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

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- Multigene Panel testing for hereditary breast cancer using Next-Generation Sequencing(NGS)

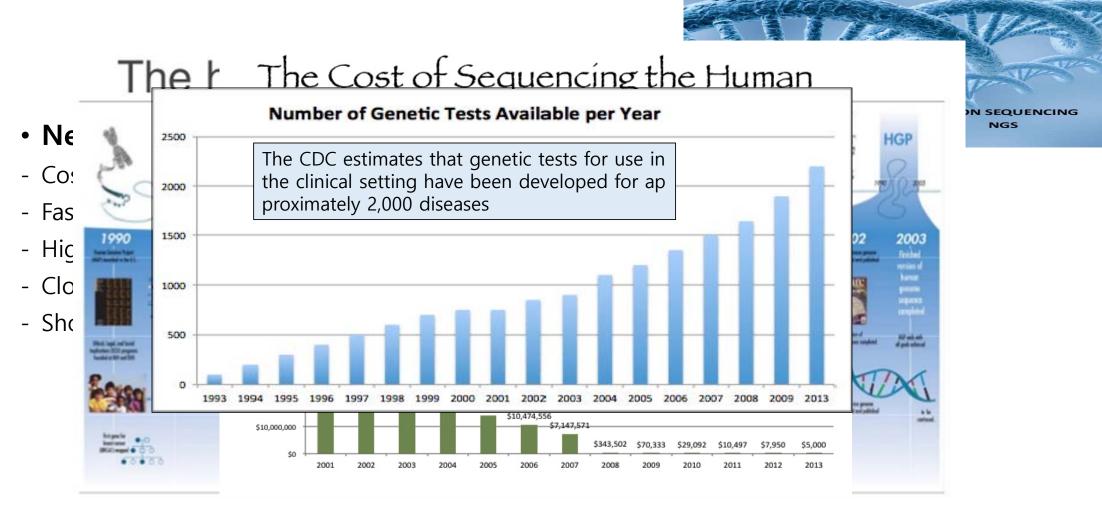
• Methods

- Introduction of Multigene panel(made in Korea) Previous study result –retrospective cohort
- Clinical application in our institute prospective cohort
- Results
  - Indication for multigene panel testing about hereditary breast cancer
    - : Who should consider genetic testing for cancer risk?
  - Recommendation Screening/Risk Reducing Procedure for the patients and family members who had pathogenic mutation in genetic testing

#### : What kind of further procedure are needed to help them with hereditary cancer risk?

- Discussion
  - Limitation and the Future : What to do and consider next?

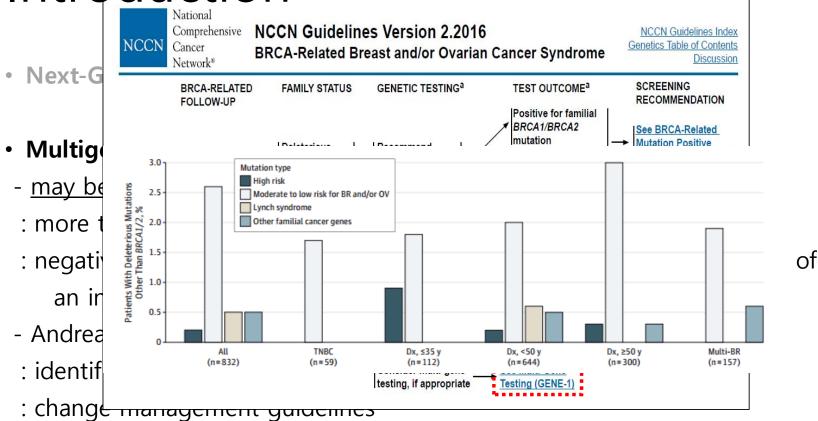




"Next-Next-" or "Third"-Generation

Sequencing Technologies	Alballaux	inniti		
CHROMOSOME	DNA	GENE	PROTEIN	

### Introduction



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

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Multi-gene sequencing for hereditary cancer risk Assessment in Breast Cancor Patiente Datrochactiva analycic ALK APC ATM BARD1 BLM BMPR1A BRCA1 BRCA2 BRIP1 CDH1 Hereditary : Hereditary CDK4 CDKN2A CHEK2 **EPCAM** FANCA FANCD2 FANCE FANCF FACB FANCC related FANCG FANCI FANCL GSTP1 KRAS MEN1 MET MLH1 MRE11A LIG4 : 64 genes PALB2, I MSH2 PRKAR1A MSH6 MUTYH NAT NBN NF1 PALB2 PALLD PMS2 Genome (3Gb) PRSS1 PTEN RAD51C RAD51D SLX4 SMAD4 SPINK1 RAD50 RB1 RET Gene A XRCC2 HOXB13 SDHB STK11 TP53 VHL BAP1 ATR FAM175A RAD51 SDHC SDHD FH FLCN Selected NGS target enrichment technology by In-solution hybrid capturer method

Sequencing

effective genetic screening method of variant profiling

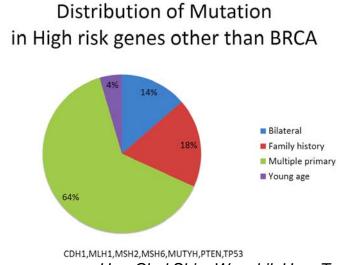
Detectable variant types: SNV, InDel, CNV, Rearrangement

### 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 bening/VUS)
- High risk gene for hereditary cancer : BRCA1/2, CDH1, MLH1, MSH2, MSH6,

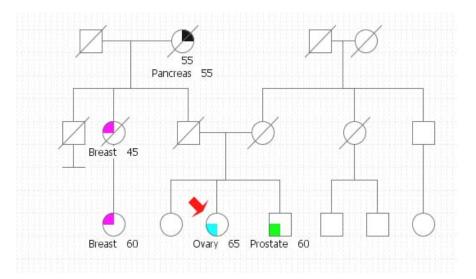
Characteristics	No. of Patients
Total number of patients	252
Mean age of breast cancer diagnosis, year	49.6
Personal cancer history	
Breast and another primary cancer	179
Breast cancer family history $\ge 2$ relatives	35
Bilateral breast cancer and age $\leq$ 40	27
Young breast cancer age $\leq 25$	11



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



#### $\Rightarrow$ 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

• 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

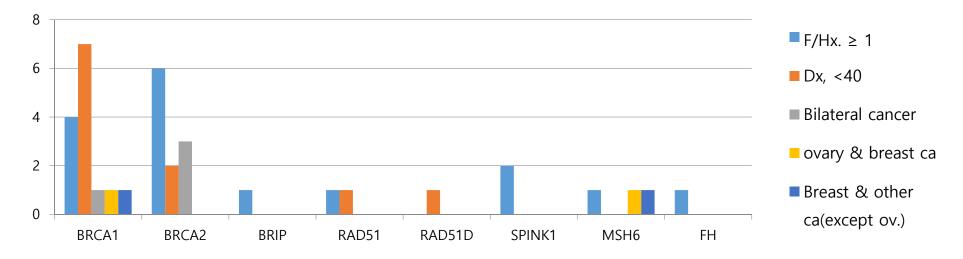
who meet one of the following criteria

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 $\geq$ 1 relatives ( $\geq$ 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

✓ 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



#### Pathogenic mutation more frequent

- F/Hx.  $\geq$  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%)

#### **♦** *Testing Results by Gene Category and Personal History*

Characteristics of patients	All deleterious mutation (Individuals of patients)	Result by Gene Category, No. of Mutations							
		BRCA1	BRCA2	<u>BRIP</u>	<u>RAD51</u>	<u>RAD51D</u>	<u>SPINK1</u>	<u>MSH6</u>	<u>FH</u>
F/Hx. ≥ 1	11	3	3	1			2	1	1
Dx, <40	4	3				1			
F/Hx. ≥ 1 & Dx, <40	4	2	1		1				
F/Hx. ≥ 1 & Bilateral ca.	2		2						
Dx, <40 & Bilateral ca	2	1	1						
ov./breast ca	1	1							
Dx, <40 & Breast/other ca	1	1							
ov./breast ca & Breast/other ca	1							1	

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 contrlateral prophylactic mastectomy\*\*RRSO Risk Reducing Salphingoophorectomy \*\*\* FH(Fumarate hytdratase) –hereditary leiomyosarcoma & renal cell carcinom

 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		

## 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
- $\checkmark$  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



Comprehensive Cancer Network® Genetic/Familial High-Risk Assessment: Breast and Ovarian

NCCN Guidelines Index Genetics Table of Contents Discussion

	Recommend Breast MRI <sup>d</sup> (>20% risk of breast cancer <sup>e</sup> )	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 <sup>f</sup> BRIP1 RAD51C RAD51D
Insufficient evidence for intervention <sup>b,c</sup>	BRIP1	ATM CHEK2 STK11	PALB2

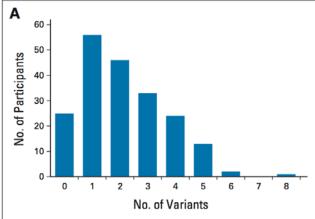
BREAST AND OVARIAN MANAGEMENT BASED ON GENETIC TEST RESULTS<sup>a</sup>

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

# Limitation & Challenging

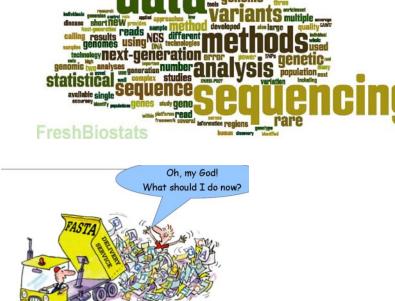
#### Variants with Uncertain Significance

- 3.8 VUS on average (about 400 in 104 patients) -
- Difficulty in counseling in real clinical field \_



Allison W. Kurian et al. J Clin Onc 2013

NGS machnies



Massive amount of sequence data

- ◆ Lack of long term f/u data in Patients with deleterious mutation
  - Incidence of Malignancy and Survival
- ◆Not definite survival benefit

of risk reducing procedure and cancer-specific screening

◆ Furthermore

In the future, it will be the social problem related insurance system

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# Thank You