CLINICAL CANCER GENOMICS COMMUNITY OF PRACTICE

CITY OF HOPE DIVISION OF CLINICAL CANCER GENOMICS

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CHAT LOG TIMECODES MAY NOT ALIGN WITH RECORDING

00:55:30 COH - Sandra Dreike: Happy Wednesday everyone! We will start in a minute or two.
00:56:59 Clinical Cancer Genetics: CME code for this session: DAYFEP
00:57:50 Tamarind Keating: Ok. I can't join audio from the computer but am on by phone - 206-419-4190. Could you please unmute that number when I present?
00:59:45 Robbin Palmer: Have lipomas been confirmed by path?
01:00:09 Denise Jeffery: Will you post the CME code please.
01:00:17 Susan Jones: DAYFEP
01:00:27 Denise Jeffery: Thank you
01:01:36 City of Hope - PopSci Conference Room: I do not think her sister meets clinical dx criteria
01:01:54 City of Hope - PopSci Conference Room: endobronchial carcinoid is not a part of the dx criteria
01:01:59 catherine marcum: I agree with above. Smoking history on paternal pancs
01:02:07 City of Hope - PopSci Conference Room: would need NET from GEP
01:02:11 Steve Gruber: Any other clinical features of NF1?
01:02:22 Heather Hampel (she,her): I would try to get path reports on the pancreatic tumors and determine if the VUS is paternally inherited.
01:03:16 Dara McKinley FNP-C AGN-BC: hyperparathyroidism?
01:04:25 City of Hope - PopSci Conference Room: It's 100% by age 50
01:04:41 City of Hope - PopSci Conference Room: She still has some "time" but still would likely expect it by now
01:05:08 City of Hope - PopSci Conference Room: Dad needs a panel
01:05:15 Kathryn Reyes: if parents pursue VUS resolution testing, dad should have a panel done because of the fam hx of panc
01:05:17 City of Hope - PopSci Conference Room: Also aunt with breast ca
01:08:08 Robbin Palmer: is pateint LD/DD?
01:08:53 Robbin Palmer: I'm studying up on NF1. What about Legius syndrome?
01:12:35 Steve Gruber: https://www.ohsu.edu/school-of-medicine/molecular-and-medical-genetics/clinical-faculty
01:12:48 Susan Jones: https://www.ohsu.edu/clinical-genetics
01:13:07 Susan Jones: Oops, hadn't spotted Dr. Gruber's link! :)
01:13:45 Steve Gruber: 🙂
01:14:34 Steve Gruber: Please excuse me as I have to step away briefly for a patient issue...
01:19:03 City of Hope - PopSci Conference Room: If testing is neg for dad, he meets familial panc criteria
01:19:06 City of Hope - PopSci Conference Room: and needs screening
01:19:10 kcollins: I JOINED AT ABOUT 12:10. wAS THERE A CODE FOR TODAY
01:19:28 COH - Elyssa Zukin: If the maternal uncle's prostate cancer was metastatic, mom would also warrant a panel
01:19:28 Clinical Cancer Genetics: CME code for this session: DAYFEP
01:19:35 kcollins: sorry - didn't mean for that to be in caps

01:19:45 City of Hope - PopSci Conference Room: 😂
01:19:49 COH - Suzie Shehayeb (she/her): lol
01:21:15 kcollins: lol - thanks
01:22:33 COH-Bita Nehoray (she/her): Do they do germline subtraction?
01:23:24 COH - Suzie Shehayeb (she/her): Not classically associated with high grade serous ovarian cancer at least; some other germ cell tumors have been seen with LFS. But we have had a patient or two with true LFS and HGS ovarian cancer.
01:23:32 COH-Bita Nehoray (she/her): Invitae does, I think Ambry does single site analysis
01:23:37 COH-Bita Nehoray (she/her): which I think is fine
01:24:00 City of Hope - PopSci Conference Room: Yes for fibroblast ancillary testing they only do single site unless otherwise ordered (which may not be covered)
01:24:38 Heather Hampel (she,her): Yes.
01:24:40 Dara McKinley FNP-C AGN-BC: I would test children
01:24:42 COH-Bita Nehoray (she/her): You are right!
01:24:58 COH-Bita Nehoray (she/her): correct
01:25:09 COH - Suzie Shehayeb (she/her): Even if truly mosaic, the brothers likely would not be at risk because it would be de novo. So they are unlikely to need testing for this. But they may need their own testing based on the family history.
01:25:11 COH-Bita Nehoray (she/her): sorry my audio is funky today
01:25:33 COH - Suzie Shehayeb (she/her): And you are working this up great Connie! Believe in yourself!
01:25:41 COH - Suzie Shehayeb (she/her): *Conni
01:25:47 COH - Elyssa Zukin: Agree with Suzie. The brothers would still warrant testing based on the pancreatic cancer in her mother
01:26:00 Steve Gruber: She is eligible for LiFT UP study if she is interested in participating in research. We'd be happy to consent her.
01:26:11 Nancy Posner: Connie, very well thought out and presented!
01:26:53 Dara McKinley FNP-C AGN-BC: After enough of these--I feel like I finally have it too 😄
01:28:43 COH - Suzie Shehayeb (she/her): It could have been ctDNA at that point too
01:33:45 COH-Bita Nehoray (she/her): Makes sense!
01:34:09 City of Hope - PopSci Conference Room: Definitely! All the work up done was appropriate and important. The question is always where do we stop right?
01:37:27 Clinical Cancer Genetics: CME code for this session: DAYFEP
01:44:16 COH-Bita Nehoray (she/her): Does anyone remember when the breast risk was updated for rad51c as compared to when their testing happened?
01:44:59 City of Hope - PopSci Conference Room: Sept 7
01:45:02 City of Hope - PopSci Conference Room: was the update
01:45:04 Mary McCarthy: in regards to recurrence of the mom's breast cancer, lump+ radiation is equal to mastectomy
01:45:46 Dara McKinley FNP-C AGN-BC: at least the RAD51C mutation buys her an MRI moving forward
01:45:57 Mary McCarthy: if you're worried about a new cancer in the ipsilateral breast, then, i'm not sure the risk is high enough to "need" mastectomy if she doesn't prefer that
01:46:30 City of Hope - PopSci Conference Room: We unfortunately do not have second primary risk for moderate risk genes (even those we have known as breast ca genes for some time now e.g., ATM, PALB2, etc
01:47:19 COH - Elise Sobotka (she/her): Sorry if I missed this, but is the mom also your patient? I don't know if you can give mom specific recommendations in that case
01:47:20 COH - Suzie Shehayeb (she/her): Agree it's a different scenario for mom. But I'd think of it similarly to ATM/CHEK2 etc where we typically not discuss bilateral mastectomy just based on the variant (obviously personal and family history comes into play otherwise).
01:49:30 City of Hope - PopSci Conference Room: Michelle could you remind us your main concerns about the case?
01:50:50 Dara McKinley FNP-C AGN-BC: ask2me?
01:50:51 COH - Suzie Shehayeb (she/her): Some of that is personalized too. You could do a canrisk to see for each daughter as it should take into account RAD51C if I remember correctly

01:51:43 COH - Suzie Shehayeb (she/her): Realistically moderate risk genes are going to come with a wider range of risks and people may be hearing/coming across different numbers because of that

01:51:44 Michelle Willman: Remember too that each is individual & have other factors that are part of their risk & individual decision. We have BRCA+ patients who do not opt mastectomies for their care either. Personal informed decision with her care team.

01:51:54 COH - Suzie Shehayeb (she/her): Agree with Bita

01:52:21 City of Hope - PopSci Conference Room: Great points Michelle

01:53:11 Jen Diaz: We educate the patients about the gene mutation and risks associated with it. They are informed about their surgical options with emphasis that breast conservation is possible and safe, that breast MRI will still be part of surveillance. Ultimately it's the patient's decision/choice of what surgery she is comfortable with.

01:54:59 Jen Diaz: I've never heard of lobular cancer with increased risk for contra lateral cancer. We never tell pts that they need bil mast just bec they have ILC.

01:55:38 Dara McKinley FNP-C AGN-BC: Bita--how young would you say the cut off would be in that scenario?

01:55:44 Jen Diaz: Use ASK2ME to calculate individual risk.

01:55:45 Susan Jones: I offer the partner testing while providing them the optimism that the partner testing positive is unlikely (assuming no consanguinity)

01:56:22 COH-Bita Nehoray (she/her): @Dara- cut off for when I'm more or less concerned about FA?

01:56:41 Steve Gruber: I have a hard stop at 11...thanks for a great discussion. Excellent cases.

01:56:44 City of Hope - PopSci Conference Room: About ~70% of patients with FA present in childhood with physical anomalies related to the condition, so a large number but not 100%

01:56:46 Dara McKinley FNP-C AGN-BC: yes

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01:57:19 Susan Jones: Thank you!

01:57:27 Rosamaria Roman: Thank you!