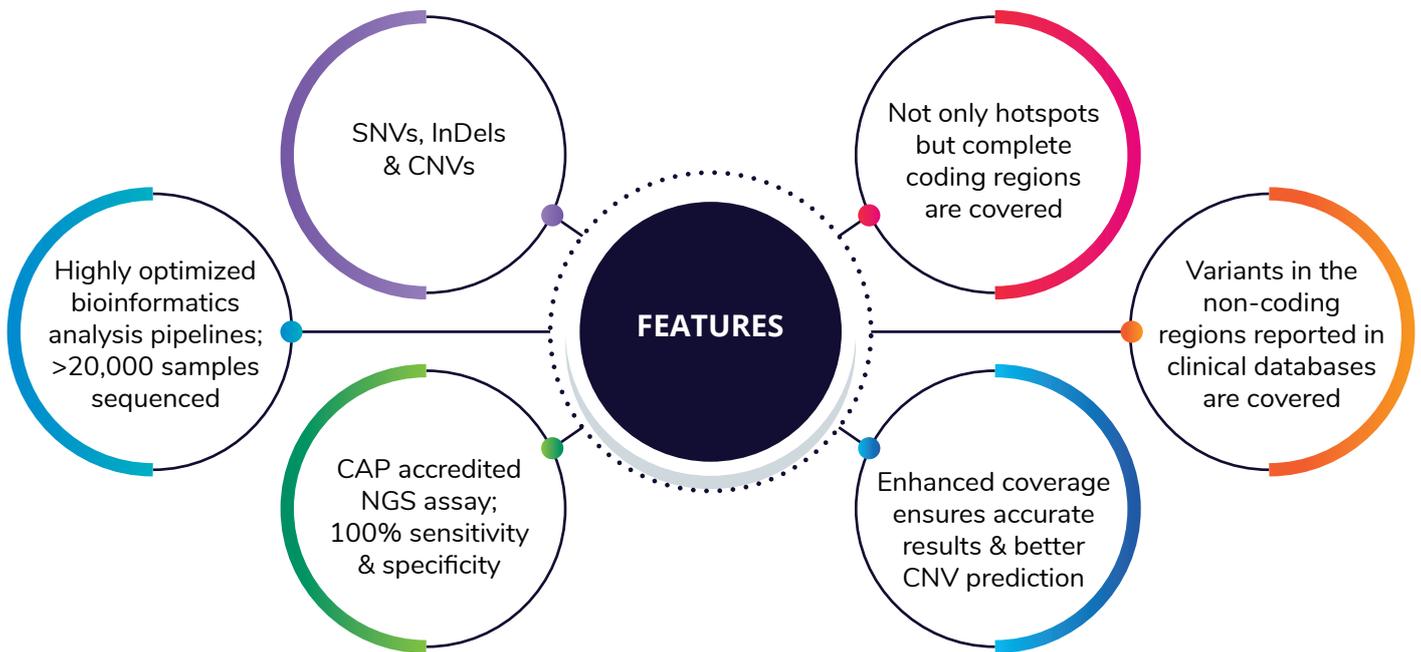




# Cancer Risk and Hereditary Cancer Genetic Test

NGS based comprehensive analysis of cancer predisposing genes (SNVs, InDels & CNVs)



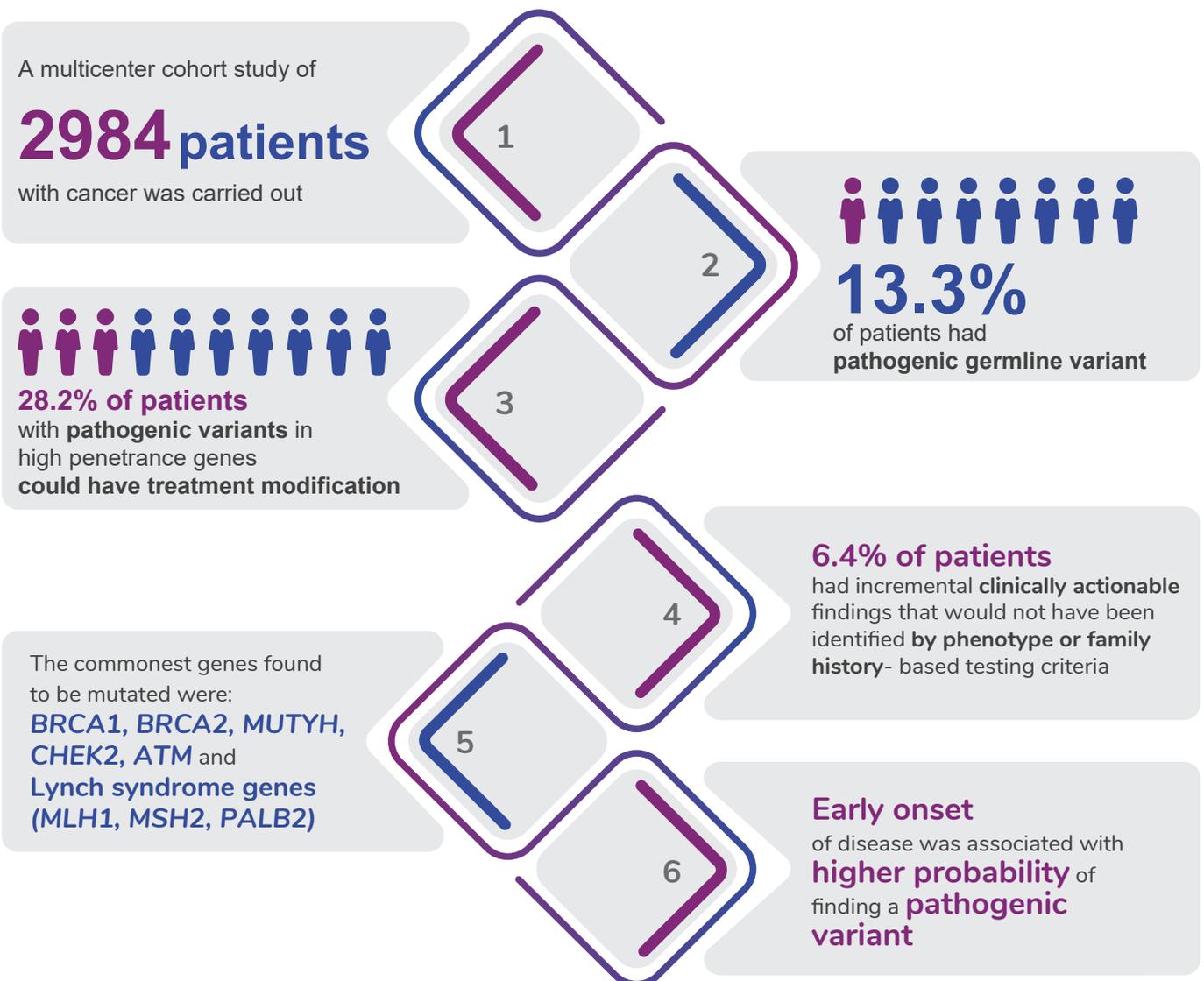
## Indications

- Hereditary Breast & Ovarian Cancer Syndrome
- Parangangliomas
- MEN Syndrome
- Lynch Syndrome
- Nervous System Cancer
- Endocrine Cancer
- Pancreatic Cancer
- Renal Cancer
- Hereditary Nonpolyposis Colorectal Cancer
- Von-Hippel Lindau syndrome
- Prostate Cancer
- Thyroid Cancer
- Gynaecological Cancer
- Li-Fraumeni Syndrome
- Juvenile Polyposis
- Peutz-Jeghers
- Retinoblastoma

## Testing criteria

- Personal medical and/or family cancer history meets criteria for more than one hereditary cancer syndrome
- Family cancer history does not meet established testing guidelines, but consideration of inherited cancer risk persists and an appropriate panel is available
- Individuals with multiple cancer diagnoses
- Individuals concerned about cancer predisposition for whom family cancer history is limited or unknown
- Second-line workup for inherited cancer risk when first-line evaluation has been inconclusive

## Universal genetic testing vs Guideline-based testing for patients with Hereditary Cancer Syndrome



Universal testing among patients with solid tumor was associated with an increased detection of heritable variants over the predicted yield of targeted testing based on guidelines

Reference: Samadder NJ, Riegert-Johnson D, Boardman L, et al. Comparison of Universal Genetic Testing vs Guideline-Directed Targeted Testing for Patients With Hereditary Cancer Syndrome [published online ahead of print, 2020 Oct 30]. JAMA Oncol. 2020;e206252. doi:10.1001/jamaoncol.2020.6252

# North Indian BRCA germline testing data (n=236)



## Results

Overall, 275 breast cancer patients were screened and 236 patients were included (median age 45 years); 30 patients did not consent and 9 patients previously underwent genetic testing. Thirty-four (14%) women had a positive family history and 35% had triple-negative breast cancer. P/LP mutations were found in 44/236 (18.64%) women; mutations in BRCA1 (22/47, 46.8%) and BRCA2 (9/47, 19.1%) were the most common, with 34% of mutations present in non-BRCA genes. Patients qualifying the testing criteria had a higher risk of having a P/LP mutation (NCCN: 23.6% vs. 7.04%,  $p = 0.03$ ; MCG plus: 24.8% vs. 7.2%,  $p = 0.01$ ). The sensitivity of the NCCN criteria was 88.6% (75.4–96.2) and 86.36% (72.65–94.83) for MCG plus. More than 95% sensitivity was achieved if all women up to 60 years of age were tested. Cascade testing was performed in 31 previous (16/44 families), with 23 testing positive.

- The prevalence of pathogenic mutations in breast cancer patients is higher in Indian patients compared with most other populations.
- Testing by NGS is recommended at a centralized CAP- and/or CLIA-certified laboratory for all patients followed by reflex MLPA for all patients if negative by NGS
- Pre and post genetic counseling

Testing by guidelines may miss 11-13% of patients carrying high risk mutations.

## Clinical benefits



## Germline test details

Test Code	Test Name	Technology	Test Information	TAT
MGM194	Hereditary cancer panel (BRCA1 and BRCA2 along with other 143 genes)	Next Generation Sequencing	Complete coding regions and intron exon boundaries of 143 genes including BRCA1 and BRCA2 genes covered	21 working days
MGM1841	Comprehensive Hereditary Cancer panel	Next Generation Sequencing	Mutation analysis of 143 genes and deletion/duplication analysis of 30 genes including BRCA1 and BRCA2 genes	21 working days

Sample Type: 3-4 ml of Peripheral blood in EDTA tube shipped at room temperature

