breast

A network of comprehensive breast health centers Orange • Laguna Hills • Newport Beach • Murietta • Encino

BACKGROUND

- Multi-gene panel testing evaluates up to 43 genes for pathogenic mutations that increase risk for breast, ovarian, and other hereditary cancers.
- There is limited information available on the type of breast and other cancers that develop with non-BRCA1/2 mutations.
- Understanding cancer biology will help to identify optimal screening, prevention, and treatment algorithms for patients with a genetic cancer predisposition.

OBJECTIVES

- To evaluate the utility of multi-gene panel testing in a comprehensive breast health practice.
- To explore the relationship between pathogenic gene mutations and the biology of breast cancers.

- cancer.

ATM

BRCA

BRCA

CHEK

MUT

PALB

OTH MRE1

NBN,

BRE **OVA** THY

* One patient tested positive for more than 1 pathogenic mutation. Multiple patients tested positive for VUS or pathogenic mutation and VUS in separate genes."

MULTI-GENE PANEL TESTING -AND THE CANCERS IDENTIFIED IN PATIENTS AT RISK FOR HEREDITARY BREAST CANCER N.S. KAPOOR, MD • L.D. CURCIO, MD • M. PATRICK, PA-C • J. SWISHER, PA-C • J.G. WEST, MD • K. BANKS, MS, CGC, MBA

METHODS

 Data was retrospectively collected from 500 patients who received multi-gene panel testing at 2 of 3 Breastlink sites in Orange and Laguna Hills, CA between July 2013 and September 2014.

All patients met genetic testing criteria per NCCN guidelines; all patients had personal or family history of breast and/or ovarian

Patients underwent pre- and post-test counseling and tests were ordered by a supervising Breast Surgical Oncologist.

Patients underwent a panel test for at least 5 and up to 43 cancer-related genes.

| MUTATIONS $n=33$ | | 33 | TYPE OF BREAST CANCER $n=25$ | | |
|------------------|----|-------|-------------------------------|-------|--------|
| | 2 | 6.1% | INVASIVE DUCTAL CARCINOMA | 15 | 60.0% |
| A1 | 2 | 6.1% | ER+PR+HER2- | 11/15 | 73.3% |
| A2 | 10 | 30.3% | HER2+ | 2/15 | 13.3% |
| K 2 | 7 | 21.2% | ER-PR-HER2- | 2/15 | 13.3% |
| ΓYΗ | 3 | 9.1% | INVASIVE LOBULAR CARCINOMA | 3 | 12.0% |
| B2 | 3 | 9.1% | ER+PR+HER2- | 3/3 | 100.0% |
| IER (BARD1, | 6 | | DUCTAL CARCINOMA IN SITU | 6 | 24.0% |
| | | 18.2% | INFORMATION UNAVAILABLE | 1 | 4.0% |

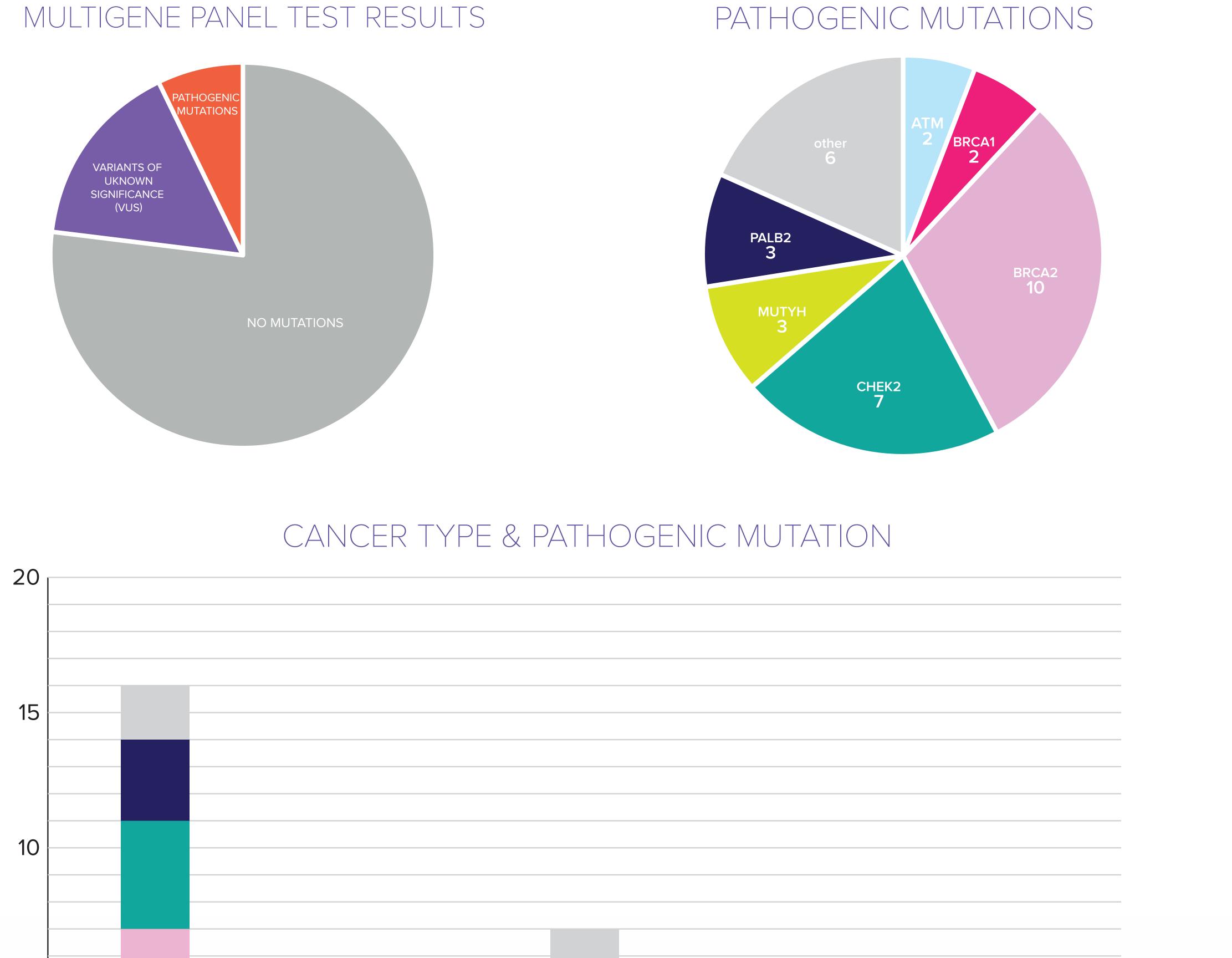
PATHOGENIC MUTATIONS $n=33^*-$

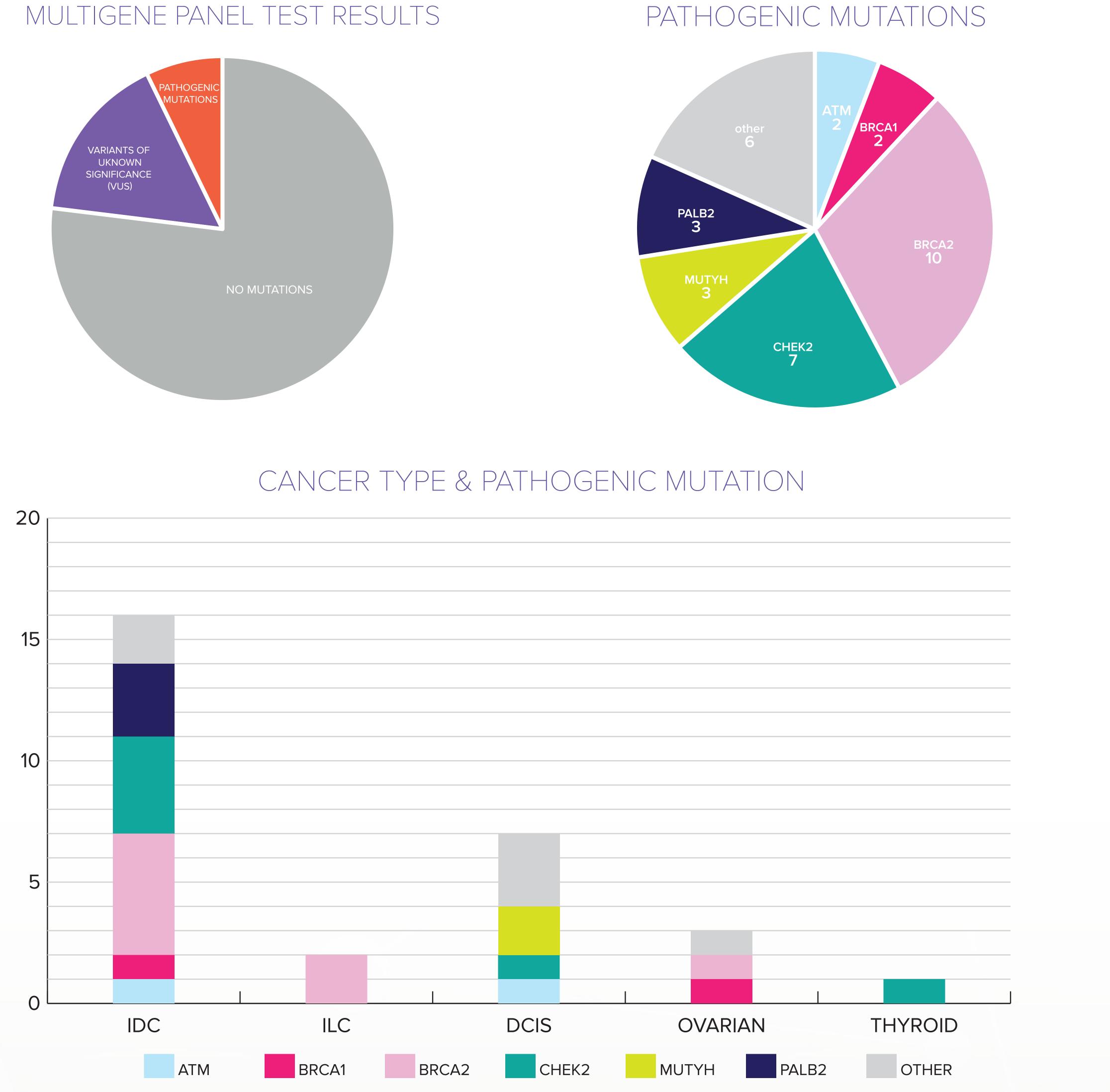
PERSONAL HISTORY OF CANCER n=29

| AST CANCER | 25 | 86.2% |
|--------------|----|-------|
| ARIAN CANCER | 3 | 10.3% |
| ROID CANCER | | 3.4% |

RESULTS

- Of 500 patients, 6.4 % (32) tested positive for at least 1 pathogenic mutation.
- 16.2% carried at least 1 variant of uncertain significance (VUS).
- A majority of patients (79%) did not carry a mutation or VUS.
- Most patients with pathogenic mutations were diagnosed with ER/PR-positive invasive ductal carcinoma.
- Compared to patients with BRCA1/2 mutations, patients with non-BRCA mutations were more likely to have a family history of non-breast or ovarian cancer (58.3% vs 90%, respectively, p=0.0735)





CONCLUSIONS

- Multi-gene panel testing identifies more patients at risk for hereditary breast cancer than BRCA1/2 testing alone.
- Most patients with breast cancer and a pathogenic mutation will have Luminal-type Invasive Ductal Carcinoma.

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 Breast surgeons and oncologists at the forefront of treatment are ideally situated to initiate discussions about multi-gene panel testing and potential outcomes