

# Somatic Genetic Testing



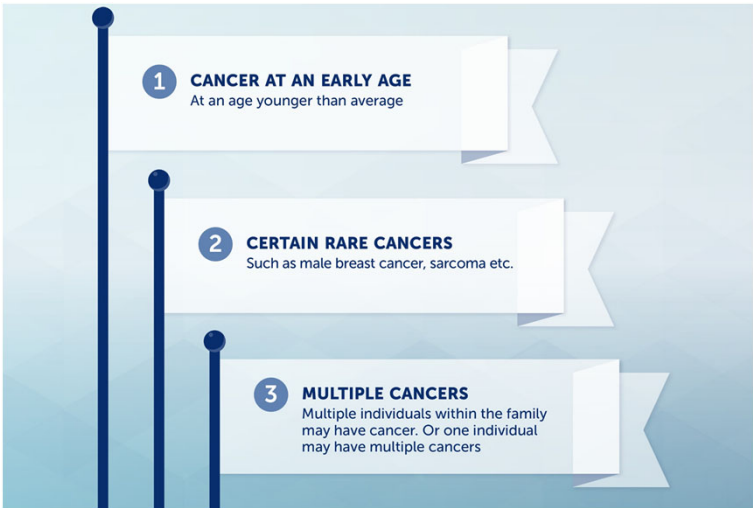
FOUNDATIONONE			
Patient Name		Report Date	Tumor Type
			Lung adenocarcinoma
Genomic Findings Detected	FDA-Approved Therapies (in patient's tumor type)	FDA-Approved Therapies (in another tumor type)	Potential Clinical Trials
<b>ERBB2</b> amplification - equivocal	Afatinib	Ado-trastuzumab emtansine Lapatinib Pertuzumab Trastuzumab	Yes, see clinical trials section
<b>Tumor Mutation Burden</b> TMB-High; 37.53 Muts/Mb	Nivolumab Pembrolizumab	Atezolizumab	Yes, see clinical trials section
<b>NF2</b> E427*	None	Everolimus Temozolimus	Yes, see clinical trials section
<b>STK11</b> splice site 921-1G>C	None	Everolimus Temozolimus	Yes, see clinical trials section
<b>CDKN1B</b> E105fs*14	None	None	None
<b>FOXP1</b> E490*	None	None	None
<b>KDM5C</b> W983*	None	None	None
<b>LRP1B</b> loss exons 6-14	None	None	None
<b>SPTA1</b> Q1346fs*3, splice site 3570-2A>T	None	None	None
<b>TP53</b> I255S	None	None	None

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23

23

# Hereditary Cancer Red Flags



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24

24

## Genetic testing criteria

**TESTING CRITERIA FOR HIGH-PENETRANCE BREAST CANCER SUSCEPTIBILITY GENES**  
(Specifically *BRCA1*, *BRCA2*, *CDH1*, *PALB2*, *PTEN*, *STK11*, and *TP53*. See [GENE-A](#))<sup>a,f,g,h,i</sup>

Testing is clinically indicated in the following scenarios:

• See General Testing Criteria on [CRIT-1](#).

• Personal history of breast cancer with specific features:

▶ ≤50 y

▶ Any age:

◊ Treatment indications

- To aid in systemic treatment decisions using PARP inhibitors for breast cancer in the metastatic setting<sup>l,k</sup> ([NCCN Guidelines for Breast Cancer](#))
- To aid in adjuvant treatment decisions with olaparib for high-risk,<sup>l</sup> HER2-negative breast cancer<sup>l</sup>

◊ Pathology/histology

- Triple-negative breast cancer
- Multiple primary breast cancers (synchronous or metachronous)<sup>m</sup>
- Lobular breast cancer with personal or family history of diffuse gastric cancer [NCCN Guidelines for Gastric Cancer](#)

◊ Male breast cancer

◊ Ancestry: Ashkenazi Jewish ancestry

▶ Any age (continued):

◊ Family history<sup>n</sup>

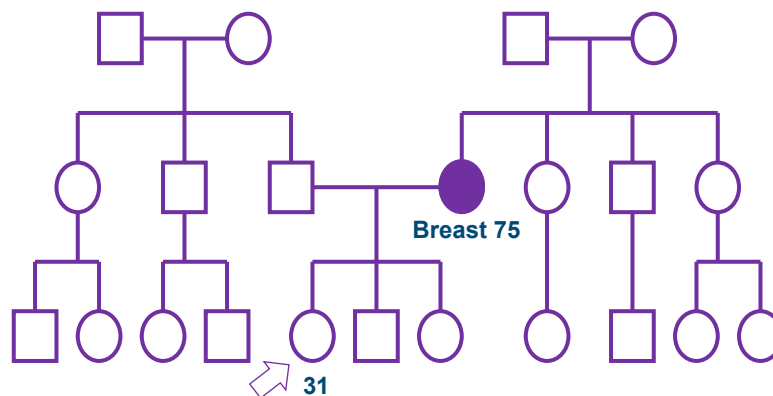
– ≥1 close blood relative<sup>o</sup> with ANY:

- breast cancer at age ≤50
- male breast cancer
- ovarian cancer
- pancreatic cancer
- prostate cancer with metastatic,<sup>p</sup> or high- or very-high-risk group (Initial Risk Stratification and Staging Workup in [NCCN Guidelines for Prostate Cancer](#))

– ≥3 diagnoses of breast and/or prostate cancer (any grade) on the same side of the family including the patient with breast cancer

25

## Family History Evaluation

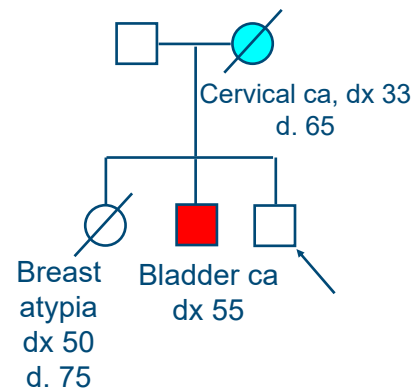
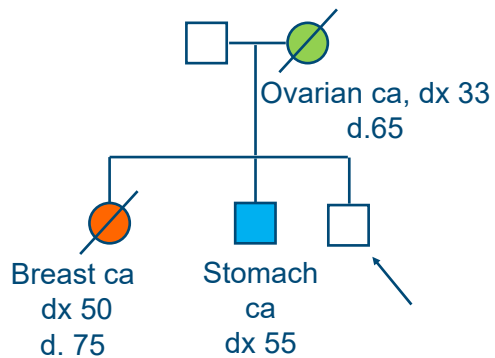


26



## Family History Evaluation

- Verbally reported family history
- Revised family history based on pathology reports

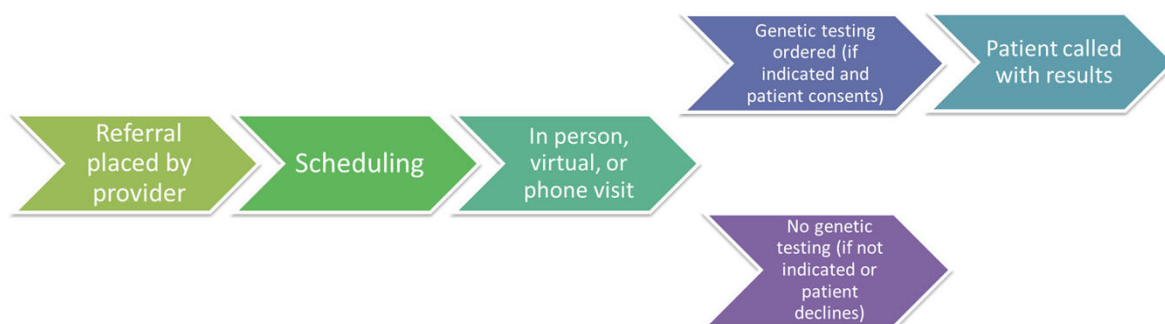


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29

29

## Genetic Counseling Process



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30

30

## Genetic Counseling Appointment

- Risk assessment of personal and family history
- Education about basic genetics, inheritance, and hereditary cancer syndromes
- Explanation testing process and insurance coverage
- Informed consent
- Interpretation of results based on personal and family history
- Screening and risk management recommendations
- Psychosocial support

31

31

## Genetic testing



- Limitations and Risks
  - Unable to screen/prevent all cancers
  - Anxiety/distress
  - Possibility of unclear/unexpected results
  - Positive results with limited information
  - Insurance discrimination

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32

32

## Genetic testing

- Genetic Information Nondiscrimination Act of 2008 (GINA)




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**.

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33

33



## Genetic Testing

- Where?
  - National clinical genetic testing labs such as Invitae, Ambry, Myriad, GeneDx, etc

34

34

## Genetic Testing

- What?
  - DNA sequencing and deletion/duplication analysis of genes related to inherited cancer syndromes
  - Multi-gene panels are commonly used to test for multiple genes at once

GENES		BREAST & GYN	ENDOCRINE	GASTROINTESTINAL	GENITOURINARY	HEMATOLOGIC	NERVOUS SYSTEM/BRAIN	PROSTATE	SARCOMA	SKIN
INVITAE BREAST CANCER GUIDELINE-BASED PANEL	ATM	■		■		■		■		
	BRCA1	■		■	■			■		
	BRCA2	■		■	■			■		■
	CDH1	■		■						
	CHEK2	■	■	■	■			■		
	PALB2	■		■				■		
	PTEN	■	■	■	■		■			■
	STK11	■		■						
	TP53	■	■	■	■	■	■	■	■	■
	NBN	■			■	■		■	■	
INVITAE BREAST CANCER STAT PANEL	NF1	■	■	■		■	■		■	

35

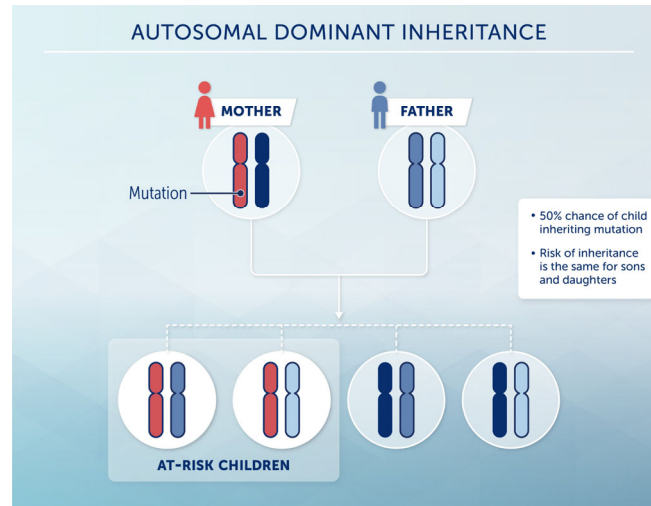
## Genetic Testing

- Why?
  - Guide screening and risk management recommendations for the patient and their relatives

PALB2 gene		
Cancer risk	Associated cancer management	Age to begin management
Breast cancer	Annual mammogram and breast MRI	Age 30
Ovarian cancer	Consider surgery to remove ovaries and fallopian tubes	Age 45-50
Pancreatic cancer	Annual screening only recommended with fhx of pancreatic cancer	Age 50

36

## Genetic Testing



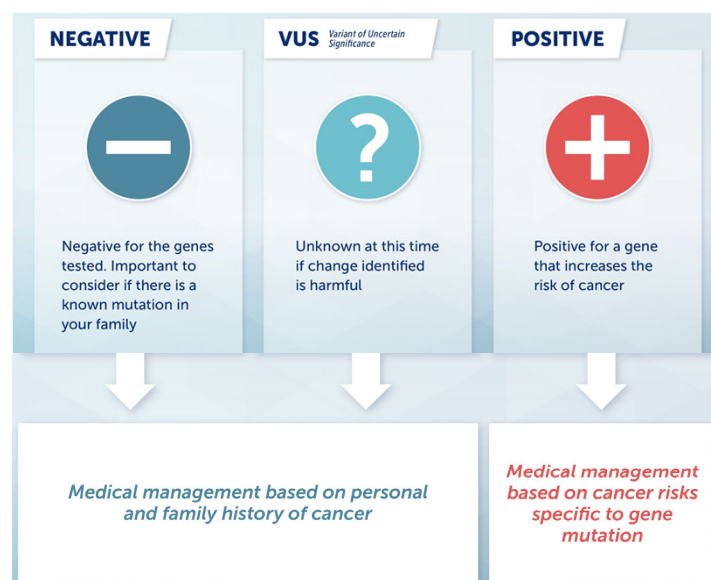
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37

37

## Genetic Testing



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38



## Risk Modeling



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39

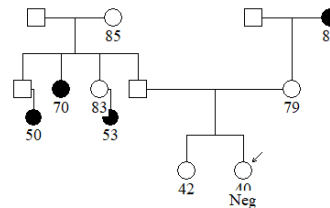
39

## Risk Modeling

- IBIS risk model
  - Personal history (menarche, menopause, breast density, HRT, age at first child, etc)
  - Family history
  - Genetic test results

ID:  
 Age is 40-yrs.  
 Age at menarche 13-yrs.  
 Nulliparous.  
 Premenopausal.  
 Height is 1.778 m.  
 Weighs 63.5 kg.  
 Never used HRT.  
 BI-RADS® density c (heterogeneous)

Competing mortality projection  
 Risk after 10 years is 3.2%.  
 10 year population risk is 1.6%.  
 Lifetime risk is 20.4%.  
 Lifetime population risk is 10.8%.  
 Probability of a BRCA1 gene is 0%.  
 Probability of a BRCA2 gene is 0%.



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40

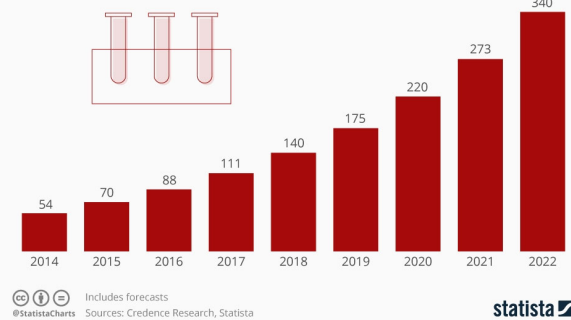
40

## Direct to Consumer Tests

- **Who?**
  - 23andMe, AncestryDNA, FamilyTreeDNA, etc.
- **What?**
  - Tests for a selection of SNPs, including those related to inherited conditions, health risks, drug responses, and inherited traits
- **Why?**
  - Can provide information in disease risk
  - Patient curiosity
- **Limitations**
  - Most risks are multifactorial
  - Clinician involvement not required
  - Unexpected results (APOE-4, 3-site Jewish *BRCA1/2*)
  - Overly reassured by results (3-site Jewish *BRCA1/2*)

### Consumer Genetic Testing Grows in Popularity

Size of the global direct-to-consumer genetic testing market (in million U.S. dollars)



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41

41

## Genetics in Oncology Nursing

Oncology Essentials

### Cancer Genetics and Genomics: Essentials for Oncology Nurses

Jean Boucher Karleen Habin Meghan Underhill Biotherapy Targeted Therapies Genetics and Genomics

CJON 2014, 18(3), 355-359 DOI: 10.1188/14.CJON.355-359

Review > Nurs Clin North Am. 2017 Mar;52(1):1-25. doi: 10.1016/j.cnur.2016.11.001.

### Genetics and Genomics in Oncology Nursing: What Does Every Nurse Need to Know?

Julie Eggert <sup>1</sup>

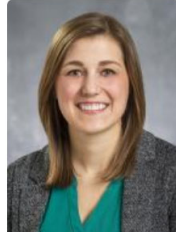
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42

42

## Summary

- Genetic testing for hereditary cancer is a complex, ever evolving field
- Be careful to clarify when asking a patient “have you had genetic testing?”
- Identifying a hereditary cause for cancer in a family can aid prevention/screening for the patient and family members
- Genetic counselors are here to help! 😊



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43

43

## Contact Me

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- Allina Cancer Genetics: 612-863-0200

The screenshot shows the Allina Health website interface. At the top, there is a navigation bar with links: Find (Providers, locations & more), Resources (Tools, guides & education), Contact us (Connect with Allina Health), and My Account (Your info, account & care). Below this is a banner for COVID-19 vaccines, testing, and more. A search bar is visible. The main content area features a section titled 'Genetic counseling' with the subheading 'IDENTIFYING CANCER RISK'. The text describes a genetic counselor's role in interpreting family histories and complex genetic tests. To the right, under the heading 'Find', there are links for 'Locations', 'Providers', and 'Learn more'.

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44

44