

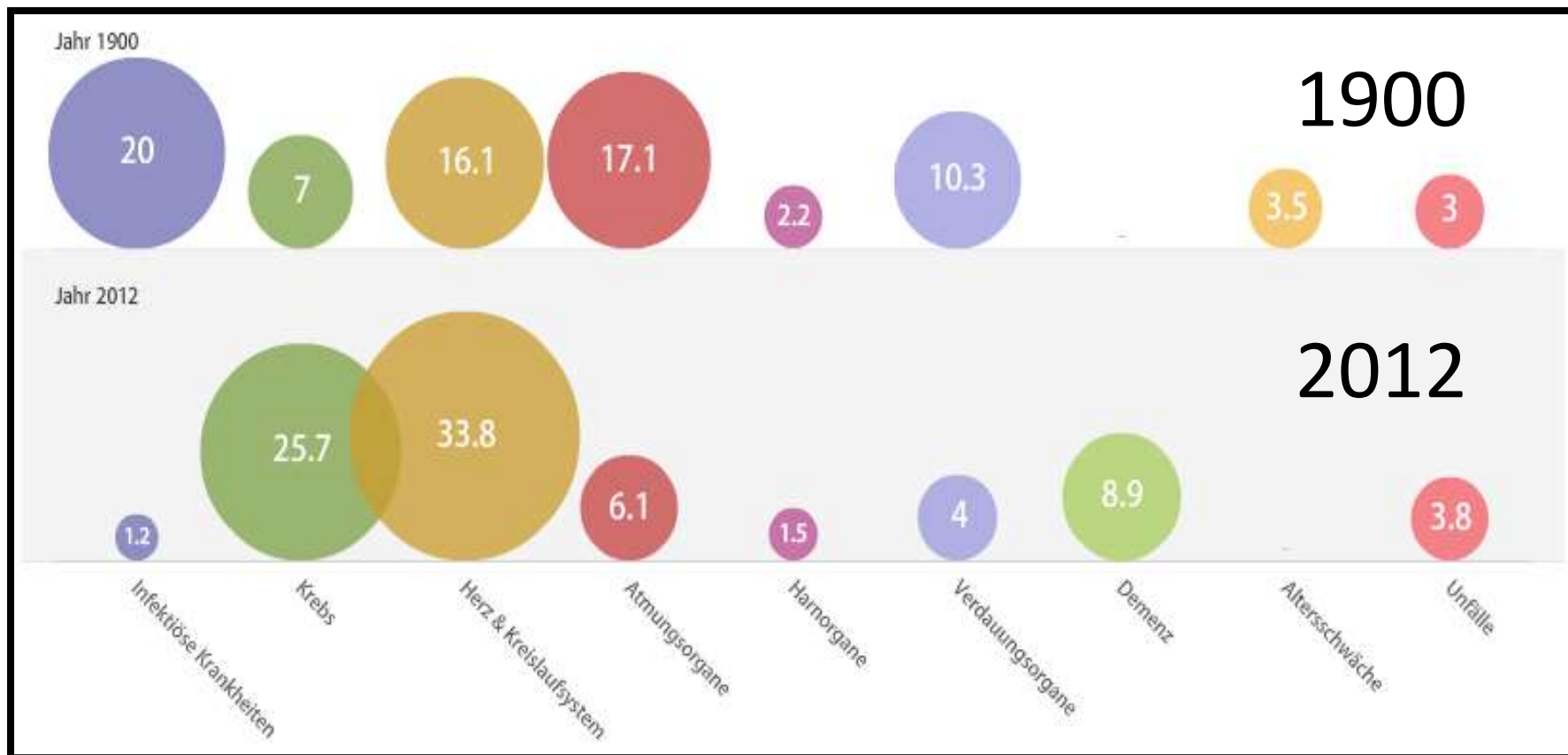
Human Breast Cancer: Genetic Testing and Counselling

Molecular Diagnostics 2021, Symposium
Zürich, 31. Mai 2021

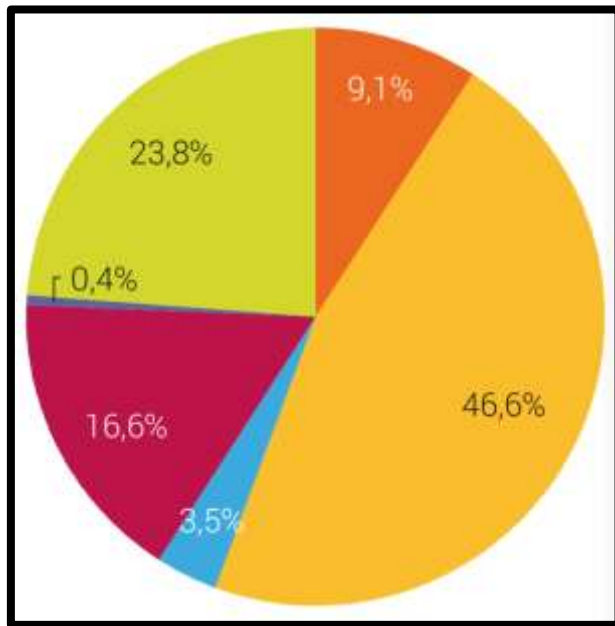
Dr. med. Benno Röthlisberger, roethlisberger@genetica-ag.ch
Medizinische Genetik FMH u. FAMH
Institutsleiter Genetica AG

Causes of death in Switzerland

■ Infectious diseases ■ Cancer

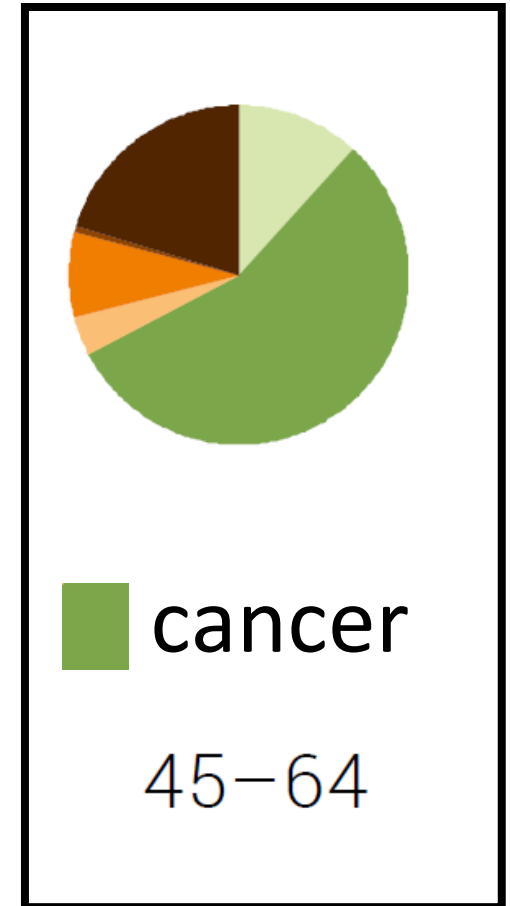


■ Years of potential life lost
<75 years, women 2017



- Herz-Kreislauf-Erkrankungen
- Krebserkrankungen
- Atemwegserkrankungen
- Unfälle und Gewalteinwirkungen
- Demenz
- andere

■ cancer



Breast cancer

>1'300 women die of breast cancer

9.2% of all years of potential life lost
(all infectious diseases: 1.3%)

<https://www.obsan.admin.ch/de/indikatoren/verlorene-potenzielle-lebensjahre> (2018 – women, below 75 years)

www.bfs.admin.ch

www.nicer.org

First scientific report of hereditary breast cancer

1 ^{re} génération. M ^{me} Z.	Née en 1728	A eu sa fille en 1763	Est morte en 1788	A eu sa fille à l'âge de 35 ans.	A encore vécu 25 ans.	Est morte à l'âge de 60 ans.
2 ^e génération. M ^{me} C.	1763	1780	1814	17 ans.	34 ans.	51 ans.
3 ^e génération. M ^{me} M.	1780	1805	1854	25 ans.	12 ans.	37 ans.
4 ^e génération. M ^{me} N.	1805		1859			49 ans.

- P. P. Broca, Traite des Tumeurs (P. Asselin, Paris, 1866).
- King MC. Science. 2014 Mar 28;343(6178):1462-5.

Heritability of breast cancer

	heritability (%)
Thyroidea	53
Breast	25
Colon	13
Lung	8
Leukemia	1

(700'000 Tumoren; 9.6 Millionen Personen)

Czene et al., Int J Cancer. 2002;99(2):260-6
Swedish Family-Cancer Database

BRCA1: 1994 / BRCA2: 1995



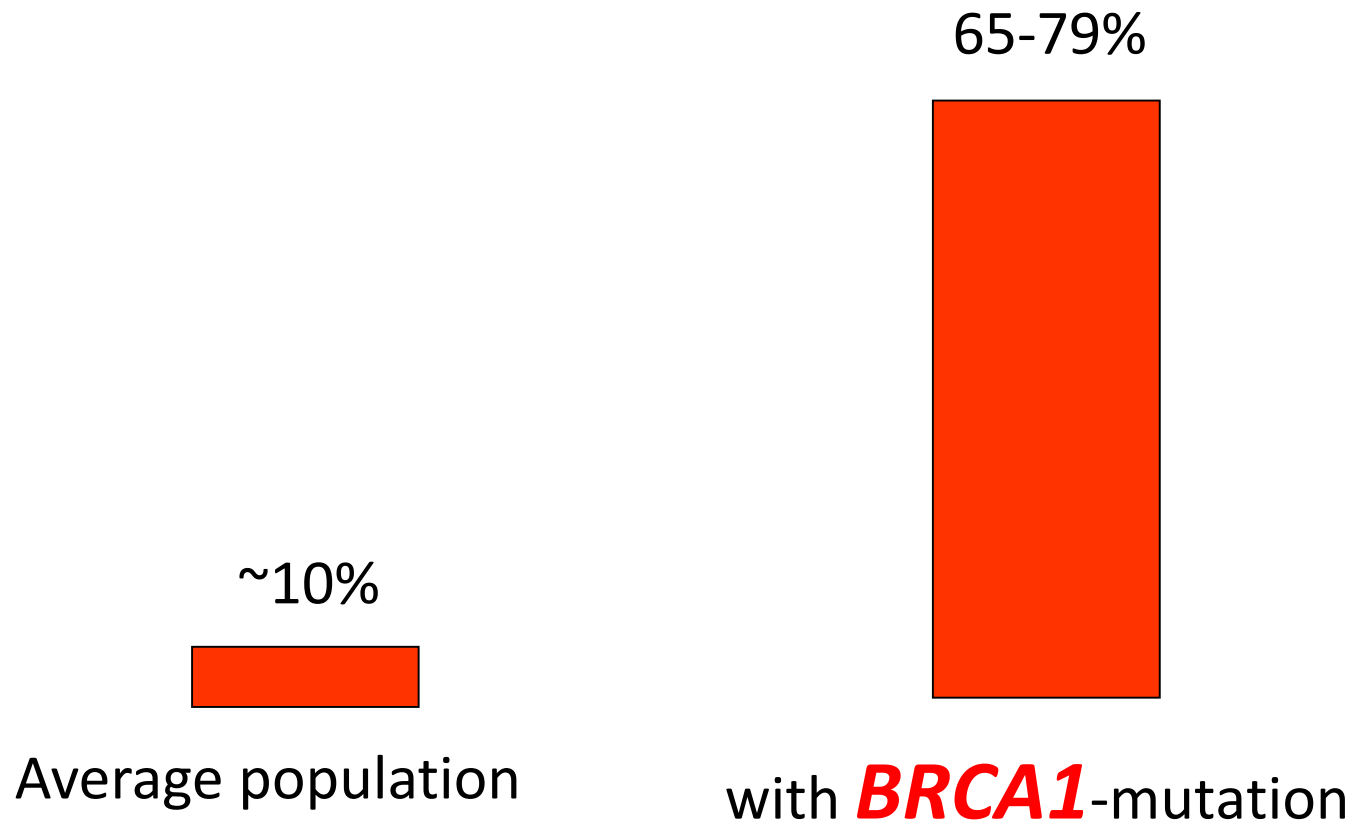
Miki Y et al. A strong candidate for the breast and ovarian cancer susceptibility gene BRCA1. Science. 1994 Oct 7;266(5182):66-71.

Wooster, R et al. Identification of the breast cancer susceptibility gene BRCA2. Nature 378, 789–792 (1995)

- For any woman reading this, I hope it helps you to know you have options. I want to encourage every woman, especially if you have a family history of breast or ovarian cancer, to seek out the information and medical experts who can help you through this aspect of your life, and to make your own informed choices.

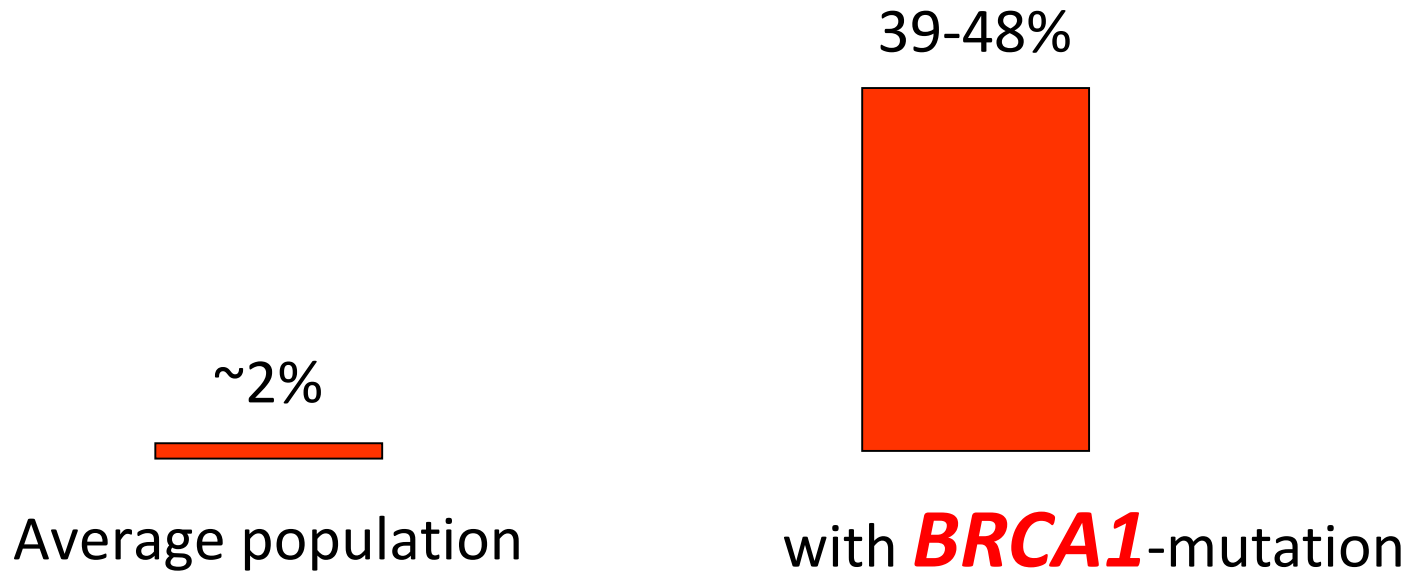
<https://www.nytimes.com/2013/05/14/opinion/my-medical-choice.html>

Risk for female breast cancer before the age of 80 years



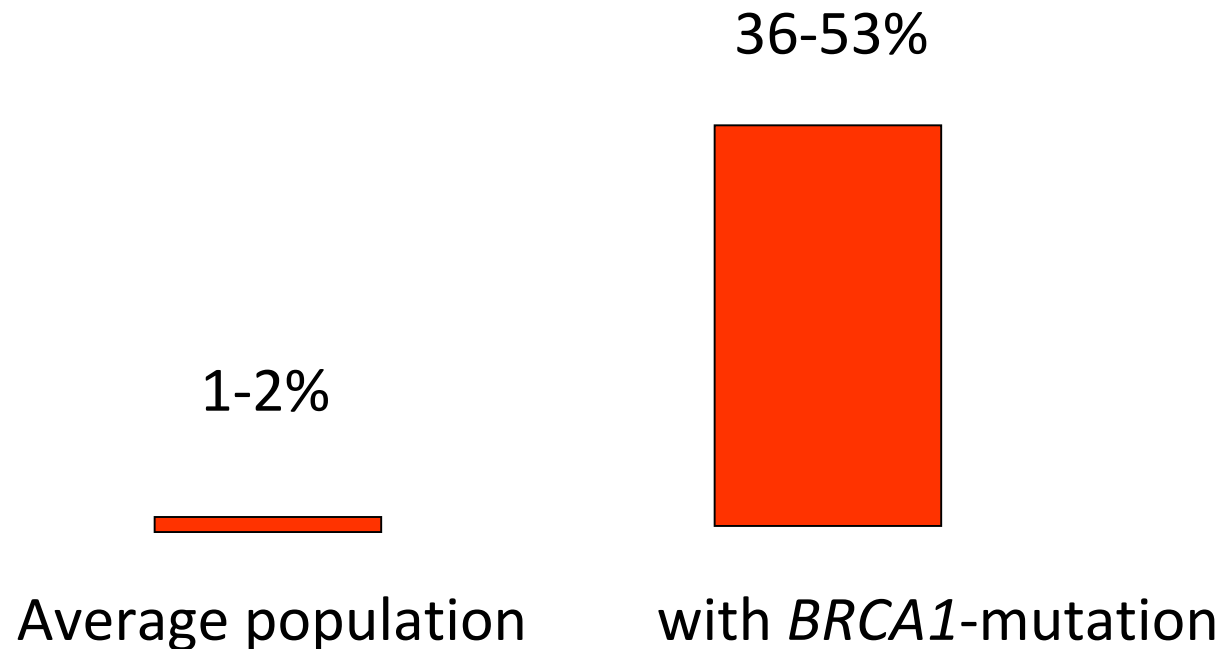
Kuchenbaecker KB, JAMA. 2017 Jun 20;317(23):2402-2416.

Breast cancer risk < 50 years

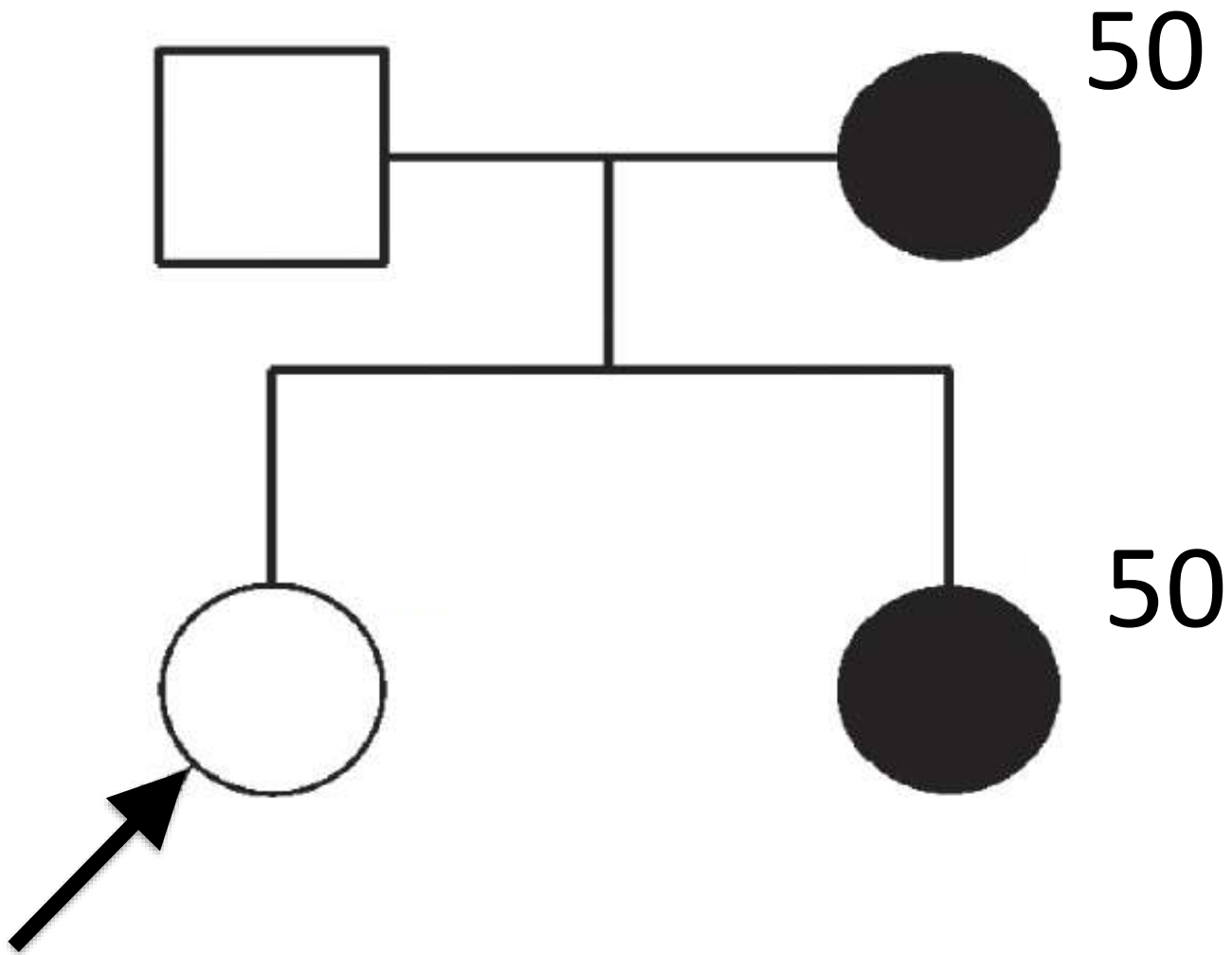


Kuchenbaecker KB, JAMA. 2017 Jun 20;317(23):2402-2416.

Risk for ovarian cancer before the age of 80 years



Kuchenbaecker KB, JAMA. 2017 Jun 20;317(23):2402-2416.



***BRCA1/2* mutation prevalence in families**

≥3x breast cancer >50 J.	3.7%
1x breast cancer ≤35 J.	13.7%
2x breast cancer ≤50 J.	17.5%
1x bilateral breast cancer ≤50 J.	22.7%
≥3x breast cancer ≤50 J.	30.4%
≥2x ovarian cancer	41.9%

Based on 21'401 families

Kast K, Journal of Medical Genetics 2016;53:465-471.

Inclusion criteria for *BRCA1/2* testing

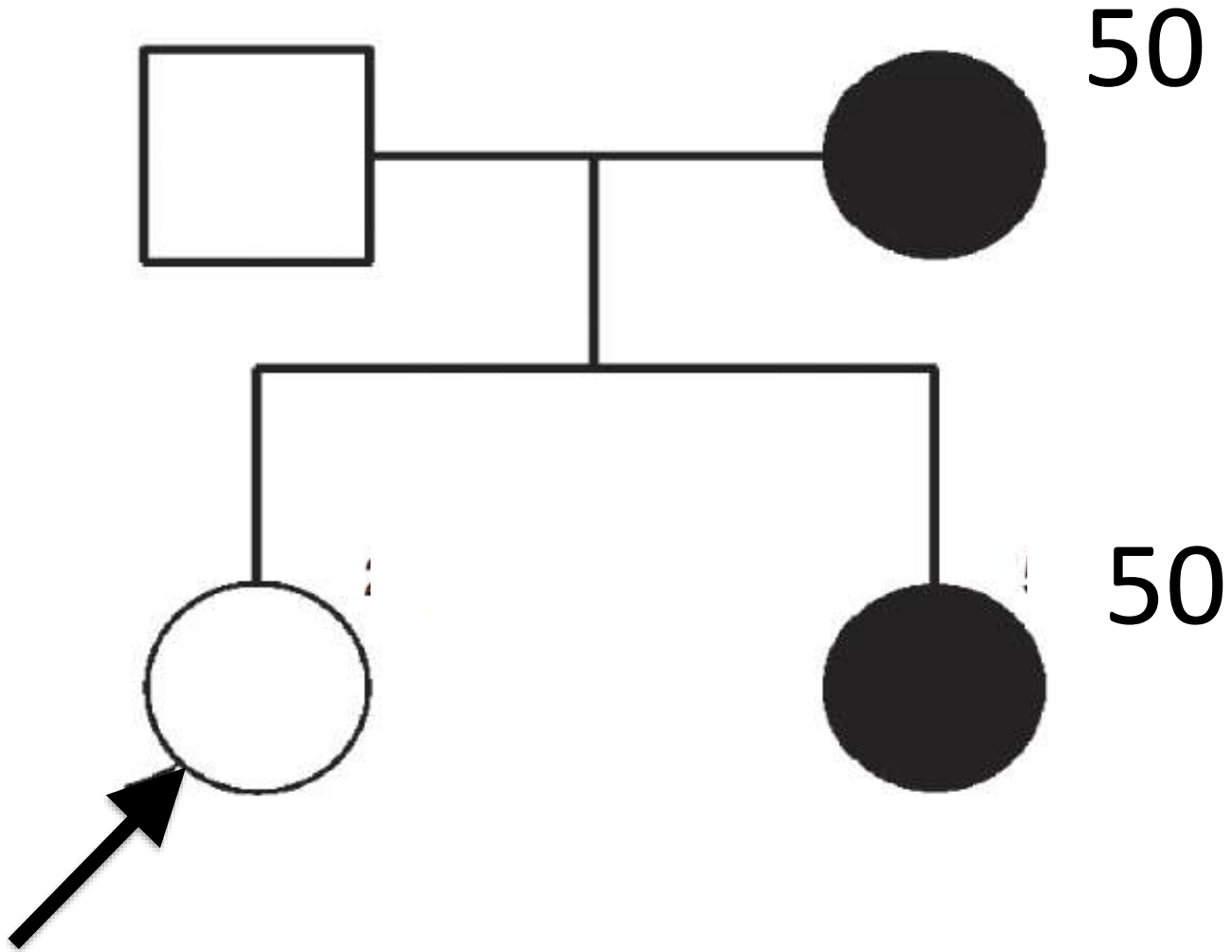
Swiss guidelines for counseling and testing for genetic predisposition to breast and ovarian cancer

Pierre O. Chappuis¹, Barbara Bolliger^{2*}, Nicole Bürki^{3*}, Katharina Buser^{4*}, Karl Heinimann^{5*}, Christian Monnerat^{6*}, Rudolf Morant^{7*}, Olivia Pagani^{8*}, Lucien Perey^{9*}, Manuela Rabaglio^{10*}, Sheila Unger^{11*}; on behalf of the Swiss Group for Clinical Cancer Research (SAKK) Network for Cancer Predisposition Testing and Counseling

„Age at diagnosis \leq 50 years, or with only 1 close relative with breast cancer \leq 50 years“

https://www.sakk.ch/sites/default/files/2018-11/Swiss_guidelines_for_counseling_and_testing_for_genetic_predisposition_to_breast_and_ovarian_cancer.pdf

BRCA1-Mutation



BRCA1-Mutation

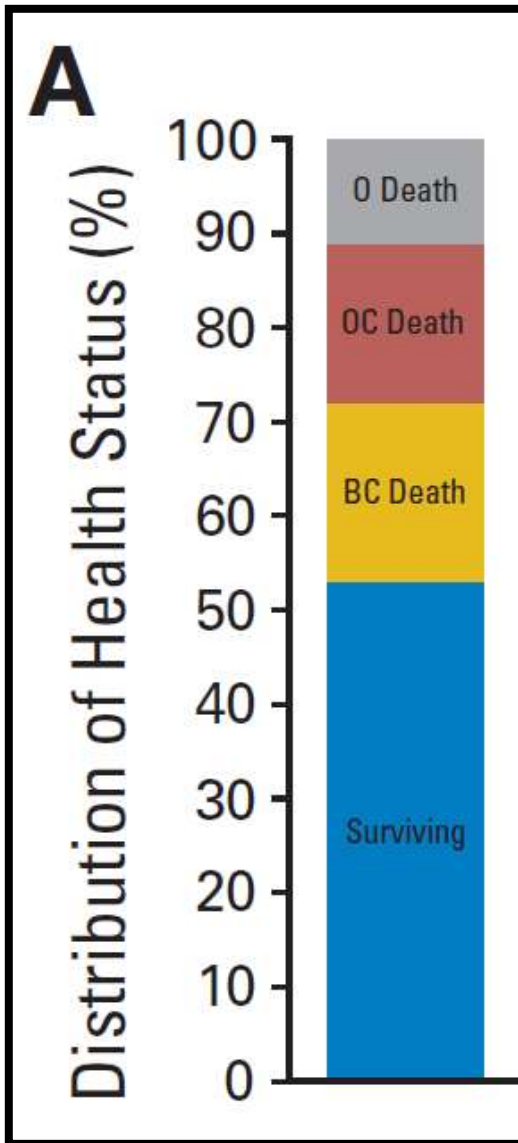


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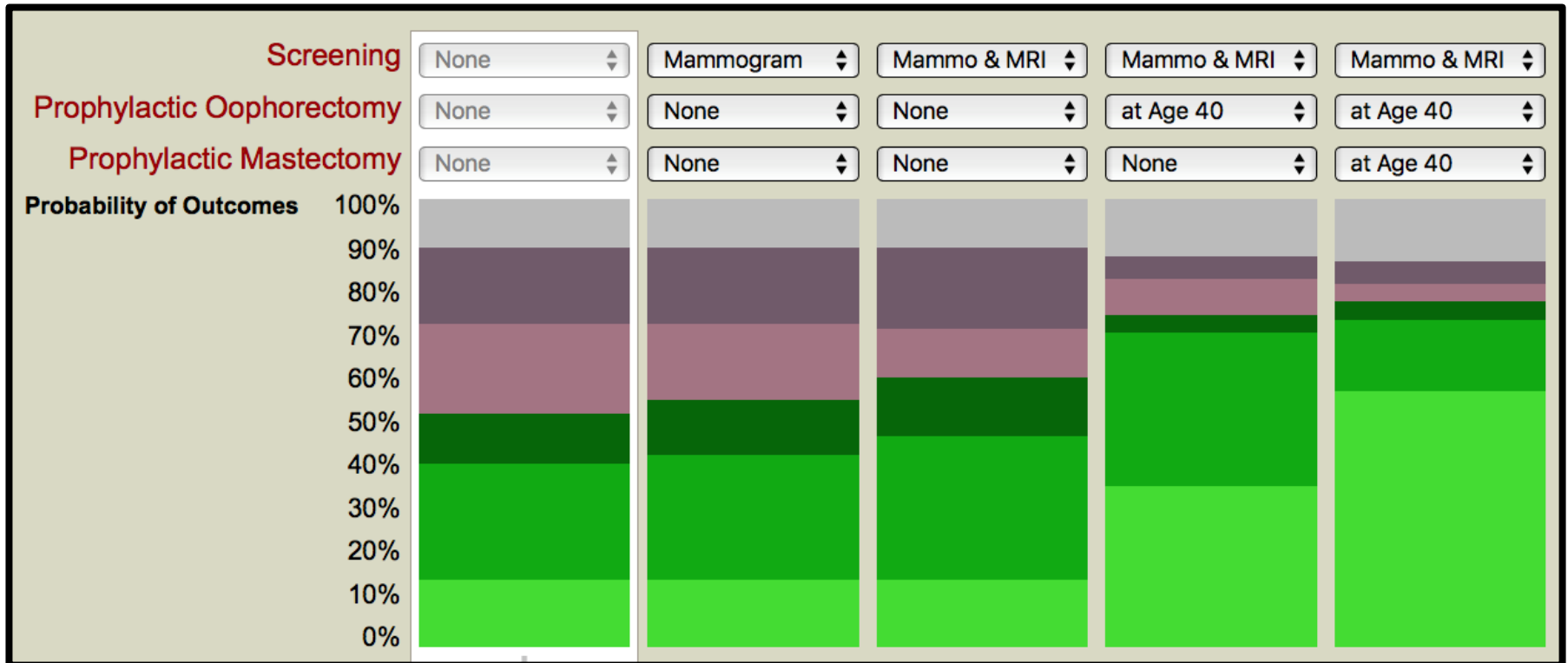


BRCA1-Mutation



Survival probability in
25-year-old women
with mutations in BRCA1
by age 70

Survival probability after different risk-reducing strategies



<http://brcatool.stanford.edu/brca.html>

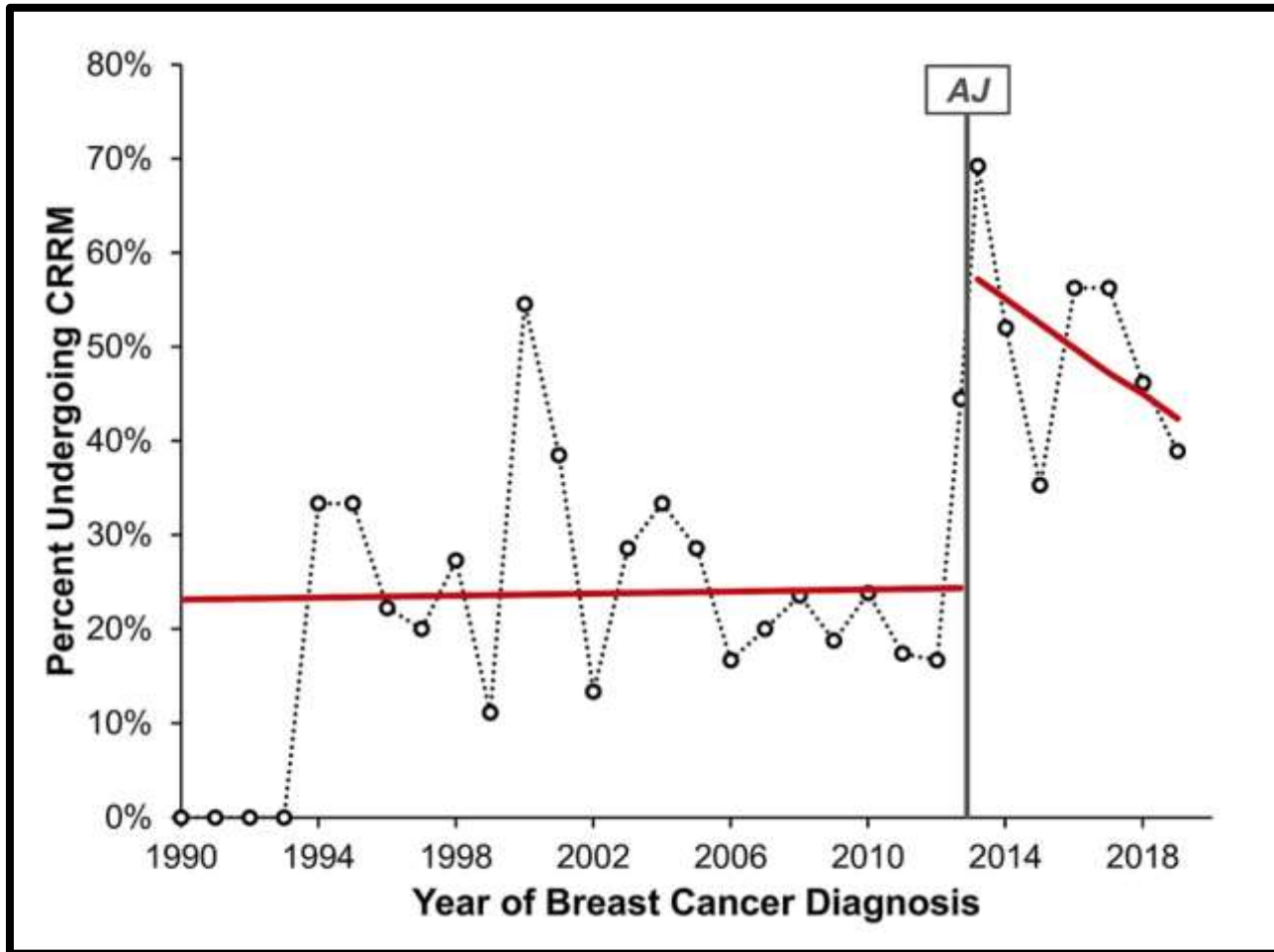
Referenzdokument „Überwachungsprotokoll“

zu Artikel 12d Absatz 1 Buchstabe d der Krankenpflege-
Leistungsverordnung (KLV) – Stand 01/2021

BRCA1/2 Mutation: MRI 25 – 69, yearly

(until 12/2020: only age 30-49)

Angelina Jolie effect: Contralateral risk-reducing mastectomy



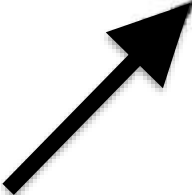
Basu NN et al., Sci Rep. 2021 Feb 2;11(1):2847.

No *BRCA1/2*-Mutation detected

50



50



Age of onset of first relative (yr)			
50-59			
Age of onset of second relative (yr)			
Age (yr)	50-59	60-69	70-79
29	.009	.006	.005
39	.030	.022	.016
49	.075	.056	.042
59	.138	.105	.081
69	.200	.157	.124
79	.245	.195	.158

Claus EB et al., Cancer. 1994 Feb 1;73(3):643-51.

Referenzdokument „Überwachungsprotokoll“

zu Artikel 12d Absatz 1 Buchstabe d der Krankenpflege-
Leistungsverordnung (KLV) – Stand 01/2021

Lifetime risk 17-29%:

- Mammography 40-59, yearly
- Mammography 60-75, every 2 years

Lifetime risk \geq 30%:

- MRI 30-59, yearly*
- MRI 60-69, every 2 years*

*if high breast density (ACR C or D)

High-risk breast cancer surveillance with MRI

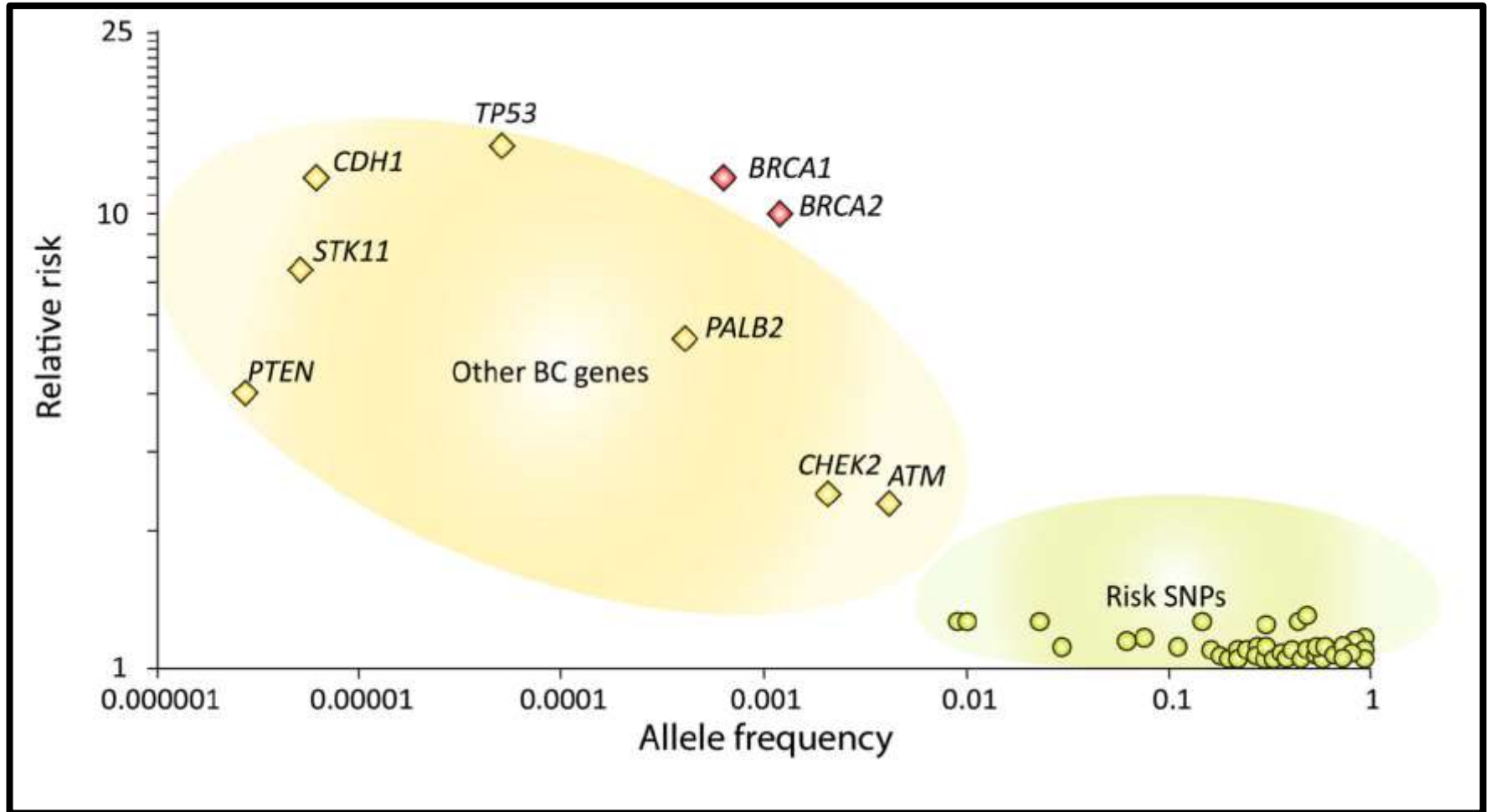
German consortium for HBOC

<i>30-39 years</i>	<i>Detection rate</i>	<i>PPV</i>
<i>BRCA1 carriers</i>	4.32 %	29.4 %
<i>„high risk“</i>	0.29 %	2.8 %

***BRCA1, BRCA2, ATM, BRIP1, CDH1,
CHEK2, EPCAM, MLH1, MSH2, MSH6,
PALB2, PMS2, PTEN, RAD51C,
RAD51D, STK11, TP53,***

<https://www.konsortium-familiaerer-brustkrebs.de/betreuungskonzept/molekulare-diagnostik/truriskr-genpanel-analyse/>

Risk penetrance profile for genetic susceptibility factors for breast cancer

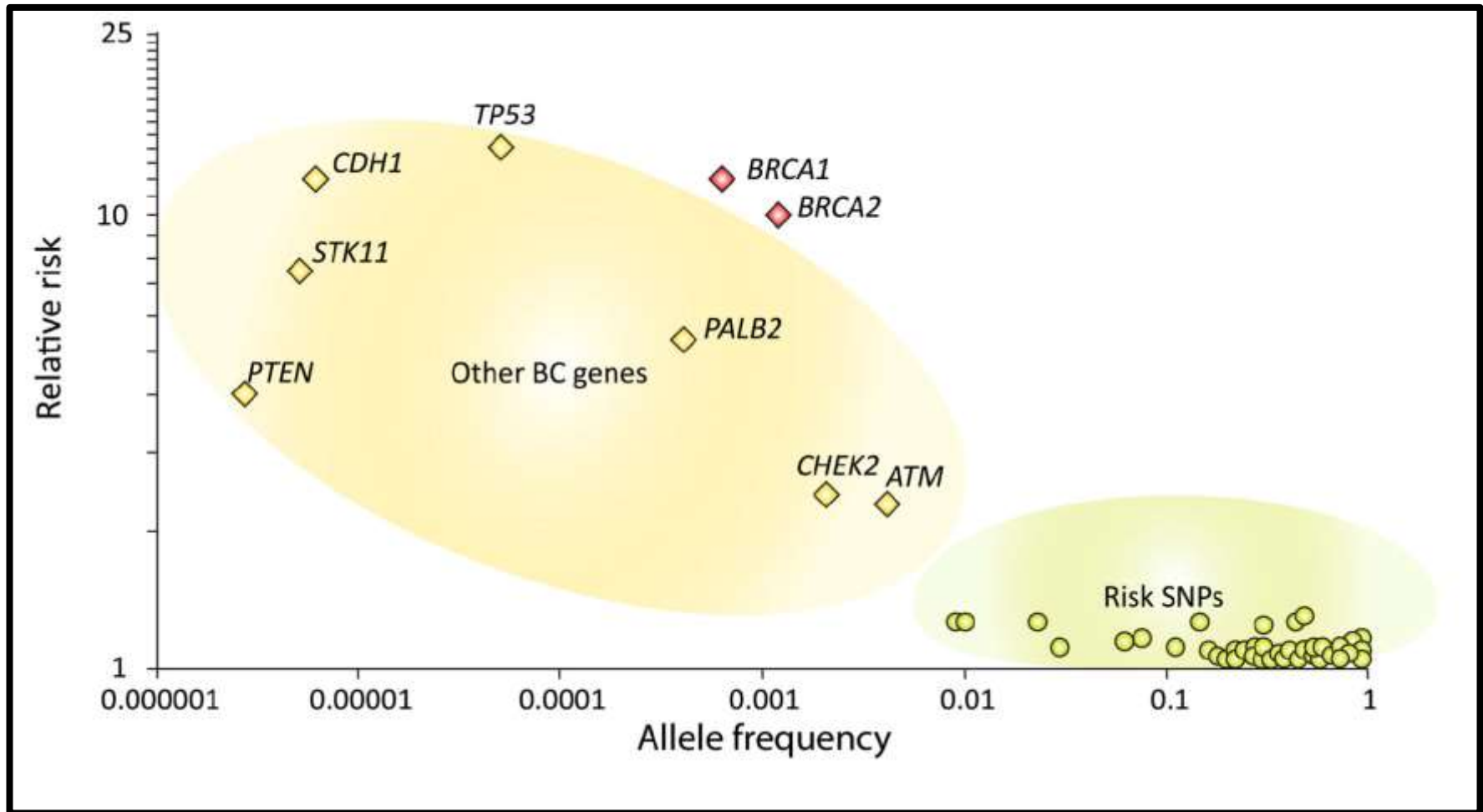


Turnbull C et al., Nat Genet. 2018 Sep;50(9):1212-1218.

Cancer	Opportunities for targeted intervention		
	Screening (7)	Chemoprevention (8)	Surgical prophylaxis (9)
Breast	+++	+	+++
Colorectal	++++	+++	++
Prostate	+	-	-
Lung	+	-	-
Ovarian	+	-	+++
Renal	+	-	-
Gastric	+	-	+
Pancreas	+	-	-
Oesophagus	+	-	-
Melanoma	++	-	-
Uterus	+	-	++++
Testicular	+	-	-

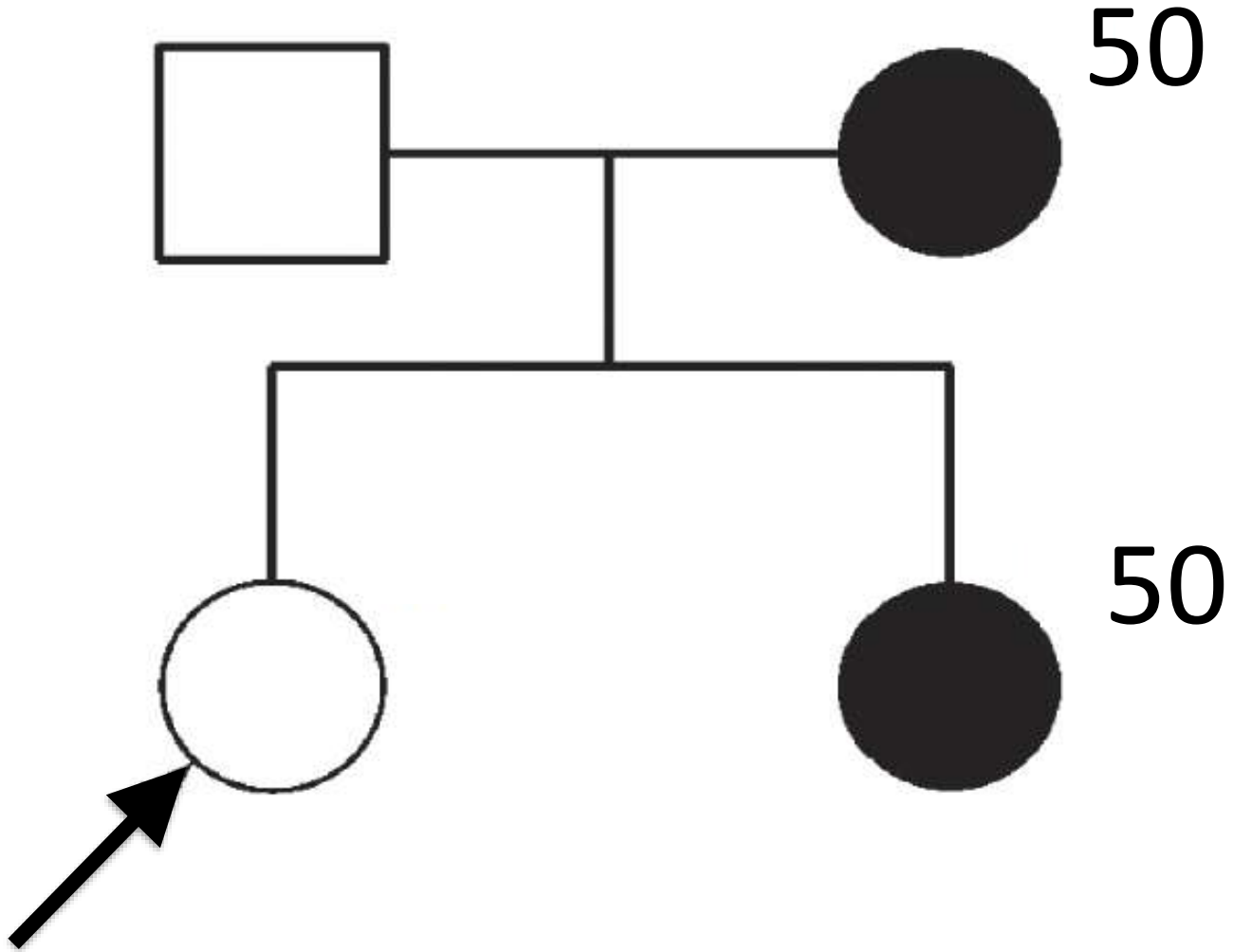
Turnbull C et al., Nat Genet. 2018 Sep;50(9):1212-1218.

Risk penetrance profile for genetic susceptibility factors for breast cancer

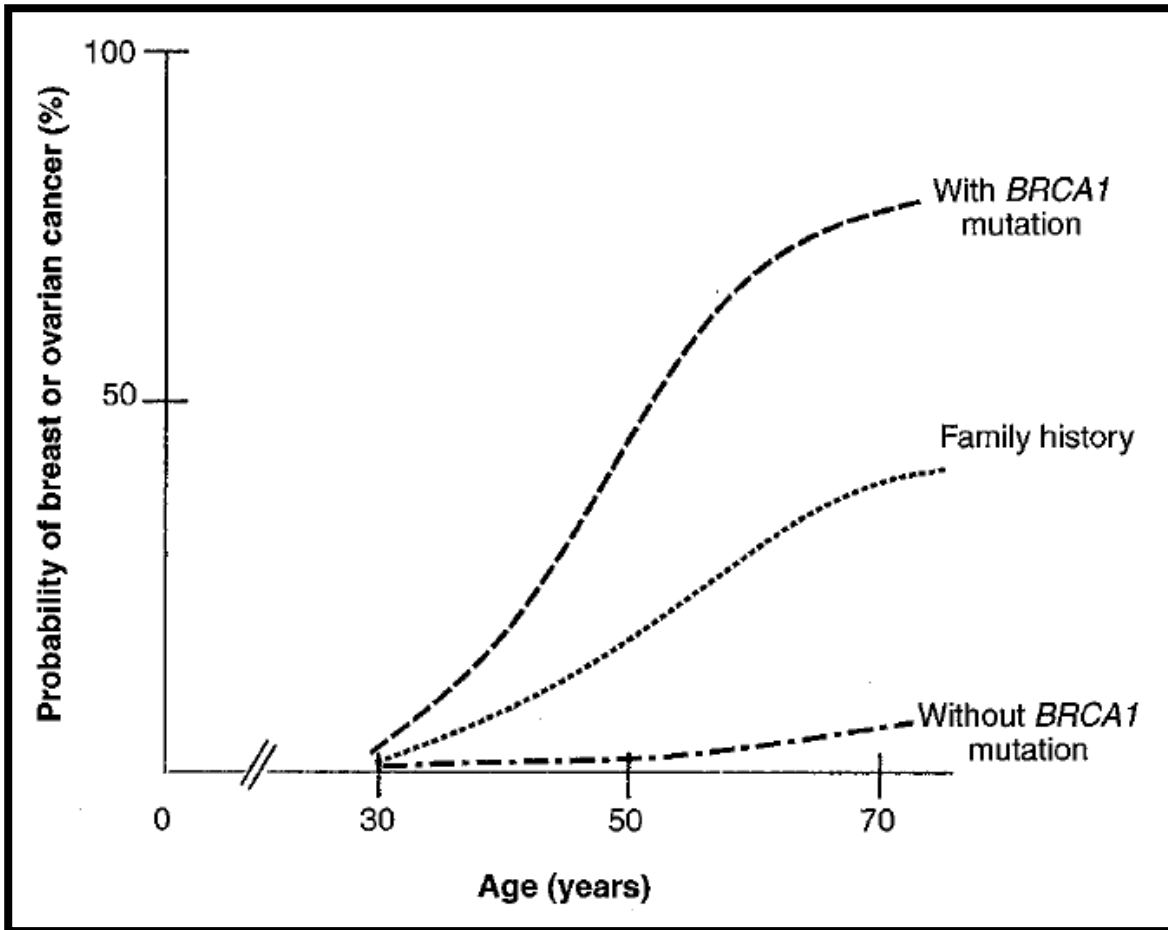


Turnbull C et al., Nat Genet. 2018 Sep;50(9):1212-1218.

BRCA1-Mutation

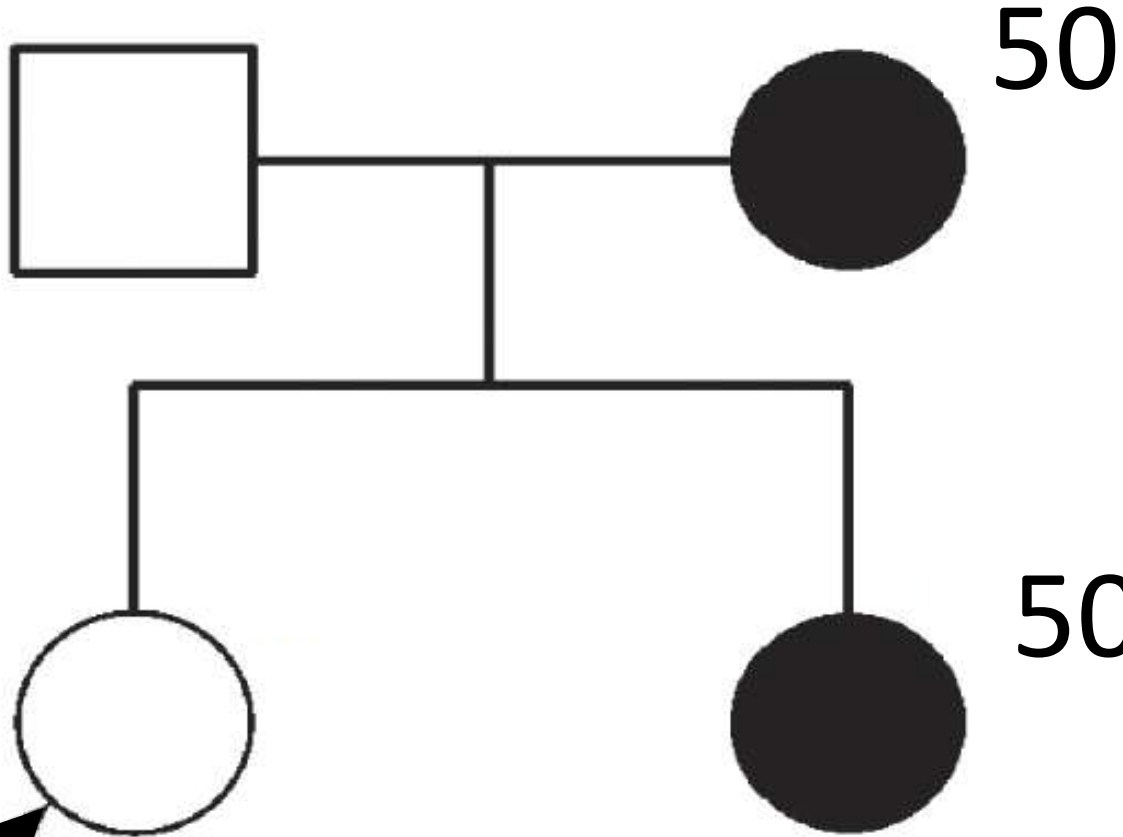


BRCA1-Mutation detected or **not detected**



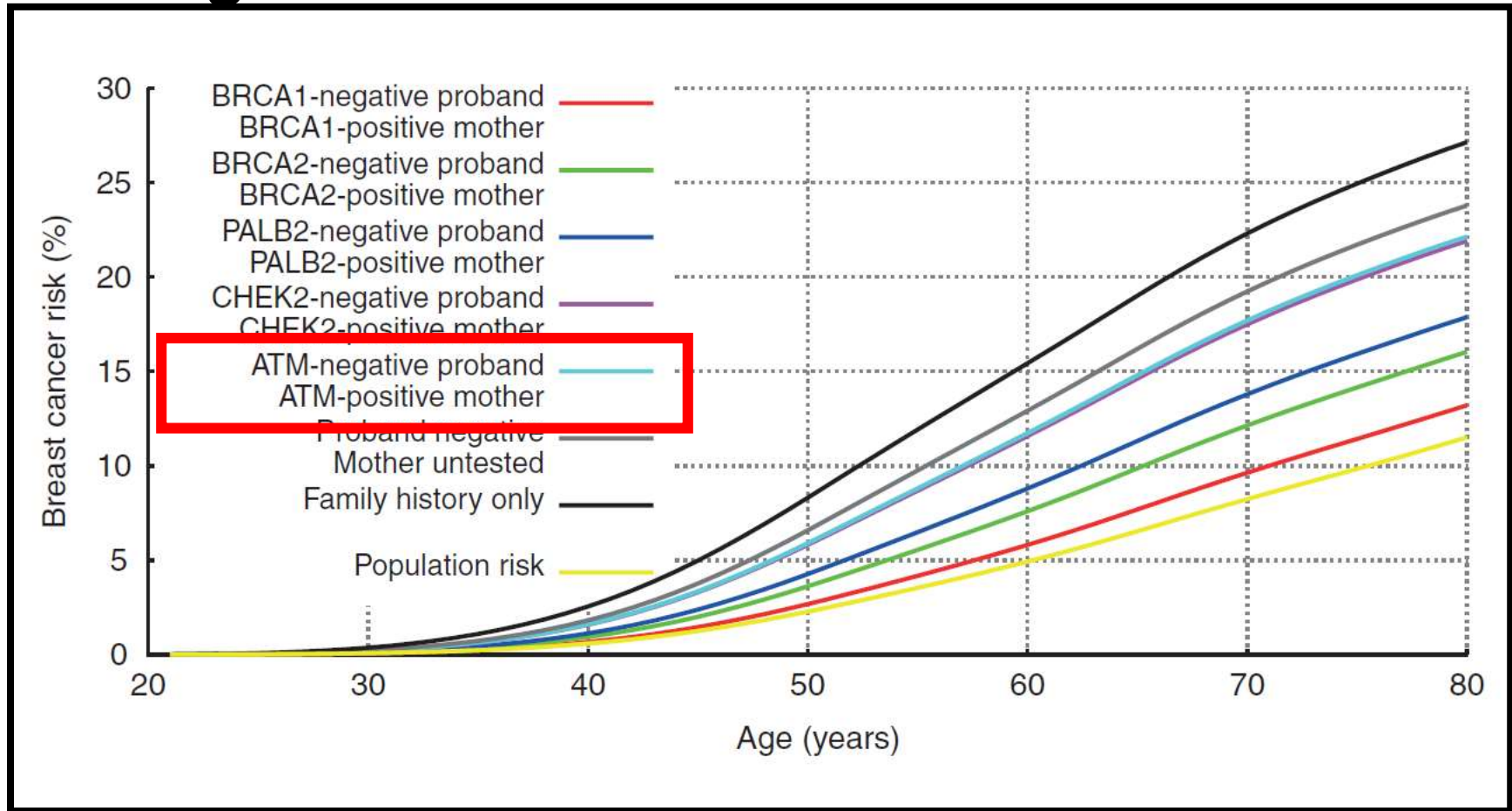
Ponder B. Science. 1997 Nov7;278(5340):1050-4.

ATM-mutation



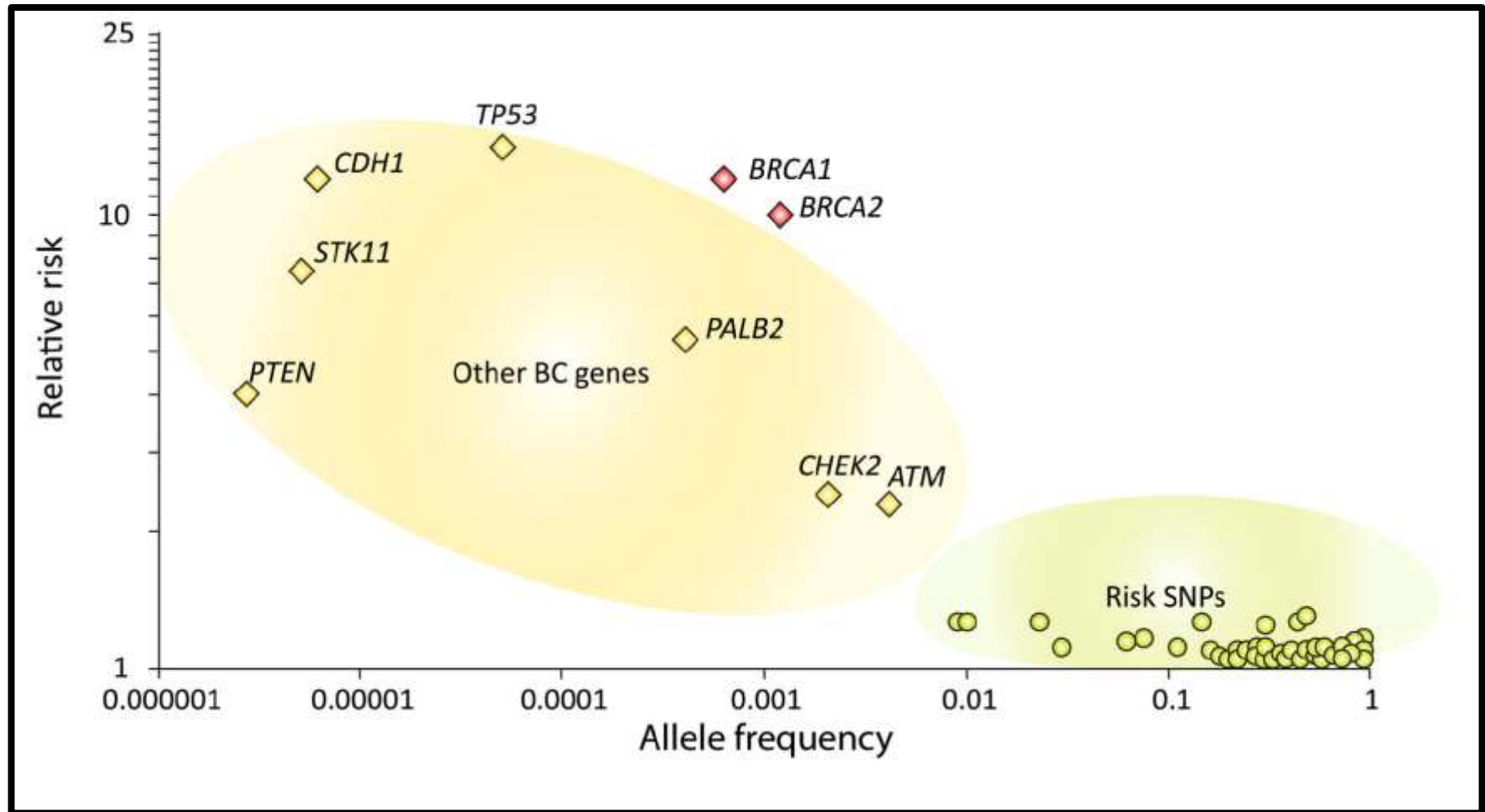
ATM-mutation not detected

BOADICEA breast cancer risk for negative testing



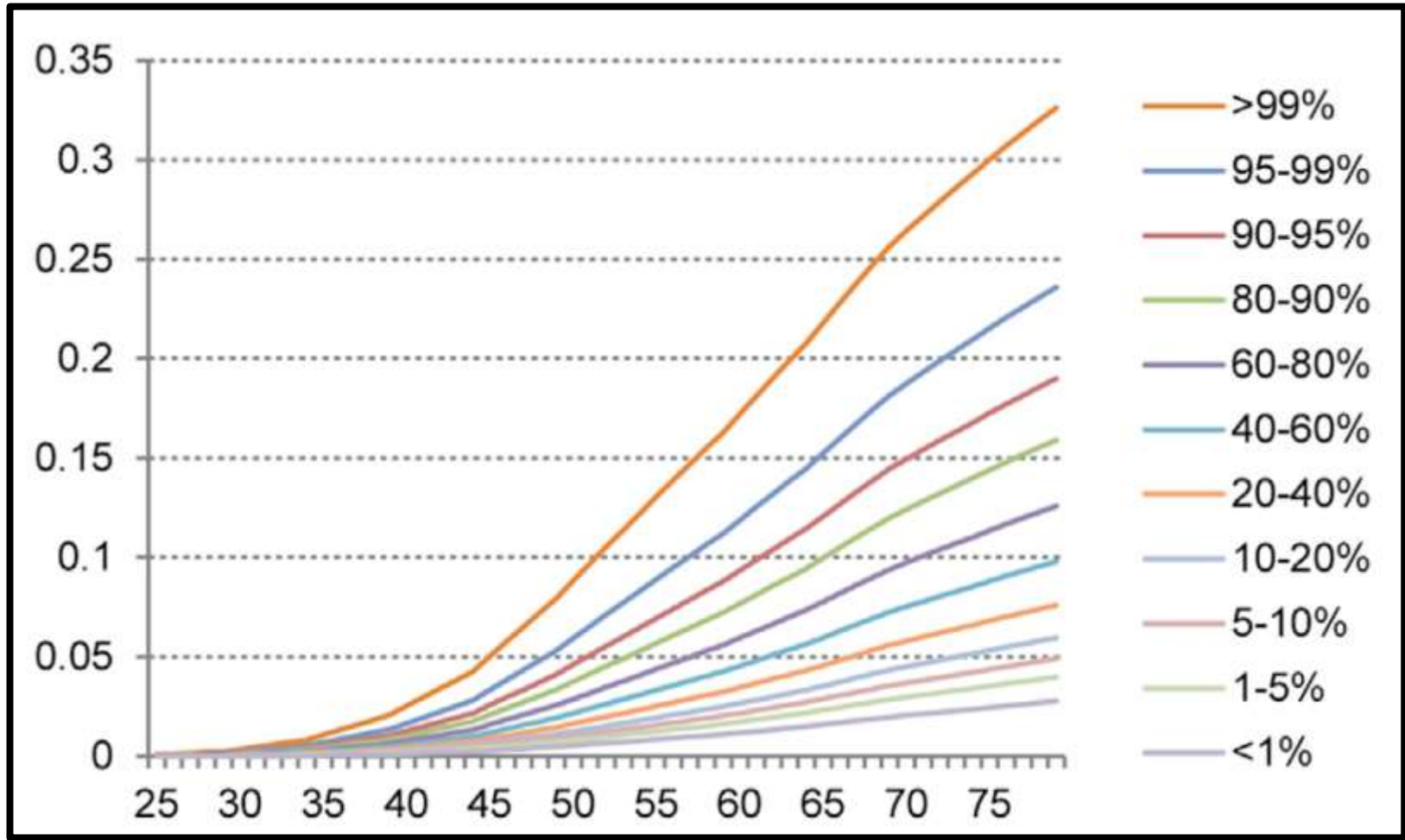
Lee AJ et al., Genet Med. 2016 Dec;18(12):1190-1198

Risk penetrance profile for genetic susceptibility factors for breast cancer

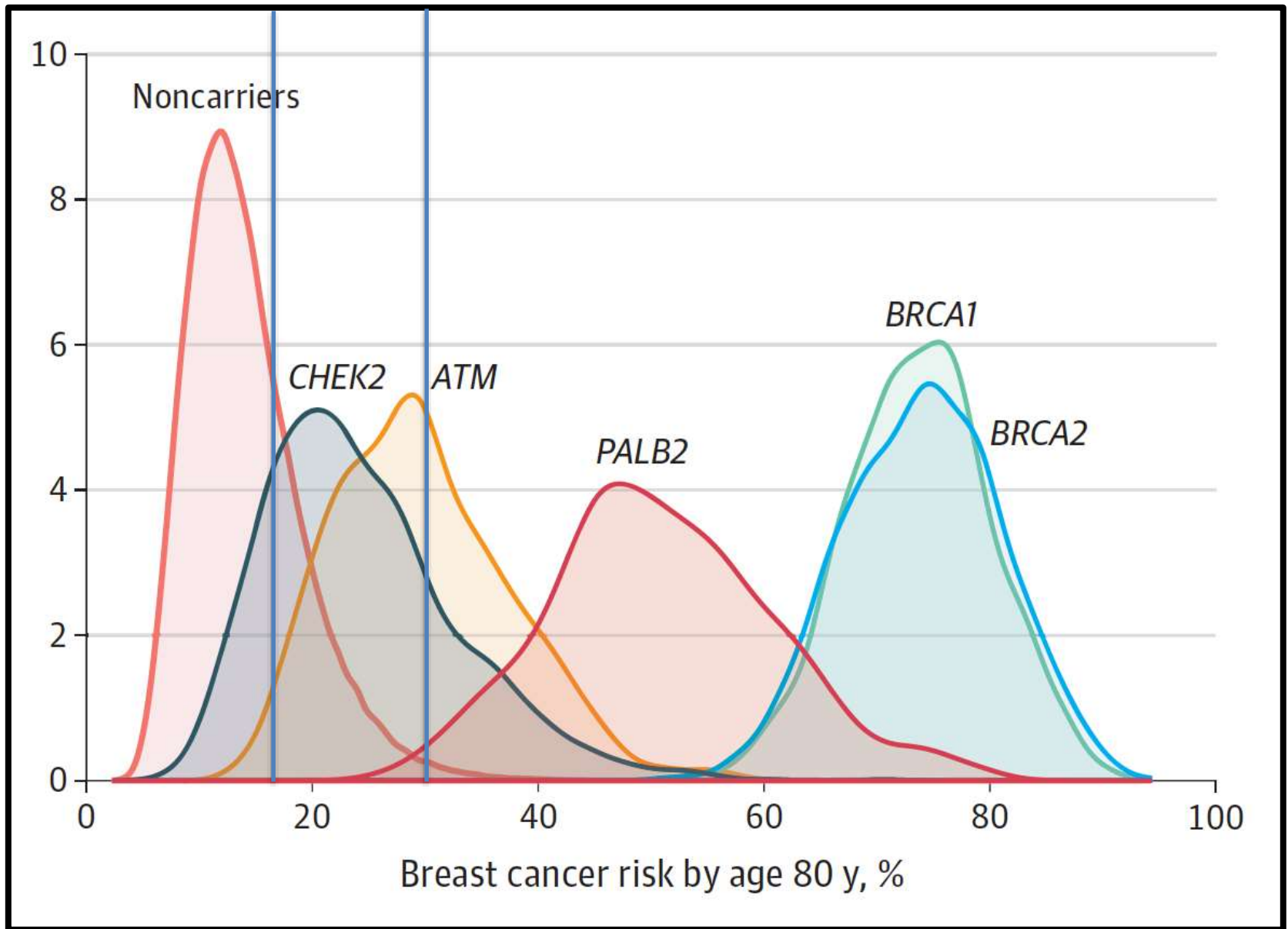


Turnbull C et al., Nat Genet. 2018 Sep;50(9):1212-1218.

Risk of developing breast cancer by percentiles of the 313 SNP polygenic risk scores

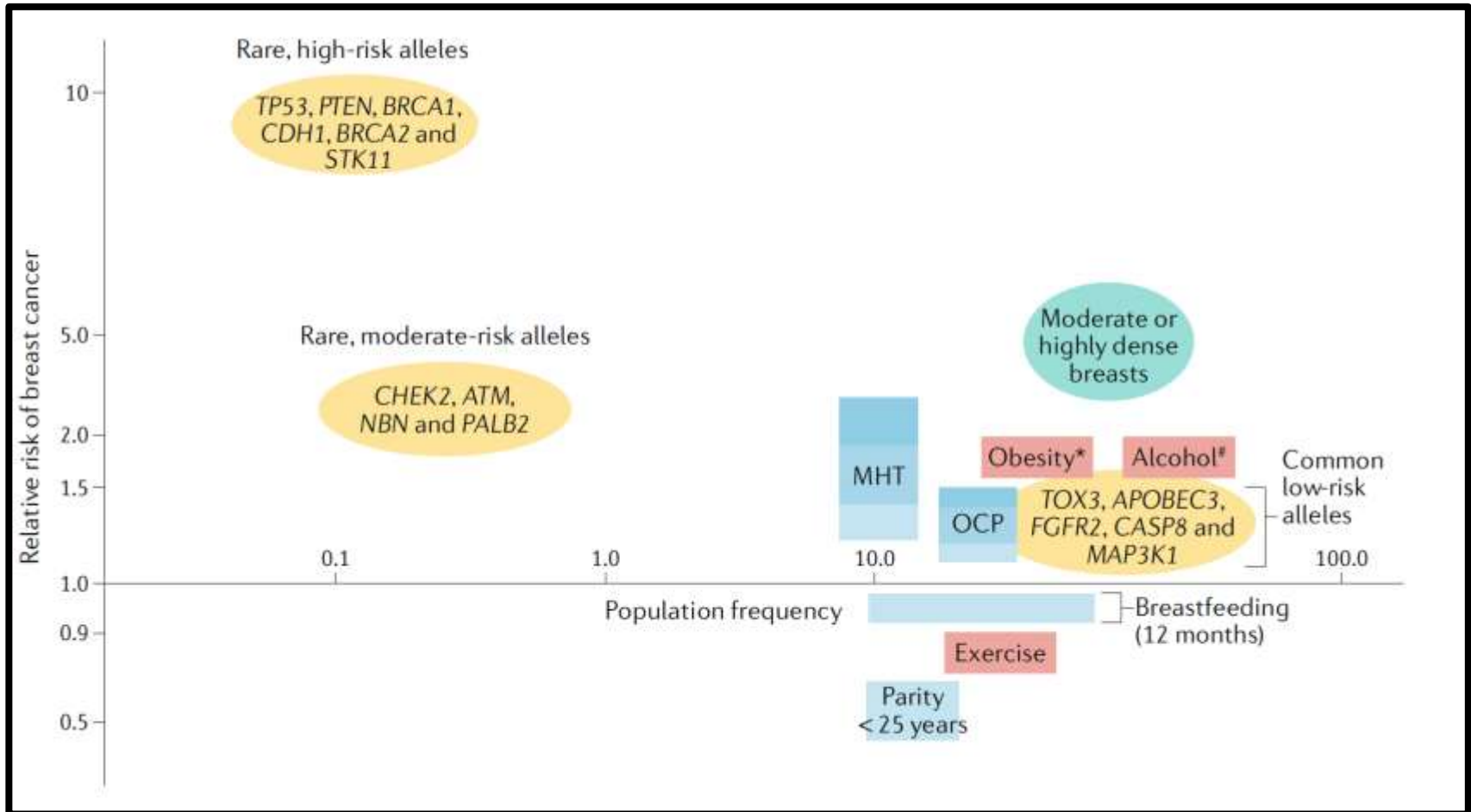


Mavaddat N et al., Am J Hum Genet. 2019 Jan 3;104(1):21-34.



Gallagher S. JAMA Netw Open. 2020 Jul 1;3(7)

Breast cancer risk modifiers and population frequency



Britt KL, Cuzick J. Nat Rev Cancer. 2020 Aug;20(8):417-436.

The **CanRisk Web Tool** incorporates the new version of **BOADICEA**, the **B**reast and **O**varian **A**nalysis of **D**isease **I**ncidence and **C**arrier **E**stimation **A**lgorithm.

The CanRisk logo features the word "CanRisk" in a blue, sans-serif font. The letter "i" in "Risk" is stylized with a blue circular graphic element.

➤ Start CanRisk

BOADICEA is a comprehensive model that can be used to calculate the future risks of developing breast or ovarian cancer using information on family history, lifestyle/hormonal risk factors, rare pathogenic variants in moderate and high risk breast/ovarian cancer susceptibility genes, common breast/ovarian cancer genetic susceptibility variants (Polygenic Risk Scores) and mammographic density. It can also be used to calculate the likelihood of carrying mutations in the moderate to high risk genes BRCA1, BRCA2, PALB2, ATM and CHEK2.

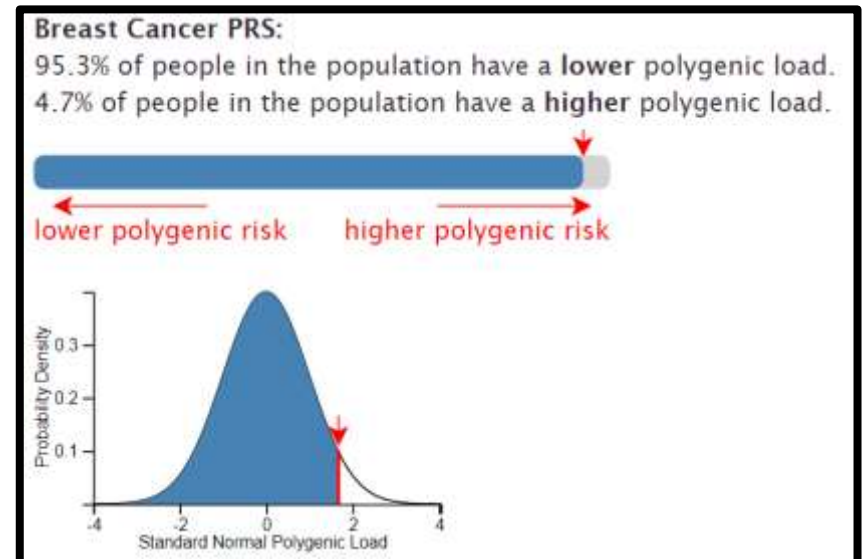
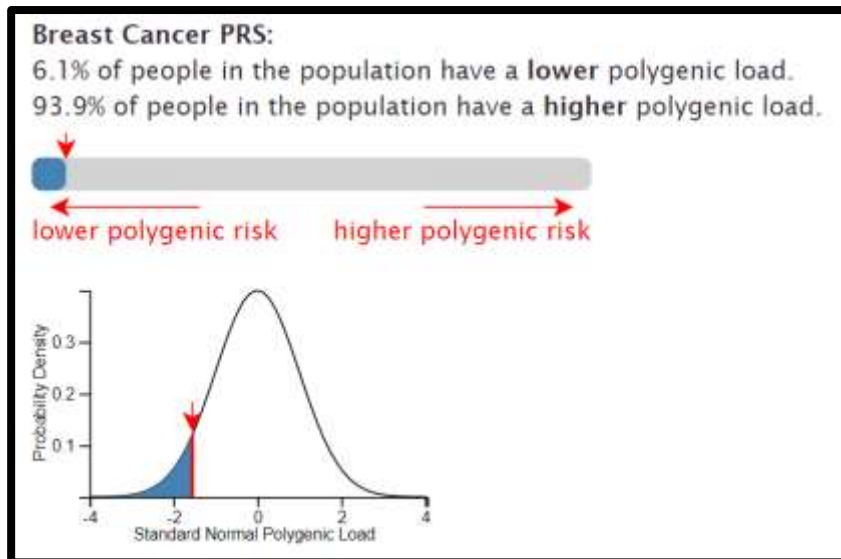


<https://www.canrisk.org>

Lee A et al., Genet Med. 2019 Aug;21(8):1708-1718.

Carver T et al., Cancer Epidemiol Biomarkers Prev. 2021;30(3):469-473.

- Proband asymptomatic
- Mother breast cancer 50y; sister breast cancer 50y.
- No mutation known in family



Breast cancer risk 13.8% Breast cancer risk 32.2%

<https://www.canrisk.org>

A personalised approach based on the individual breast cancer risk will result in a more effective breast cancer screening and as a consequence to a reduction of the mortality due to breast cancer

<https://cordis.europa.eu/project/id/755394>

<https://www.mypebs.eu>



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