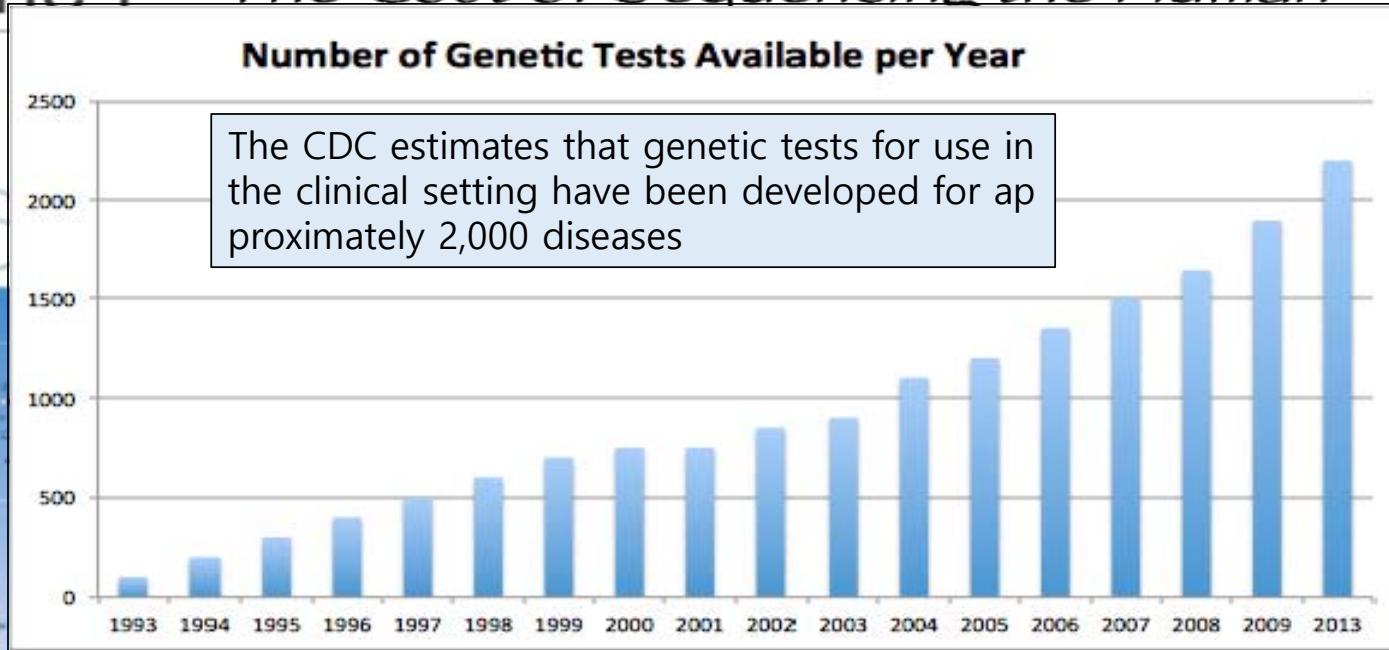




The Cost of Sequencing the Human



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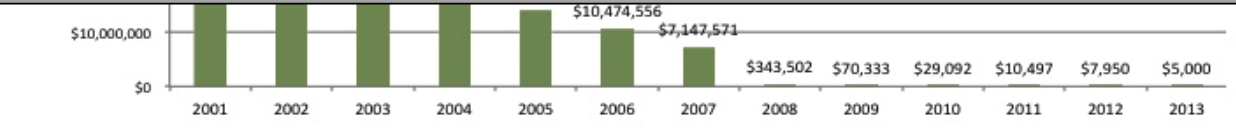
1990
Human Genome Project
2003 finished in the U.S.

2002
First genome
first published

2003
Finished version of human genome sequence completed

2008
100 million genomes sequenced

2013
100 genomes first published



HGP

2002
First genome first published

2003
Finished version of human genome sequence completed

2008
100 million genomes sequenced

2013
100 genomes first published

"Next-Next-" or "Third"-Generation Sequencing Technologies



Introduction

• Next-Gen

• Multi-gen

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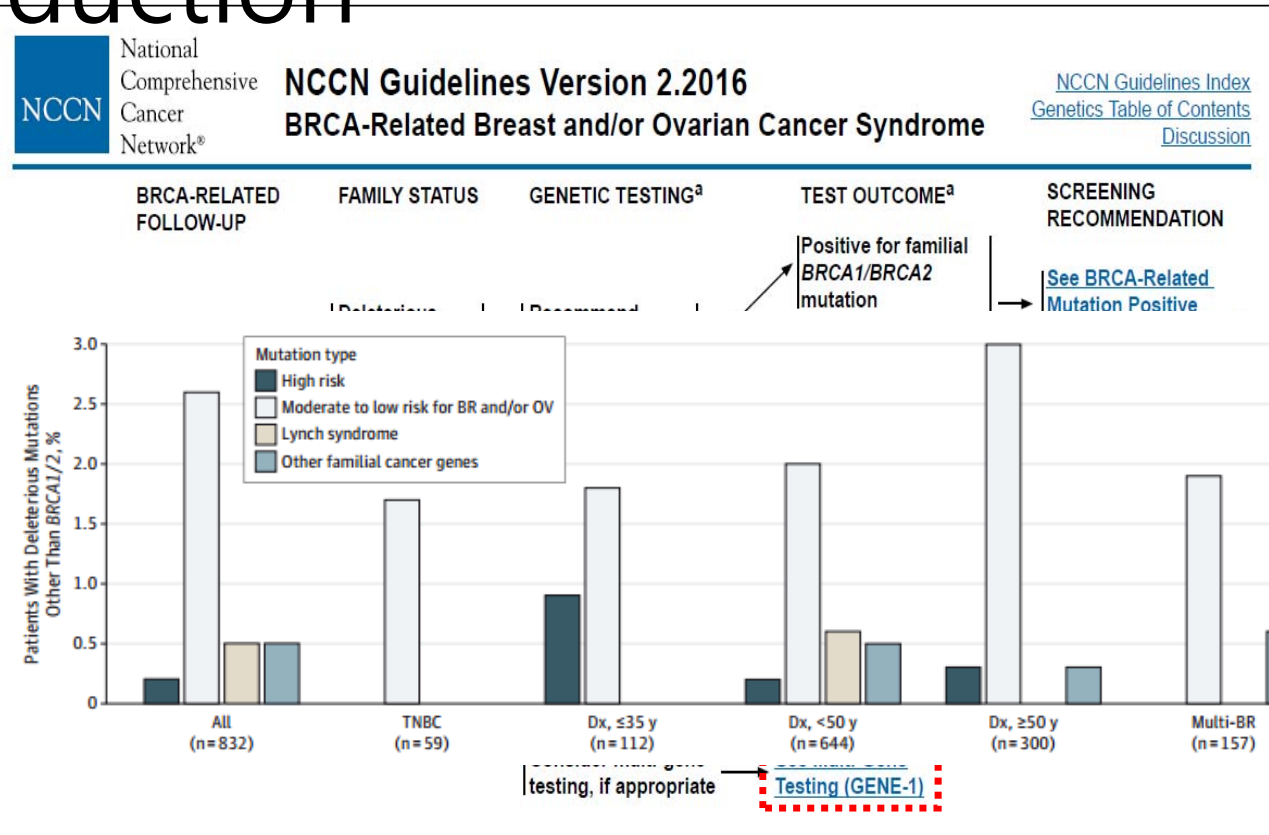
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NCCN guideline Version 1. 2017/Version2.2017
<http://ascopubs.org/doi/pdf/10.1200/JCO.2013.53.6607>
 Andrea Desmond et al. 2015. JAMA oncology

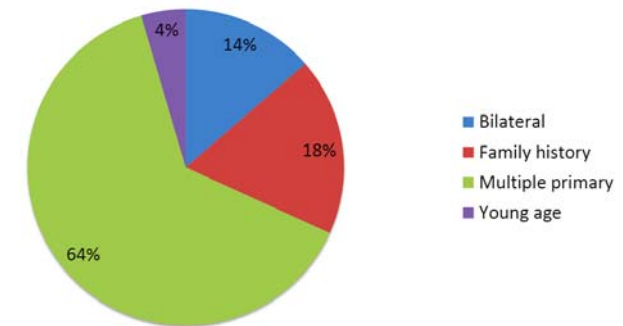
Methods

Multi-gene sequencing for hereditary cancer risk Assessment in Breast Cancer Patients - Retrospective analysis

- 252 breast cancer patients with high risk for hereditary cancer syndrome
- 18 pathogenic/likely pathogenic mutations in 77 patients(ACMG guideline: Pathogenic/Likely pathogenic/Benign/Likely benign/VUS)
- High risk gene for hereditary cancer : BRCA1/2, CDH1, MLH1, MSH2, MSH6,

Characteristics	No. of Patients
Total number of patients	252
Mean age of breast cancer diagnosis, year	49.6
Personal cancer history	
Breast and another primary cancer	179
Breast cancer family history ≥ 2 relatives	35
Bilateral breast cancer and age ≤ 40	27
Young breast cancer age ≤ 25	11

Distribution of Mutation in High risk genes other than BRCA



CDH1,MLH1,MSH2,MSH6,MUTYH,PTEN,TP53

Hee-Chul Shin, Wonshik Han, Tae-Kyung Yoo

Methods

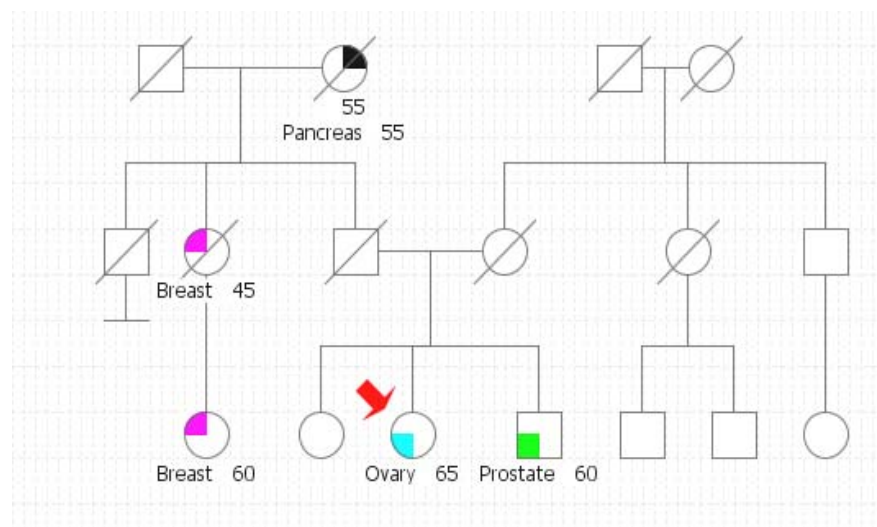
- Clinical Application of Multigene Panel Testing and Genetic Counseling for Hereditary/familial Breast Cancer Risk Assessment : Prospective Single Center Study

◆ Process in the clinic

- Patients with high risk for hereditary breast cancer
- Pedigree
- BRCA test
- Informed consent for Multi-Gene panel testing
- Counselling about genetic test

⇒ **After 3~5(8~10) weeks,**

- Informed the results both of BRCA1/2 & multigene panel testing
- Explain the cancer risk and advantage/disadvantage of cancer-specific screening and/or risk-reducing procedure in deleterious mutation-proven patients.
- Recommend genetic testing for their family member



Results

- Clinical Application of Multigene Panel Testing and Genetic Counseling for Hereditary/familial Breast Cancer Risk Assessment : Prospective Single Center Study

◆Patients

Breast cancer patients with high risk for hereditary cancer syndrome who meet one of the following criteria

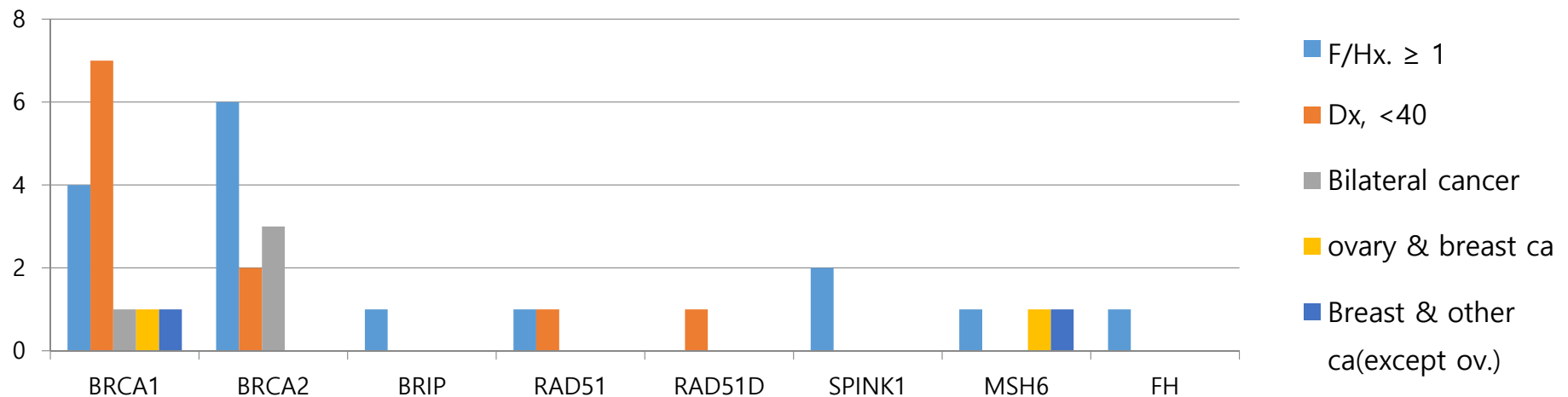
Characteristics	No. of Patients
Total number of patients	104
Mean age of breast cancer diagnosis, year	47.3
Personal cancer history	
Breast cancer family history ≥ 1 relatives (≥ 2)	66(18)
Young breast cancer age ≤ 40 (≤ 30)	37(6)
Bilateral breast cancer	17
Breast and ovary cancer	8
Breast and another primary cancer(exc. Ov)	6
Ovary cancer w/o breast cancer	5

Results

◆ Results

✓ P/LP Mutation Prevalence Among Patients With Breast Cancer

- Among 104, 26(25%) patients with P/LP mutations
- BRCA1(10), BRCA2(7), BRIP1(1), RAD51(1), RAD51D(2), SPINK1(2), FH(1), MSH6(2)
- 12 frameshift, SNV(4 stopgain, 10 nonsynonymous)
- All mutations in BRCA1/2 were validated using another manner(Sanger seq.) in same patients



Results

◆ Pathogenic mutation more frequent

- F/Hx. ≥ 1 relatives, both of 2 factors, TNBC in BRCA1/2 +

◆ Pathogenic mutation in other genes except BRCA1/2

- 9 patients(8.7%)
- BRIP1(1), RAD51(1), RAD51D(2), SPINK1(2), FH(1), MSH6(2)

◆ Risk reducing procedure

- Prophylactic mastectomy or oophorectomy in 6 patients(23%)
- Most of them received cancer specific screening : in 19 patients(73%)

Gene	Patient (n=26)	Characteristics 1. F/Hx. ≥ 1 2. Dx,<40 3. bilateral ca 4. breast/ov ca. 5. breast/other ca.	Screening/Risk reducing procedure recommendation
BRCA1	#1	1(>2),2(36)	yes -> CPM*+/GY screening
BRCA1	#23	2(27),3	yes -> GY screening
BRCA1	#31	2(38), TNBC	yes-> CPM+/GY screening
BRCA1	#56	1(>2)	yes -> CPM+/RRSO+
BRCA1	#78	1(>2),2(36), TNBC	yes -> plan : CPM(not yet), GY screening(nulliparity)
BRCA1	#88	1(>2 breast),6(only ov.ca)	yes -> breast screening
BRCA1	#101	2, TNBC	No -> stageIV, advance
BRCA1	#104	2(30),5,TNBC	N/A
BRCA1	#80	4, TNBC	No -> Routine f/u(s/p BSO, BCS)
BRCA1	#103	2(31), TNBC	N/A
BRCA2	#9	1,3	yes -> GY screening
BRCA2	#23	2(27),3	yes-> GY screening
BRCA2	#24	1,3	yes -> GY screening
BRCA2	#33	1	yes -> RRSO+
BRCA2	#58	1(>2, 7) 2(34)	yes -> CPM+/GY screening
BRCA2	#67	1(>2)	yes-> GY screening
BRCA2	#90	1(>2), TNBC	yes -> BSO(ov. Cyst+)
BRIP 1	#87	1, Her2 type	No -> (s/p BSO d/t other cause)
RAD51	#20	1,2(34)	yes -> GY screening
RAD51D	#64	2(34)	Yes -> GY screening
SPINK1	#15	1(breast)	No
SPINK1	#99	1(breast)	N/A
FH***	#41	2(mother-ov, father- prostate), Her2 type	N/A
MSH6	#44	4, 5(PTC, ov, MD)	O -> CFS screening rec.
MSH6	#92	1	N/A

• CPM contralateral prophylactic mastectomy**RRSO Risk Reducing Salphingoophorectomy *** FH(Fumarate hydratase) –hereditary leiomyosarcoma & renal cell carcinom

Results

- ◆ Recommendation for the patients with deleterious mutation in hereditary cancer related genes except BRC1/2

Gene	Patient (n=7)	Characteristics 1. F/Hx. ≥ 1 2. Dx, <40 3. bilateral ca 4. breast/ov ca. 5. breast/other ca.	Screening/Risk reducing procedure recommendation
BRIP 1	#87	1, her2	No -> (s/p BSO d/t other cause) Rec sequencing & GY screening to female family members
RAD51	#20	1,2(34)	yes -> GY screening Rec sequencing & GY screening to female family members
RAD51D	#64	2(34)	Yes -> GY screening Rec sequencing & GY screening to female family members
FH	#41	1(mother-ov, father-prostate)	N/A*
MSH6	#44	4, 5(PTC, ov)	O -> CFS screening rec. Rec sequencing & CFS screening to family members
MSH6	#92	1	N/A

* N/A : She did not visit to counsel about gene panel result

Conclusion

- **Suggestion**

- **Indication to recommend multi-gene panel testing**

- **The patients with breast cancer who meet one of the following criteria**

- ✓ Family history of cancer in relatives
- ✓ Diagnosed in young age
- ✓ Bilateral cancer and developed one of that in young age
- ✓ Diagnosed cancer in multiple organ



Conclusion

- Suggestion
 - Guidelines to recommend prophylactic process
 - ✓ Cancer specific screening : Breast MRI/MMG, GY Screening, CFS/GFS
 - ✓ Risk Reducing Procedure : have enough time in discussion with the patients
 - ✓ Recommend genetic testing for their family members

BREAST AND OVARIAN MANAGEMENT BASED ON GENETIC TEST RESULTS^a

	Recommend Breast MRI ^d (>20% risk of breast cancer ^e)	Discuss Option of RRM	Recommend/Consider RRSO
Intervention warranted based on gene and/or risk level	ATM BRCA1 BRCA2 CDH1 CHEK2 PALB2 PTEN STK11 TP53	BRCA1 BRCA2 CDH1 PTEN TP53 PALB2	BRCA1 BRCA2 Lynch syndrome ^f BRIP1 RAD51C RAD51D
Insufficient evidence for intervention ^{b,c}	BRIP1	ATM CHEK2 STK11	PALB2

RRM: risk-reducing mastectomy
 RRSO: risk-reducing salpingo-oophorectomy

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Thank You