

Beyond BRCA1/2: Expanding Phenotypes for Probands with CDH1, PTEN, STK11, and TP53 Mutations

BACKGROUND

- Clinical management and genetic testing guidelines currently exist for four hereditary breast cancer susceptibility genes beyond BRCA1/2: CDH1, PTEN, STK11 and TP53.
- Although these genes are associated with defined genetic syndromes, testing criteria have broadened in scope as nonclassic probands are found to harbor mutations. For example, the National Comprehensive Cancer Network (NCCN) has recently increased the early-onset breast cancer testing criterion in its TP53 testing guideline from under age 30 to under age 36.
- We aimed to study whether individuals with a mutation in CDH1, PTEN, STK11 or TP53 identified by multi-gene panels met testing criteria or diagnostic criteria for their respective genetic syndromes.

METHODS

- 6215 probands underwent next generation sequencing with one of 5 hereditary cancer panels: BRCAplus, BreastNext, OvaNext, ColoNext or CancerNext.
- Sanger sequencing was performed to confirm reportable findings and regions with insufficient depth of coverage.
- Clinical information was obtained from test requisition forms submitted by clinicians to determine whether published clinical diagnostic/ testing criteria were met¹⁻⁴, with clinician follow-up for additional information when necessary.

Mutation Distribution By Gene **TP53** 30 PTEN CDH1 SKT11 Proportion of Mutations by Panel 17% BRCAplus 26% CancerNext ColoNext 31% BreastNext 21% OvaNext Mutation Distribution By Panel and Gene TP53 PTEN CDH1 STK11 Total **BRCAplus** CancerNext ColoNext **BreastNext OvaNext**

Case Examples				
	Mutation Type	Panel Ordered	Proband History	Family History
CDH1 Case 1	Splice Site*	BreastNext	Bilateral breast cancer (ILC - 40)	Several paternal aunts with breast cancer (age unknown), father and paternal 1 st cousin with sarcoma.
CDH1 Case 2	Splice Site*	ColoNext	Adenomatous polyps (54), CRC (54 & 59)	Mother breast cancer (63), sister renal cell carcinoma(65), brother with 10-99 pre-cancerous polyps (61) who also carries this <i>CDH1</i> mutation.
PTEN Case 1	Frameshift	BreastNext	Breast cancer (ILC- 37)	Mother with ovarian cancer (62), father with prostate cancer, paternal grandmother with breast cancer (70s).
PTEN Case 2	Promoter	OvaNext	Ovarian cancer (69)	Sister ovarian cancer (56), maternal grandfather stomach (70s), paternal uncle bone cancer (70s).
<i>TP53</i> Case 1	Missense	BRCAplus	Breast cancer (IDC -44)	Mother diffuse gastric cancer (72), paternal cousin with ovarian cancer dx unknown age.
<i>TP53</i> Case 2	Gross deletion	BRCAplus	Breast cancer (IDC - 42), DCIS (50)	Maternal great aunt 1 breast cancer (71), maternal great aunt 2 breast cancer (55).
TP53 Case 3	Missense	OvaNext	DCIS (38), BRCA1/2, PTEN, CHEK2 previously negative	Sister breast (48), paternal cousin breast (29), paternal cousin breast (40s) & ovarian (age?), paternal aunt breast (40) paternal aunt colon (60s), mother endometrial (62), maternal aunt colon (60s), maternal cousin breast (50s), maternal cousin breast (40s) & leukemia (48), maternal grandmother breast (72).

*Individuals carried the same mutation

Interesting Observations Among Mutation Carriers

TP53:

- 9 individuals with a personal history of breast cancer diagnosed over age 35 without a family history sufficient to meet TP53 testing criteria
- Multiple families presented with predominantly breast and ovarian cancer in the family

CDH1:

- Gastric cancer was seen in only 1 proband with a mutation PTEN:
- Cancer histories were diverse, including 2 probands with ovarian cancer
- Strong potential for bias in information collected by clinician and/or reported on the requisition form to be specific to HBOC or colorectal cancer, rather than PTEN-related characteristics

STK11:

 All probands with STK11 mutations met criteria for juvenile polyposis syndrome. This continues to be our experience.

OVERALL RESULTS

- 53 mutations in these four genes were identified among 6215 individuals tested (0.85%) across 5 panels, thus with variability in clinical presentation and reason for referral.
- 57% did not meet criteria for the related syndrome:
 - *TP53* 53% (16/30)
 - PTEN 80% (3/15)
 - CDH1 80% (4/5)
 - STK11 0% (0/3)
- BRCA1/2 3.9% of individuals were found to carry a mutation in the BRCA1/2 genes in the subset of these panels in which the BRCA1/2 genes were included.

TAKE-HOME POINTS

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- A substantial portion of mutation carriers will be missed if testing is restricted to individuals meeting current single-gene testing criteria.
- Results suggest that further research is needed, as broadening criteria for testing may be necessary.
- Clinical management guidelines differ dramatically between genes, making an accurate genetic diagnosis imperative for medical management.
- Results also suggest that multi-gene panels are an effective strategy for identification of individuals with a hereditary predisposition to cancer, yielding increased identification of mutation carriers compared to traditional testing methods.

REFERENCES

Total

30

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- Fitzgerald RC. Hereditary diffuse gastric cancer: updated consensus guidelines for clinical management and directions for future research. J Med Genet. 2010 Jul;47(7):436-444. 4. Beggs AD et al. Peutz-Jeghers syndrome: a systematic review and recommendations for management. Gut. 2010 Jul;59(7):975-86.