Clearly Identify Hereditary Breast Cancer

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Emphasizes the importance of using quality, comprehensive genetic tests, like BreastNext, when assessing patients for hereditary breast cancer risk.

Mulitgene panel tests (MGPT), like BreastNext, help find more patients with hereditary breast cancer.\(^1\)

**KEY STUDY FINDINGS**
- Approximately half (52%) of all identified mutations were found in genes other than BRCA1/2

**POINTS FOR YOUR PRACTICE**
- Providers who utilize MGPT can increase the detection of clinically significant mutations in families that appear to have hereditary breast and ovarian cancer.
- Many of the genes identified beyond BRCA1/2 have associated NCCN\(^\circledast\) management guidelines for screening and/or prevention, allowing you to make personalized recommendations for your patients\(^2\).
- Using MGPT, like BreastNext, can give you more precise data to accurately manage your patients’ health.

**Latest findings: NF1 should be included on hereditary breast cancer panels\(^3\)**

**KEY STUDY FINDINGS**
- 40% of NF1 mutation carriers identified on MGPT did not have any Neurofibromatosis Type 1 (NF1)-related clinical features

**POINTS FOR YOUR PRACTICE**
- NCCN\(^\circledast\) guidelines indicate that women with a mutation in NF1 should undergo annual mammograms starting at 30y and consider breast MRI from 30y-50y due to increased breast cancer risk.
- It is important to use a MGPT, like BreastNext or CancerNext, that includes NF1 to avoid missing this important genetic diagnosis.
The importance of looking beyond \textit{BRCA1} for patients with triple-negative breast cancer (TNBC)\textsuperscript{4}

**Key Study Findings**

- In a large cohort of >6,000 unselected patients with TNBC, 14% carried a mutation in a cancer predisposition gene
- In addition to \textit{BRCA1}, \textit{BARD1}, \textit{BRCA2}, \textit{PALB2}, \textit{RAD51D}, and \textit{RAD51C} were all associated with moderate to high risks of TNBC

**Points for Your Practice**

- Providers should consider panel testing, such as BreastNext, for their patients with TNBC to avoid missing clinically significant mutations
- \textit{BRCA2}, \textit{PALB2}, \textit{RAD51C}, and \textit{RAD51D} all have NCCN\textsuperscript{2} guidelines for medical management including recommendations for increased breast cancer screening and/or the need to consider preventive surgeries to reduce cancer risk

![Mutation Distribution for Patients with TNBC](image)

**References**

2. NCCN Clinical Practice Guidelines in Oncology\textsuperscript{2}. Genetic/Familial High-Risk Assessment: Breast and Ovarian. V1.2017