

CASE STUDY

Early Genetic Diagnosis Safeguards Family from Ovarian and Breast Cancer

Patient Profile

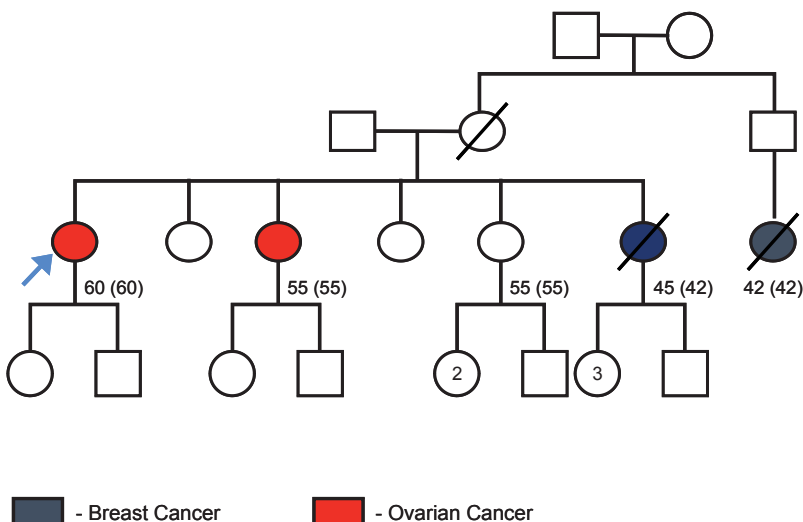
Sunita (name changed to protect patient privacy), a 60-year-old woman from Pune, was referred to a renowned oncology clinic in Pune in 2016.

She showed symptoms of ovarian cancer that were confirmed during the initial diagnosis stage. She was referred to a genetic counselor. A detailed conversation and risk profile analysis found that she has a family history of cancer.

A deeper analysis of the family history lead to the following disclosures.

- Younger sister aged 55 years was diagnosed with ovarian cancer.
- Another younger sister had been diagnosed with breast cancer at the age of 42 and had succumbed to the disease at the age of 45 years.
- A maternal side cousin sister had also lost her life to breast cancer at the age of 42 years.

Family Tree – Pre-test Genetic Counselling



A risk assessment conducted by a Strand Genetic Counselor using BRCAPRO software suggested that there was a 64.53% probability of a finding a hereditary BRCA 1 or BRCA2 mutation in this family.



Gender: Woman

Age: 60 years

Location: Pune, Maharashtra

Diagnosis: Ovarian Cancer

Strand Test: Germline

Conclusion:

Eligibility for PARP inhibitor therapy established ;

Identification of other family members at risk

Genetic Testing

Sunita's DNA was examined using the Strand Germline Cancer Panel. She was found to be positive for a heterozygous pathogenic variant, which was detected in exon 2 of the BRCA1 gene.

RESULT

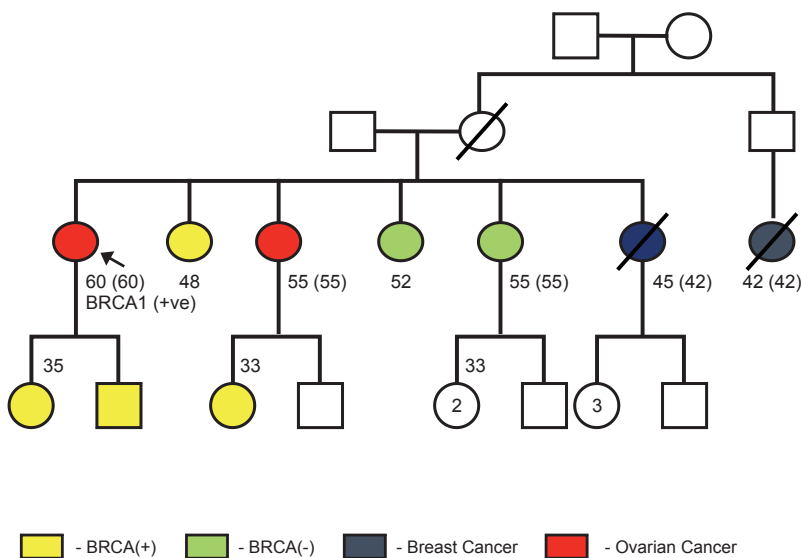


Positive for a heterozygous 'pathogenic' variant, which was detected in exon 2 of the *BRCA1* gene.

Key Findings

Gene	Variation	Zygoty	Clinical significance
<i>BRCA1</i>	chr17:41276045_41276046delCT c.68_69delAG p.Glu23ValfsTer17	Heterozygous	Pathogenic

In addition to Sunita, mutation specific tests were conducted on tissue samples provided by 6 other family members. Four of these individuals were found to be carriers of the same BRCA1 mutation, whereas two tested negative for this mutation.



Family Tree – Post-Test Genetic Counselling

Strand Germline Test reports from Sunita's relatives indicated the following,

- Younger sister aged 48 years was a carrier of the BRCA1 mutation.
- Two other younger sisters aged 52 and 55 respectively, were negative for the BRCA1 mutation.
- Her son, daughter and affected sister's daughter were found to be heterozygous for the same mutation.

Treatment Recommendations

Sunita was not eligible for treatment with PARP inhibitors prior to the genetic test. However, since her ovarian cancer has recurred, and her status as a BRCA1 heterozygous carrier has been confirmed, she is now eligible to receive PARP inhibitor therapy¹⁻³.

Conclusion

- Two of the proband's sisters have been found to be negative for this mutation. Hence, the risk of breast and ovarian cancer for their children has been estimated to be considerably lower than that for other family members.
- Mrs. Karmarkar's son, daughter, niece and another sister have been advised of their risk for hereditary breast and ovarian cancer and can now take appropriate preventive measures.

References

1. Jenner, Z. B., Sood, A. K. & Coleman, R. L. Evaluation of rucaparib and companion diagnostics in the PARP inhibitor landscape for recurrent ovarian cancer therapy. *Futur. Oncol.* 12, 1439–1456 (2016).
2. Swisher, E. M. et al. Rucaparib in relapsed, platinum-sensitive high-grade ovarian carcinoma (ARIEL2 Part 1): an international, multicentre, open-label, phase 2 trial. *Lancet Oncol.* 18, 75–87 (2017).
3. Crafton, S. M., Bixel, K. & Hays, J. L. PARP inhibition and gynecologic malignancies: A review of current literature and on-going trials. *Gynecol. Oncol.* 142, 588–596 (2016).
4. Oza, A. M. et al. Olaparib combined with chemotherapy for recurrent platinum-sensitive ovarian cancer: a randomised phase 2 trial. *Lancet Oncol.* 16, 87–97 (2015).
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Strand Germline Panel

The Strand Germline Cancer Test is designed to identify genes that are involved in several inherited cancers. The following genes are specifically looked for in samples from breast and ovarian cancer patients, as per international guidelines.

ATM, BRCA1, BRCA2, BRIP1, CDH1, CHEK2, NBN, PALB2, PTEN, RAD51C, RAD51D, TP53



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