



## **Genes, Gene Panels & Cancer Risk: *Is Testing Right for Me?***

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Sharing Knowledge ~ Creating Hope  
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# Blueprint

- Genetics 101
- The Genetics of Cancer
- Genetic Tests / Gene Panels
- Q&A



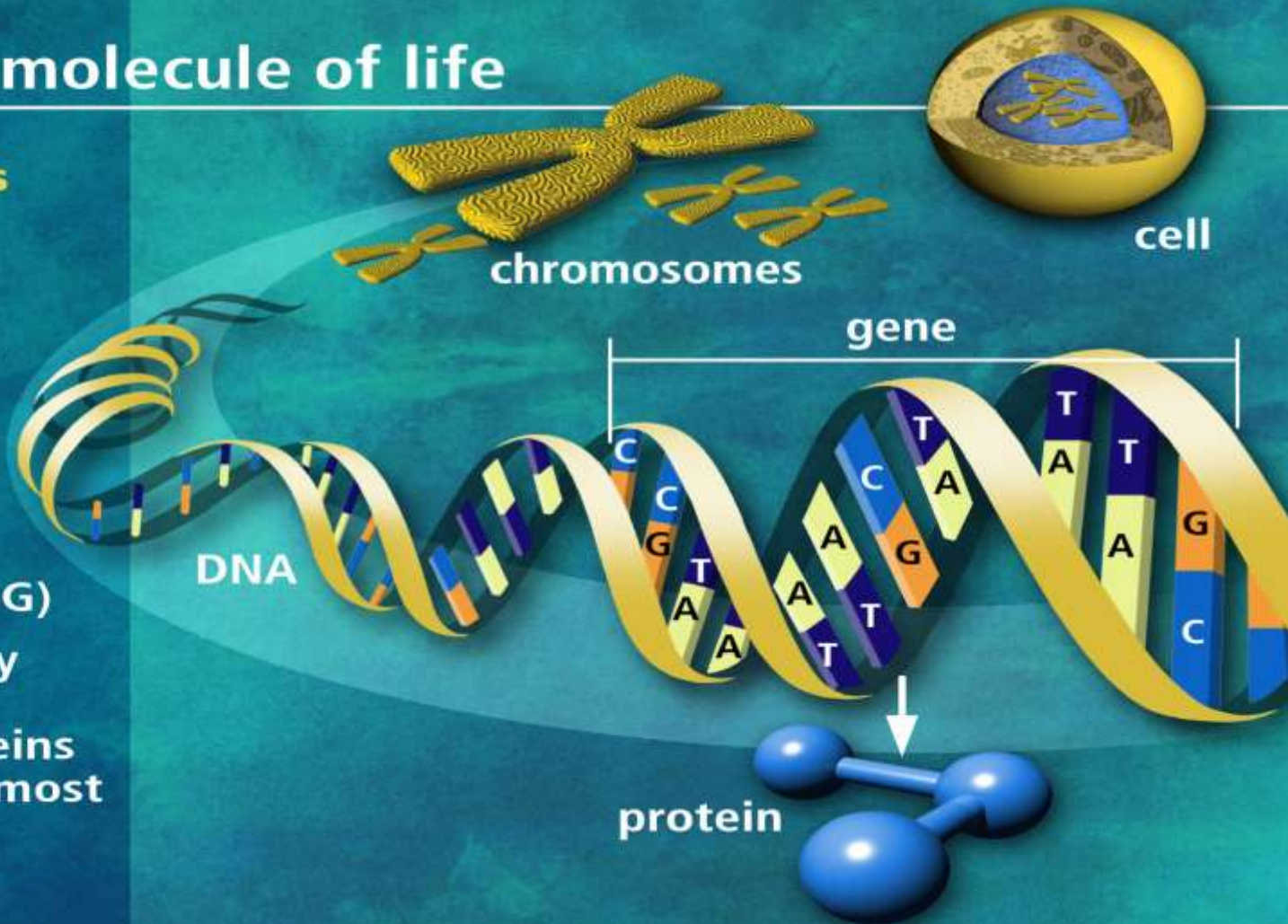
# Genetics 101

# DNA the molecule of life

## Trillions of cells

Each cell:

- 46 human chromosomes
- 2 meters of DNA
- 3 billion DNA subunits (the bases: A, T, C, G)
- Approximately 30,000 genes code for proteins that perform most life functions



# How do we inherit our genes?

- 23 chromosomes from each parent = 46 total
  - 44 identical in men & women
    - 2 copies of every gene here (autosomes)
  - + 2 sex chromosomes (X & Y)
    - Women inherit two X chromosomes
    - Men inherit one X from mother & one Y from father

# What are genes?

- Sequence of bases = instructions for making a single protein
  - Enzymes, structural, signaling
- Additional bases that come before the gene = tell when each gene should be used
  - Hair protein: made only in certain skin cells, not the rest of the body



# DNA Sequence Variation in a Gene Can Change the Protein Produced by the Genetic Code

*Gene A from Person 1*



Protein Products



*Gene A from Person 2*

Codon change made no difference in amino acid sequence

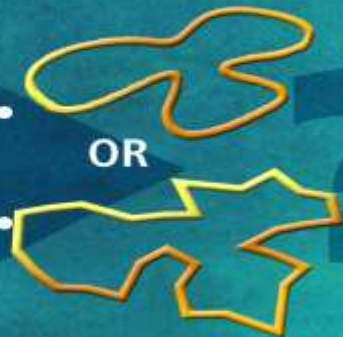


*Gene A from Person 3*

Codon change resulted in a different amino acid at position 2



OR



# Genetic Code Missteps -- analogy

**THE BOY DID EAT ALL DAY**

**THE BAY DID EAT ALL DAY**

**THE BYD IDE ATA LLD AY**



# What kind of problems can mutations cause?

- Altered function
  - Sickle cell anemia
- Lack of protein
  - Hemophilia
- Change how much protein is made
  - Cancer: proteins that prevent additional mutations from building up

# Genetic Basis of Human Disease

Rare

Common

Genetics = simple

Genetics = complex

Unifactorial

Multifactorial

**GENETIC**

**ENVIRONMENTAL**

Single gene disorders  
(Duchenne Muscular Dystrophy)

Coronary Heart Disease

TB

Scurvy

Cancer

Infections

Schizophrenia

Phenylketonuria  
Galactosaemia

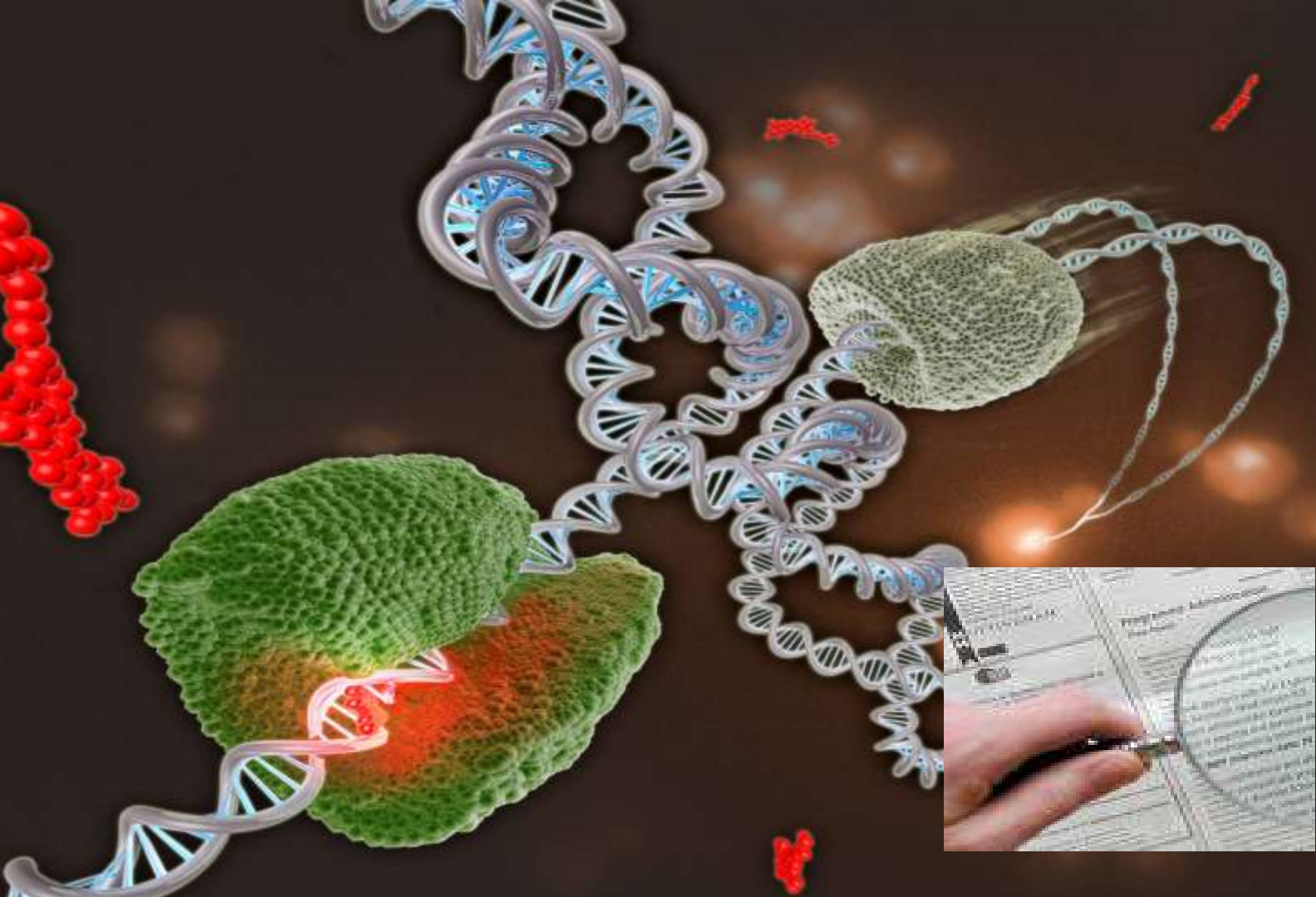
Peptic Ulcer

Hemophilia  
Osteogenesis Imperfecta

Diabetes

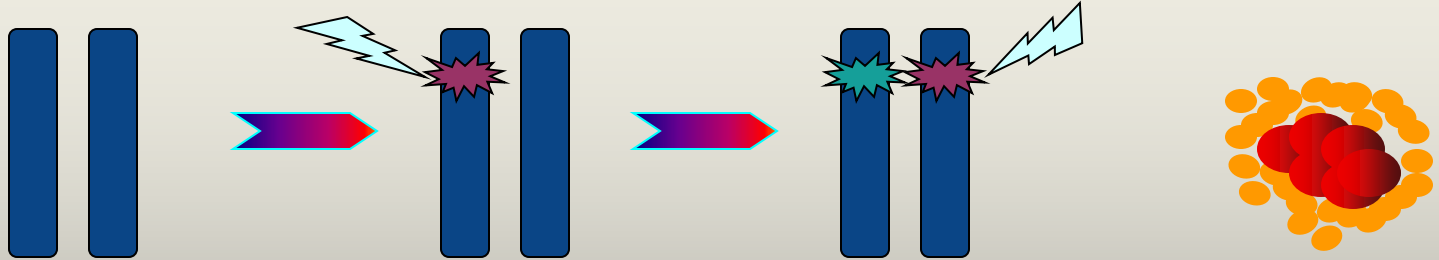


# The Genetics of Cancer



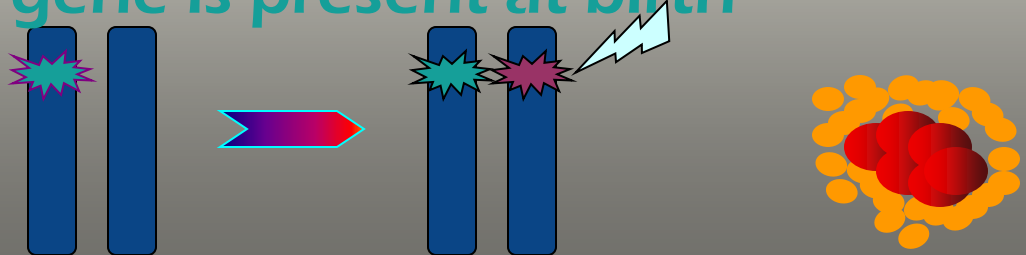
# “Multi-Hit” Theory

- Sporadic Cancer



- Hereditary Cancer

- One damaged gene is present at birth



# “Multi-Hit” Theory

- Mutations happen frequently during normal cell division and/or due to environmental factors
- When genetic damage escapes the normal repair mechanisms of the body --
  - Mutations accumulate
  - Uncontrolled cell growth results
- Most cancer occurs because of multiple mutations

# Genetic Testing...what does it mean?

- Diseases related to one gene = very rare
- Cancer is probably related to many genes interacting, plus environmental factors
- Genetic testing is usually an assessment of risk, not diagnostic

# Common genetic tests in oncology

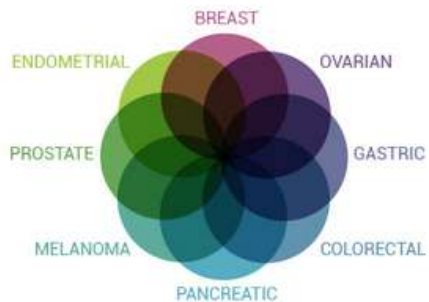
- BRCA1/2 + BART
- Lynch (MLH1, MSH2, MSH6, PMS2, EPCAM)
- Adenomatous Polyposis Syndromes (APC, MYH)
  
- Li-Fraumeni Syndrome (p53)
- Cowden Syndrome (PTEN)



# Multi-Gene Panels

- Next Generation Sequencing
  - Looks at multiple genes in one sample
- Highly penetrant genes are included, as well as intermediate penetrant genes
  - Unclear clinical actionability
  - May reveal variants of uncertain significance
- Currently offered by several clinical labs
- Covered by insurance in some cases
  
- *\*different from genomic panels done on tumor tissue*

# Multi-Gene Panels



| Genes             | ASSOCIATED SYNDROMES |         |            |             |          |            |         |          |       |
|-------------------|----------------------|---------|------------|-------------|----------|------------|---------|----------|-------|
|                   | Breast               | Ovarian | Colorectal | Endometrial | Melanoma | Pancreatic | Gastric | Prostate | Other |
| BRCA1             | ●                    | ●       |            |             |          | ●          |         | ●        |       |
| BRCA2             | ●                    | ●       |            |             | ●        | ●          |         | ●        |       |
| MLH1              |                      | ●       | ●          | ●           |          | ●          | ●       |          | ●     |
| MSH2              |                      | ●       | ●          | ●           |          | ●          | ●       |          | ●     |
| MSH6              |                      | ●       | ●          | ●           |          | ●          | ●       |          | ●     |
| PMS2              |                      | ●       | ●          | ●           |          | ●          | ●       |          | ●     |
| EPCAM             |                      | ●       | ●          | ●           |          | ●          | ●       |          | ●     |
| APC               |                      |         | ●          |             |          | ●          | ●       |          | ●     |
| MUTYH Biallelic   |                      |         | ●          |             |          |            |         |          | ●     |
| MUTYH Mosaiploic  |                      |         | ●          |             |          |            |         |          |       |
| CDKN2A (p16INK4a) |                      |         |            |             | ●        | ●          |         |          |       |
| CDKN2A (p14ARF)   |                      |         |            |             | ●        | ●          |         |          |       |
| CSMA              |                      |         |            |             | ●        | ●          |         |          |       |
| TP53              | ●                    | ●       | ●          | ●           | ●        | ●          | ●       | ●        | ●     |
| PTEN              | ●                    |         | ●          | ●           | ●        |            |         |          | ●     |
| STK11             | ●                    | ●       | ●          | ●           |          | ●          | ●       |          | ●     |
| CDH1              | ●                    |         | ●          |             |          |            | ●       |          |       |
| SMAR1A            |                      |         | ●          |             |          | ●          | ●       |          | ●     |
| SMAD4             |                      |         | ●          |             |          | ●          | ●       |          | ●     |
| PALB2             | ●                    |         |            |             |          | ●          |         |          |       |



# Why test? Things to consider...

- **To make a medical intervention.**
- **To relieve anxiety, especially in a family that knows that the cancer is due to a specific gene mutation.**
- **To relieve uncertainty.**

# Why test? Things to consider...

- **Testing may cause depression, anxiety, or guilt.**
- **Testing may cause family tension.**
- **Testing may provide a false sense of security.**
- **Testing may provide unclear results.**
- **Testing can be costly.**
- **Testing may cause confidentiality concerns.**

ASCO (2014)

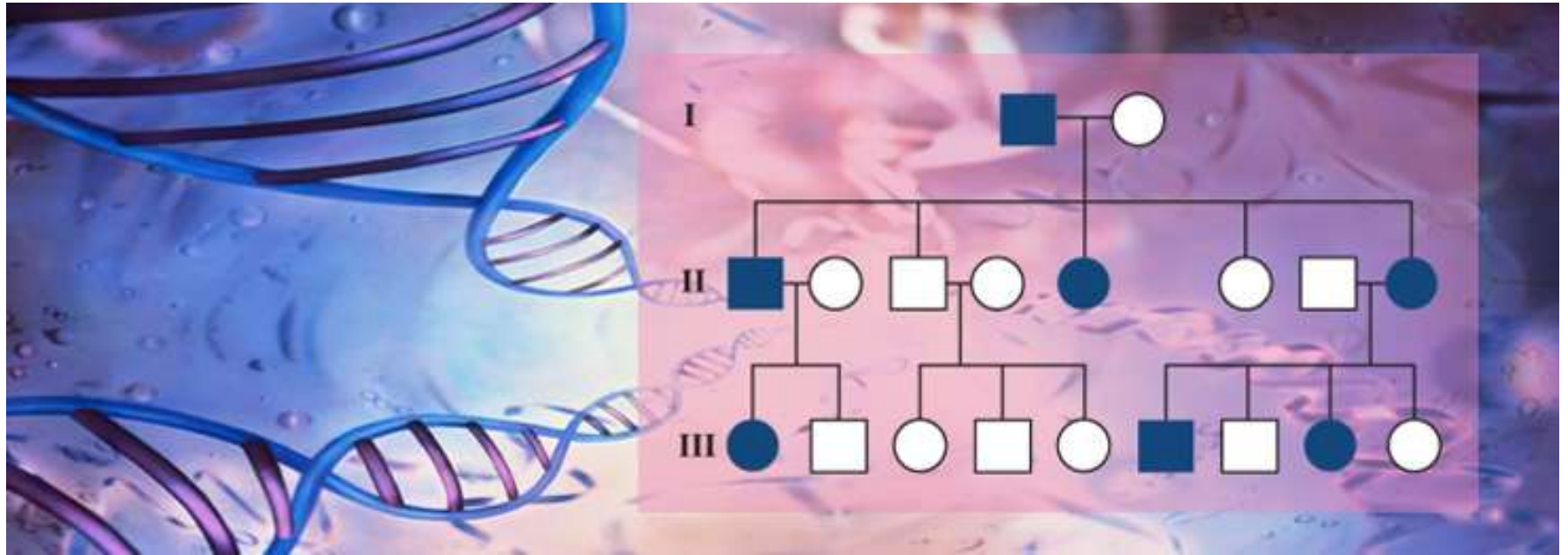
Accessed online at:

<http://www.cancer.net/navigating-cancer-care/cancer-basics/genetics/genetic-testing>

# Can we overcome our genetics?

- Our risk for almost any medical condition is a function of both our genes and our environment
- Apply our knowledge of our family medical history to predict our risk for specific problems
- Focus on the things we can change — diet, lifestyle, screening, treatment — to ensure a long, healthy life.
- Genetic testing can identify mutations to help focus screening & prevention
- Choosing to have genetic testing requires “due diligence” — considering all the possibilities prior

# Questions / Cases



# Suggested Resources

- <http://www.cancer.net/navigating-cancer-care/cancer-basics/genetics>
- <http://www.ncbi.nlm.nih.gov/sites/GeneTests/>
- <http://www.ginahelp.org/>