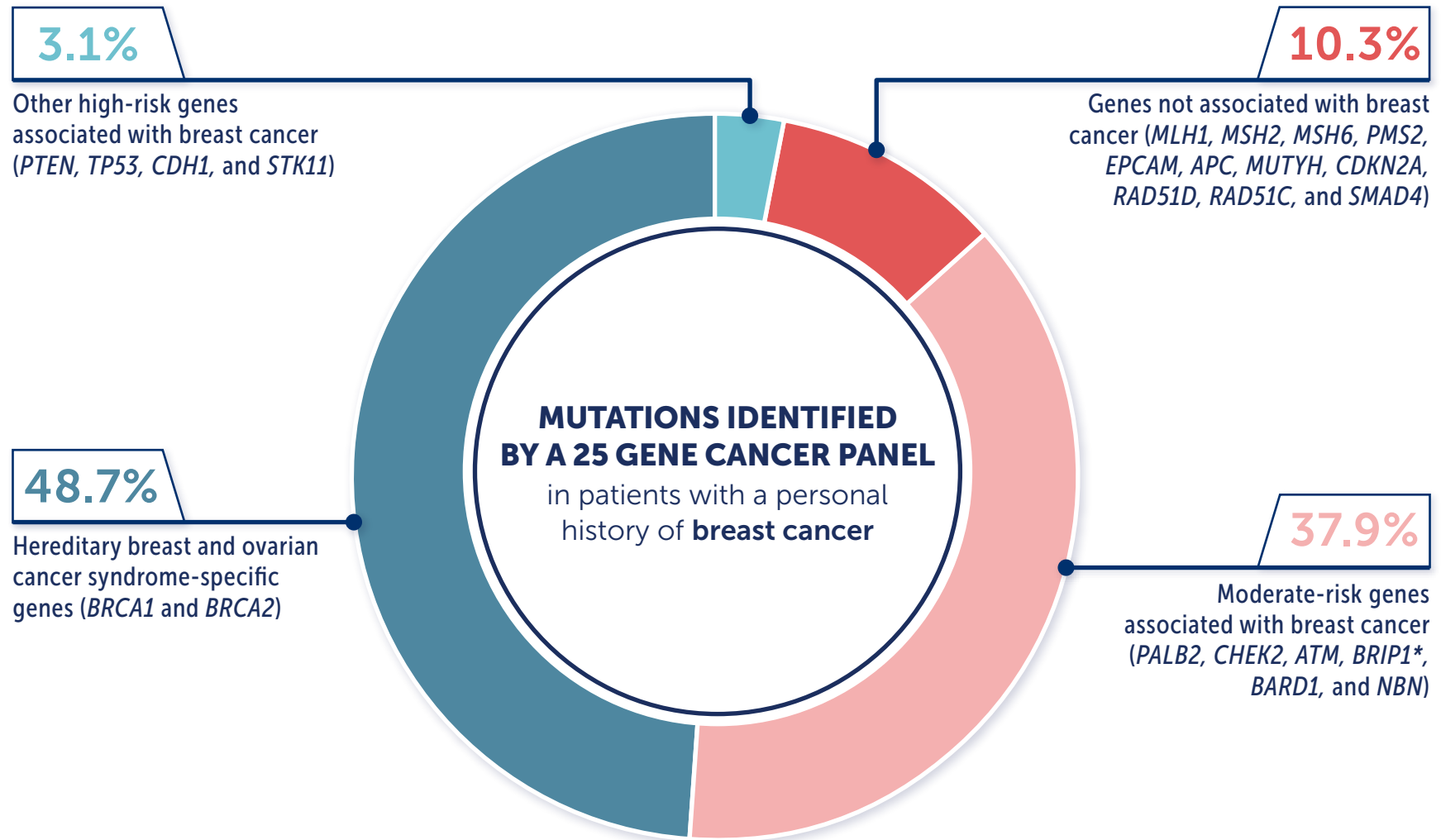
and their associated risk ranges





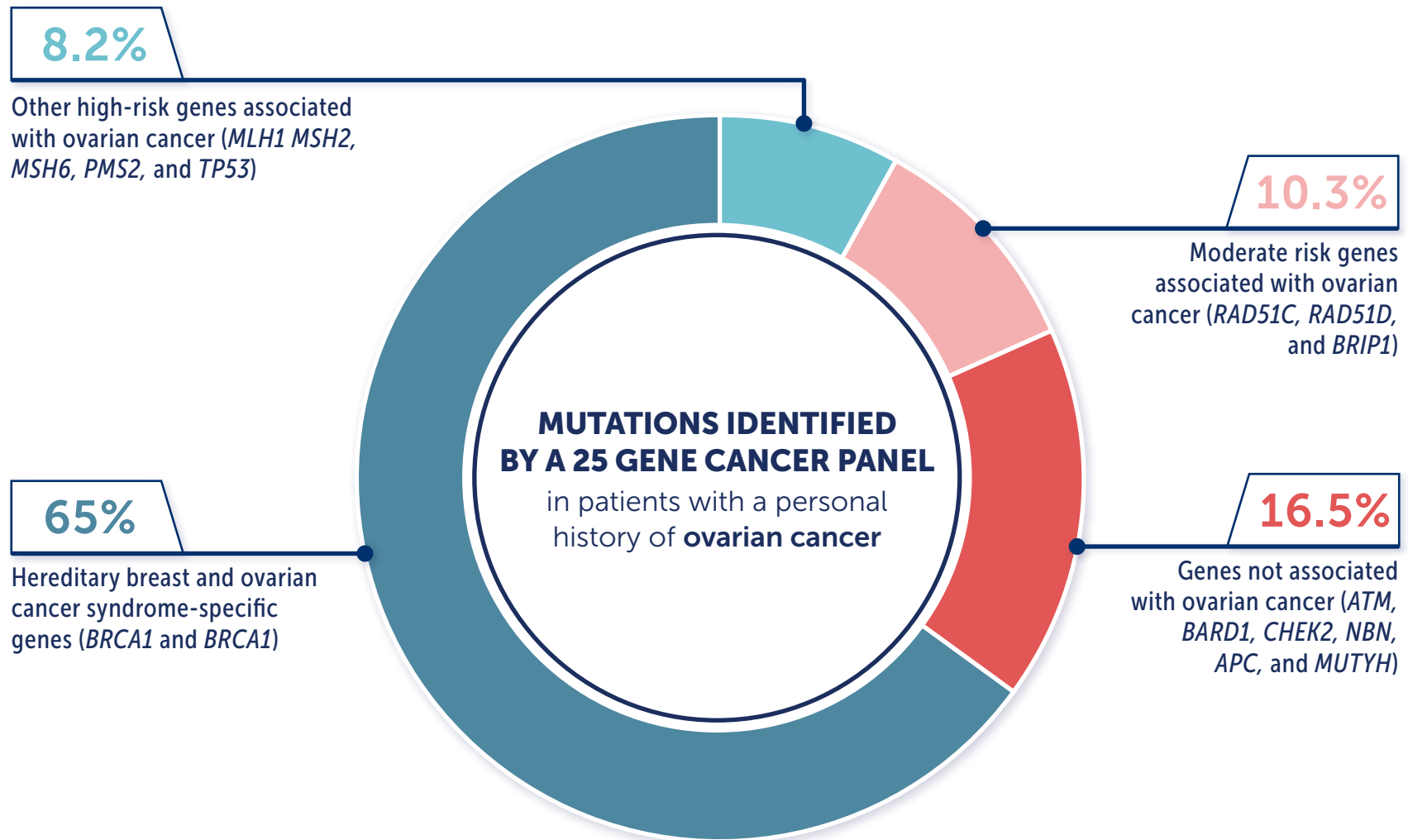
# A PANEL APPROACH MAY CHANGE MEDICAL MANAGEMENT

*even if it includes genes not associated with **breast cancer***



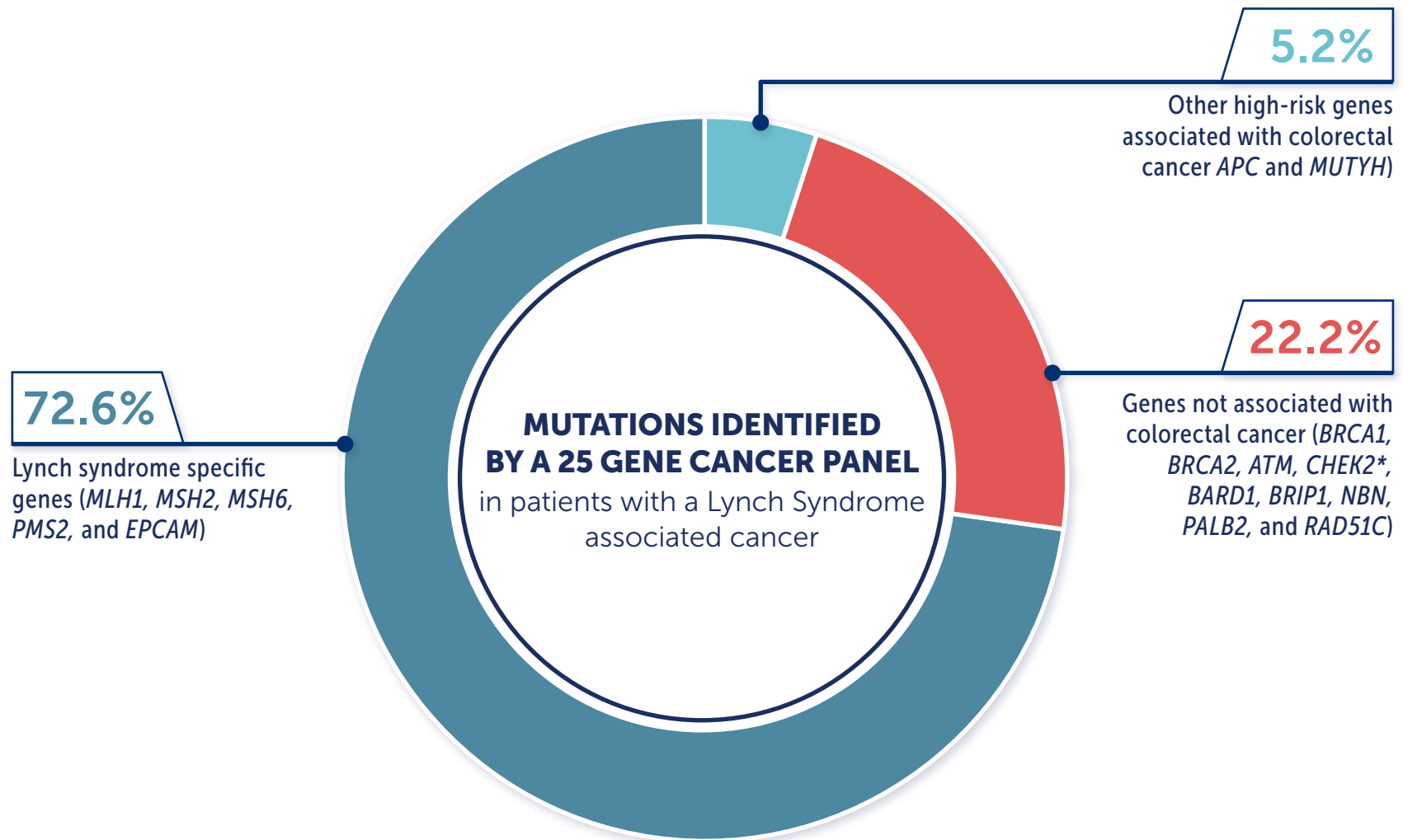
# A PANEL APPROACH MAY CHANGE MEDICAL MANAGEMENT

*even if it includes genes not associated with **ovarian cancer***



# A PANEL APPROACH MAY CHANGE MEDICAL MANAGEMENT

*even if it includes genes not associated with **colorectal cancer***



# TYPES OF RESULTS A PATIENT MAY RECEIVE AFTER GENETIC TESTING

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## NEGATIVE



Negative for the genes tested. Important to consider if there is a known mutation in your family

## VUS Variant of Uncertain Significance



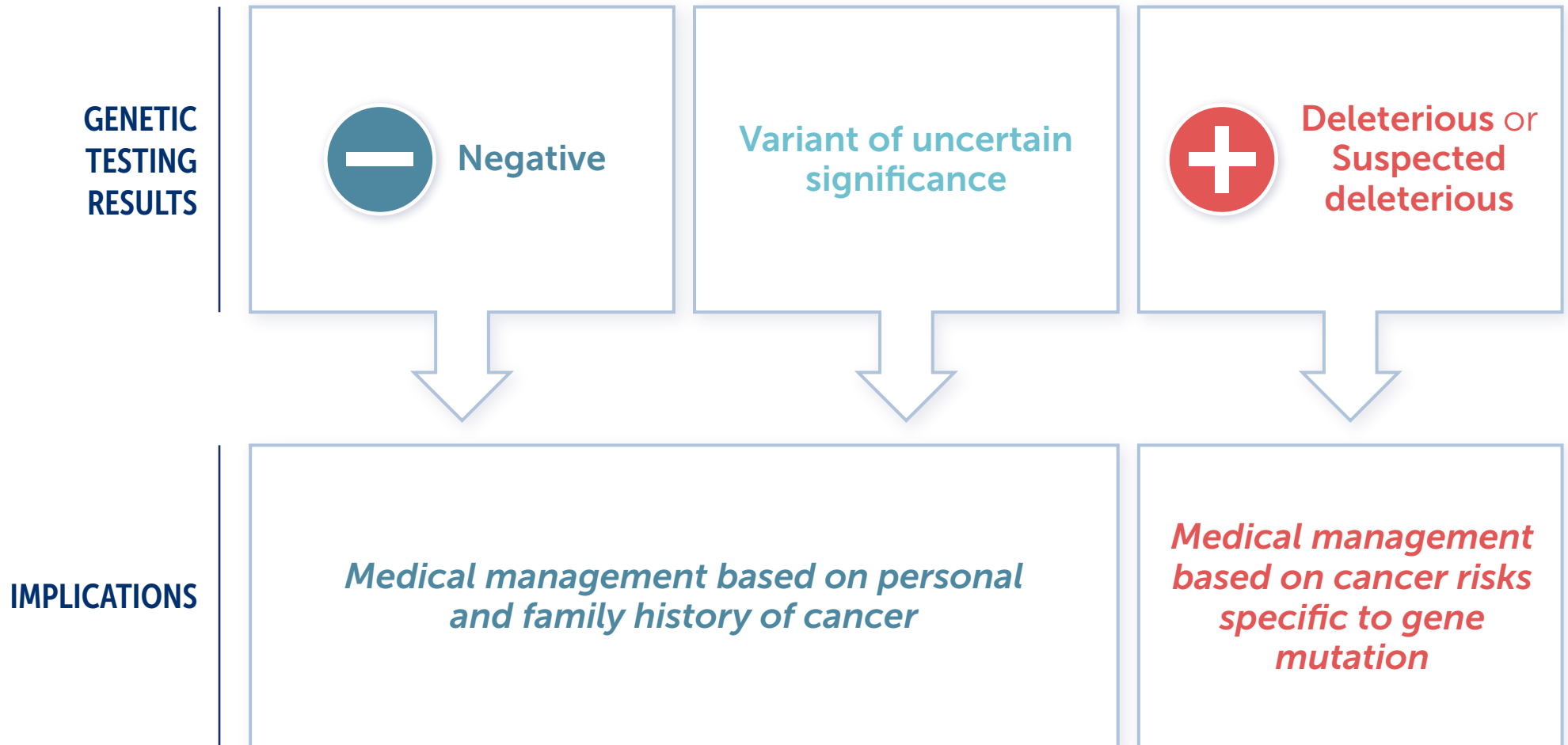
Unknown at this time if change identified is harmful

## POSITIVE



Positive for a gene that increases the risk of cancer

# WHAT DO THESE TEST RESULTS MEAN?



# WHICH GENES HAVE MANAGEMENT GUIDELINES?

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## GENES WITH MANAGEMENT GUIDELINES

<i>BRCA1</i>	<i>MSH6</i>	<i>MUTYH</i>	<i>PTEN</i>	<i>SMAD4</i>	<i>BRIP1</i>	<i>POLD1</i>
<i>BRCA2</i>	<i>PMS2</i>	<i>CDKN2A</i>	<i>STK11</i>	<i>PALB2</i>	<i>RAD51C</i>	<i>GREM1</i>
<i>MLH1</i>	<i>EPCAM</i>	<i>CDK4</i>	<i>CDH1</i>	<i>CHEK2</i>	<i>RAD51D</i>	
<i>MSH2</i>	<i>APC</i>	<i>MLH1</i>	<i>BMPR1A</i>	<i>ATM</i>	<i>POLE</i>	

## IMPORTANT OTHER GENES

Identifying changes in these genes is still important as the information in combination with personal/family history may still warrant intervention

*NBN*      *BARD1*

*Management guidelines are put forth by professional societies such as the National Comprehensive Cancer Network (NCCN)*

# MANAGEMENT OPTIONS AVAILABLE FOR PATIENTS WHO TEST POSITIVE



**HEREDITARY  
CANCER RISK**



**FAMILIAL  
CANCER RISK**



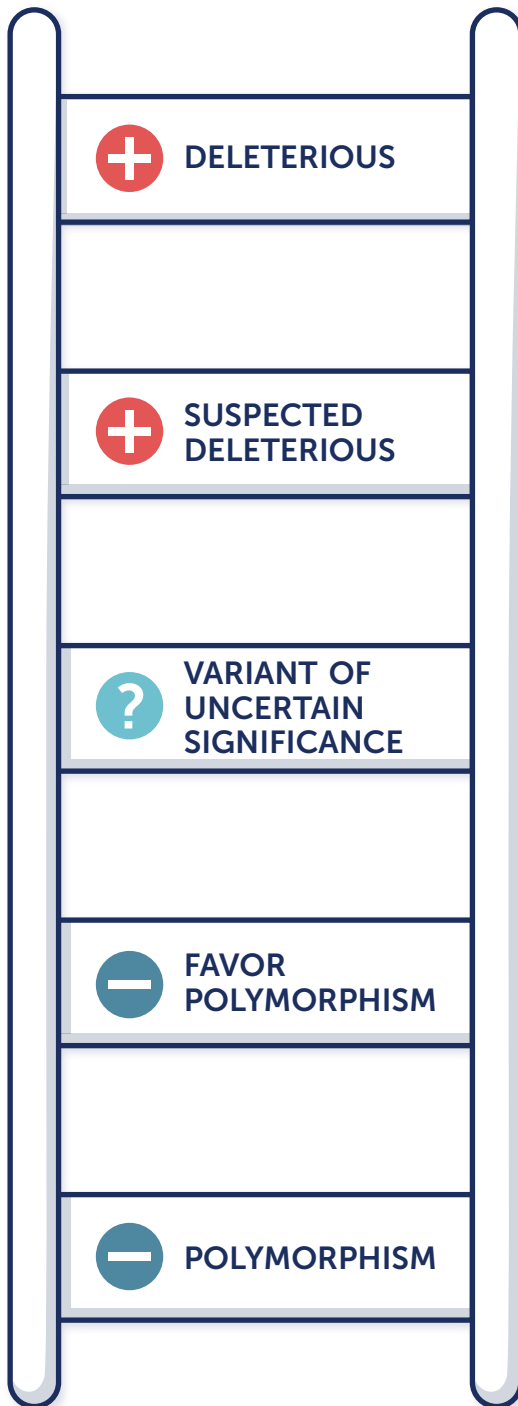
**GENERAL POPULATION  
CANCER RISK**

**Avoidance of risk factors**

**Increased surveillance**

**Risk-reducing agents**

**Risk-reducing surgery**



# VUS

*Variant of Uncertain Significance*

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A VUS is a change in a gene for which there is insufficient data at this time to know if it is:

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a benign change - also known as a **polymorphism**

or

a mutation that causes an increased risk of developing cancer - also known as **deleterious**



# VUS: DATA NEEDED TO CONFIRM IF BENIGN OR HARMFUL

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HARMFUL

griy

EXPECTED

gray

BENIGN

grey

# GINA

## *Genetic Information Non-Discrimination Act*

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GINA **protects** most patients from **discrimination with health insurance or an employer**. Active duty military personnel are an exception.



However, it **does not protect** a patient from **discrimination with life insurance or disability**.

# WHAT THIS MEANS FOR FAMILY MEMBERS

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Family members can use test results to help identify their own personal risks of cancer.



## **POSITIVE**

Family members should talk to a healthcare professional with expertise in genetics about testing for the known mutation identified.

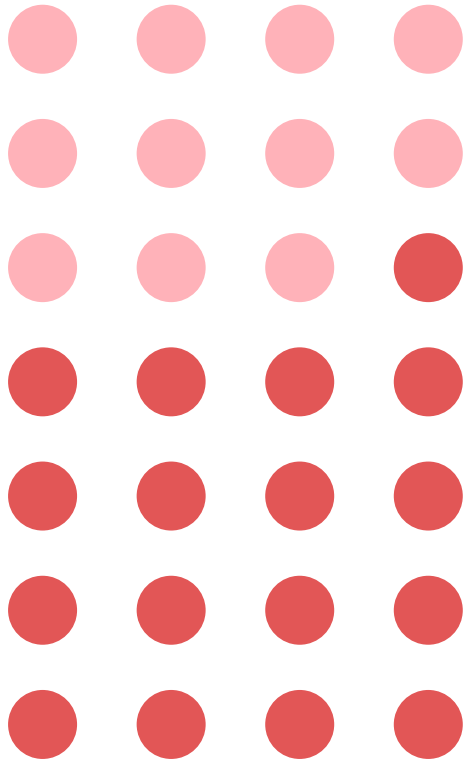


## **NEGATIVE**

The cause of increased cancer risk has still not been identified. Relatives should talk to a genetics professional if testing or increased surveillance is appropriate for them.

## DISRUPTIVE GENE CHANGES

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*28 genes*

**Risk based on testing positive  
for one of these genes**

## MULTIPLE COMPLEX FACTORS

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*Genetic factors  
across genome*



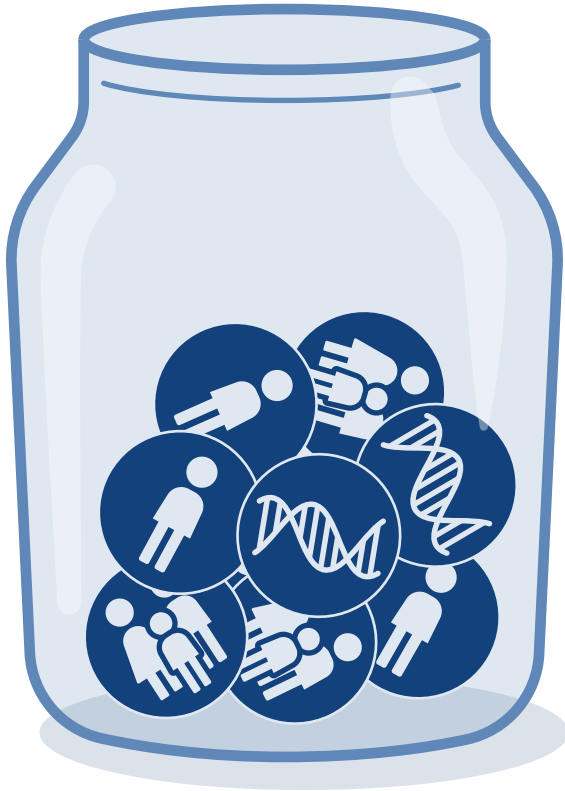
*Family history  
of cancer*



*Personal clinical  
factors*

**Risk based on complex  
calculation**

**RISK FACTORS:**

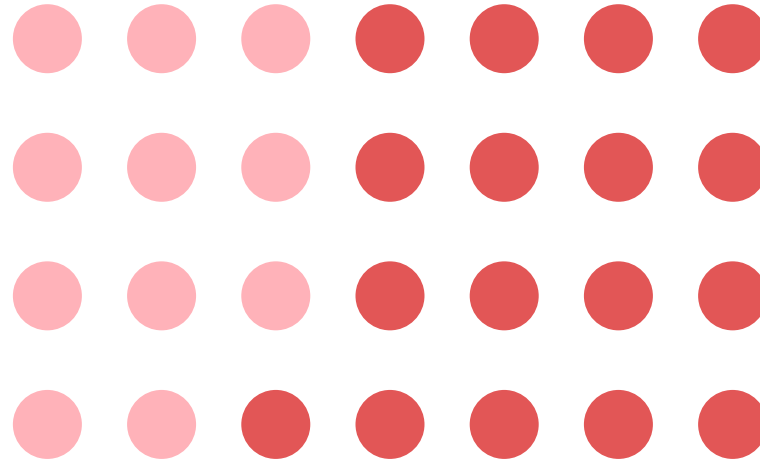


**Risk calculation**



**Risk calculation**

## PANEL TESTING



### POSITIVE

- *Discuss management options*
- *Discuss family members*



### NEGATIVE

**Risk model to help determine breast cancer risk**

- *Discuss management options*
- *Discuss family members*