

Should We Be Testing the *PTEN* Promoter?

ARE WE INCREASING DETECTION RATES OR LEFT WITH UNCERTAIN RESULTS?



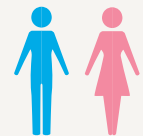
A recent collaboration between Ambry Genetics and The Ohio State University published in *JCO Precision Oncology*¹ illustrates the lack of association between variants in the *PTEN* promoter and cancer risk.

WHY THIS MATTERS TO YOU

The goal of genetic testing is to better understand a patient's risk for cancer so that we can personalize medical management. Through our study we found the significant number of variants of uncertain significance (VUS) identified in the *PTEN* promoter increases the likelihood of uncertainty for patients, without providing added clinical benefit.

BACKGROUND

- *PTEN* mutations account for about 35% of Cowden syndrome, which confers increased risks for breast, colon, endometrial, renal cell, and thyroid cancers²
- Evidence supporting the relationship between *PTEN* promoter variants and Cowden syndrome is limited and contradictory³⁻⁶
- Increased screening and management for cancer is typically not offered for patients who carry a VUS. Currently, all variants identified in the *PTEN* promoter are classified as VUS or benign¹
- In this collaboration, researchers assessed 88,333 patients undergoing multigene panel testing (MGPT) to determine whether variants in the *PTEN* promoter were associated with breast and other cancers, as well as the age of onset compared to other pathogenic, non-promoter *PTEN* mutations, and controls.



88,333
patients
assessed

- no cancer
association
observed

POINTS FOR YOUR PRACTICE

- Testing for the *PTEN* gene, including sequencing of the *PTEN* promoter region, is included on the majority of MGPT at Ambry Genetics and other labs.
- Inclusion of the *PTEN* promoter during genetic testing significantly increases the gene-specific VUS rate.
 - Exclusion of this region would result in > 80% decrease in *PTEN* VUS.
- Currently, all variants identified in the *PTEN* promoter region are classified as VUS or benign and are not clinically relevant; therefore, testing of this region may not be needed, as it does not increase the detection of patients with Cowden syndrome.

"*PTEN* promoter variants were not associated with cancer. These results do not support the inclusion of *PTEN* promoter sequencing in MGPT" - Study authors

SIGNIFICANT FINDINGS

- Patients with *PTEN* promoter variants were NOT significantly more likely than negative patients to have any of the studied cancer types.
- When compared to negative patients, individuals with pathogenic *PTEN* mutations outside of the promoter region were:
 - Significantly younger at breast cancer diagnosis



Learn more about our research [here](#).

REFERENCES

1. Black MH, Li S *et al.* *PTEN* Promoter variants are not associated with common cancers: implications for multigene panel testing. *JCO Prec Onc.* October 2017
2. Pilarski R, Burt R, Kohlman W, Pho L, Shannon KM, Swisher E. Cowden syndrome and the *PTEN* hamartoma tumor syndrome: systematic review and revised diagnostic criteria. *J Natl Cancer Inst.* 2013 Nov 06;105(21):1607-16.
3. Zhou XP, Waite KA, Pilarski R, *et al.* Germline *PTEN* promoter mutations and deletions in Cowden/Bannayan-Riley-Ruvalcaba syndrome result in aberrant *PTEN* protein and dysregulation of the phosphoinositol-3-kinase/Akt pathway. *Am J Hum Genet.* 2003 Aug;73(2):404-11.
4. Landrum MJ, Lee JM, Benson M, *et al.* ClinVar: public archive of interpretations of clinically relevant variants. *Nucleic Acids Res.* 2016 Jan 04;44(D1):D862-8.
5. Teresi RE, Zbuk KM, Pezzolesi MG, Waite KA, Eng C. Cowden syndrome-affected patients with *PTEN* promoter mutations demonstrate abnormal protein translation. *Am J Hum Genet.* 2007 Oct;81(4):756-67.
6. Heikkinen T, Greco D, Pelttari LM, *et al.* Variants on the promoter region of *PTEN* affect breast cancer progression and patient survival. *Breast Cancer Res.* 2011;13(6):R130.