CLINICAL CANCER GENOMICS COMMUNITY OF PRACTICE

CITY OF HOPE DIVISION OF CLINICAL CANCER GENOMICS

This recording is provided for review purposes only and viewing *does not* substitute attendance.

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00:15:16 Stefanie Yoon: Can someone tell me the code again, I didn't catch it in time.
00:16:13 Mary McCarthy: I didn't either
00:16:34 catherine marcum: CUHWAP
00:16:51 Stefanie Yoon: thanks!
00:17:56 Clinical Cancer Genetics: CME attendance code: CUHWAP
Reminder for IC Participants: Do not text in the code, your CME credits will be packaged with the Intensive Course
00:19:10 Carrie Thompson: Hi!
00:19:35 Clinical Cancer Genetics: CME attendance code: CUHWAP
Reminder for IC Participants: Do not text in the code, your CME credits will be packaged with the Intensive Course
00:19:52 Carrie Thompson: Could you please post the refresher course URL for registration. I have not been able to find it.
00:20:02 Clinical Cancer Genetics: If you do not have a City of Hope CME account, please create an account at: https://cme.cityofhope.org/content/new-user
00:20:18 Clinical Cancer Genetics: text attendance code to: 626-314-7448
00:21:43 Michelle Weaver Knowles: Welcome new class members! This is such an amazing supportive group! My recommendation is to ask questions and present cases!
00:22:37 COH - Kathleen Blazer: Good suggestions, Michelle!
00:25:02 COH - Suzie Shehayeb (she/her): Welcome all! We are excited to have you all with us! We learn so much from your cases so please present when you have them
00:26:00 COH - Gloria Nunez: Reminder: Please log in with full name, in order to receive proper CME credit
00:27:41 Susi Gordon, MD: May we have the CME code for today, please? Thank you.
00:28:42 Clinical Cancer Genetics: CME attendance code: CUHWAP
00:29:20 Susi Gordon, MD: Thank you!
00:31:44 Janaina Batista: could you send me the email to send the code : outsite USA please
00:32:42 COH - Gloria Nunez: IC 2023 Students DO NOT need to submit code- the Course ALREADY has these units built-in
00:32:51 Clinical Cancer Genetics: International attendees outside of the U.S. may email the attendance code to cme@coh.org
00:35:57 Susi Gordon, MD: VERY much appreciate you being here today, Dr. Baregamian! Kind regards, Susi Gordon, MD
00:38:01 Rosana Villanassi: Could you please cheek and enable the captions ?
00:39:02 Martha Acevedo: Martha Acevedo checking in
00:39:08 Clinical Cancer Genetics: We apologize we are unable to enable captions for this session, we will make sure to have it for future sessions
00:42:44 Susi Gordon, MD: Thank you, Dr. Marcum for presenting this complex and most interesting case. So much to learn from this case. Kind regards, Susi Gordon, MD
00:43:32 Gregory Idos(he/him): Wonderful job by Drs. Marcum and Baregamian. Likely saved some lives in this family. Did anyone have a pheochromocytoma?

00:46:05 Naira Baregamian: Thank you, again!
00:46:22 Dara McKinley FNP-C AGN-BC: Dr. Marcum--I am so impressed with this case and your work! Thank you for the case :-)😊
00:49:11 Rosana Villanassi: Toxicological agents maybe linked to mutated gene in the first people diagnose with ret+ in the last case presented?
00:51:20 City of Hope - PopSci Conference Room: Natera is an established CLIA lab, just historically more in the prenatal testing space (newer to hereditary cancer testing)
00:51:57 COH - Gloria Nunez: CME attendance code: CUHWAP
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00:52:53 Diane Stoller: DCIS is almost always er pos
00:53:05 Christina Rybak: Natera's hereditary cancer testing is sent out to Baylor so all testing and interpretation is performed by Baylor FYI.
00:53:32 Robbin Palmer: Can you please address Nnatera's provding allele freq whereas other labs r
00:54:00 Chris Holden: does Natera do fibroblast culture in house?
00:54:11 Robbin Palmer: other labs will only will not provide specific AF
00:54:16 Christina Rybak: I have no insight into allele frequency.
00:54:29 City of Hope - PopSci Conference Room: Thanks for the insight, Christina!
00:54:39 Mary McCarthy: can they also do RNA testing? couldn't that help confirm?
00:55:34 Dara McKinley FNP-C AGN-BC: No--we are leaning toward video counseling
00:55:57 Christina Rybak: Natera will do RNA testing in certain situations - I worked in the comprehensive genetic counseling side not as a lab GC so don't remember all details - you would have to call Natera for the details
00:56:33 Christina Rybak: They don't have a standard fibroblast workflow but it has happened through Baylor on occasion
00:57:49 catherine marcum: Is there breast tissue available?
01:01:00 City of Hope - PopSci Conference Room: Honestly, we're moving towards that direction more and more Michelle
01:01:26 COH - Elyssa Zukin (she/her): I've also had variants reported as heterozygous where skin punch comes back negative
01:02:43 Thomas Slavin: Most major labs can get people the allele frequencies as needed. Some have different reporting thresholds (i.e., 20-30%) where they will note that the variant is below typical allele frequencies for germline variants.
01:03:00 Gregory Idos(he/him): Thanks all..gotta jump off.
01:03:06 Thomas Slavin: For clarification, the labs will note on the report
01:03:10 COH - Suzie Shehayeb (she/her): Thanks Dr. Idos!
01:04:44 Dara McKinley FNP-C AGN-BC: Ambry does it too'
01:05:36 Dara McKinley FNP-C AGN-BC: yes but the lab doing the processing of the sample charges
01:05:52 Dara McKinley FNP-C AGN-BC: I think it is Baylor actually
01:06:13 catherine marcum: I would love to considered. I have stopped being a testing station and would love to be involved in a larger community. I have missed my colleagues as private practice is definitely private and does not have all the things I really thrive on.
01:06:55 Dara McKinley FNP-C AGN-BC: For sure :-)
01:09:20 Michelle Weaver Knowles: Yowza!
01:09:34 Mary McCarthy: this risk score calculated after looking at SNPs, but my understanding is that it is still not yet clinically actionable
01:10:09 catherine marcum: Run CanRisk
01:10:15 Diane Stoller: remind me of patient age?
01:11:17 Diane Stoller: I would never do RRM for a check 2 risk score alone
01:11:19 catherine marcum: I would not make recommendation for RRM from PRS
01:11:55 Mary McCarthy: we also would not offer this patient for RRM based of off this riskscore
01:12:36 Robbin Palmer: @Catherine: You can include PRS in CanRisk. Would you include.
01:12:56 catherine marcum: I would not

01:13:22 Anna Newlin, MS, CGC: Would you be more inclined to offer option of RRM if PV is confirmed to be paternal in origin?
01:13:36 catherine marcum: No
01:13:55 City of Hope - PopSci Conference Room: Neither would I
01:13:59 catherine marcum: Prostate is all late in life
01:14:13 Steve Gruber: Polygenic risk scores are derived from both mother and father...
01:14:24 catherine marcum: Sorry - looking at mom's side but still no
01:14:58 Dara McKinley FNP-C AGN-BC: Are there restrictions for ethnic background?
01:15:01 COH - Suzie Shehayeb (she/her): I think you can only include SNPs in CanRIsk if you have the SNP level file/data. I don't think there is a way to do it for these sort of PRS scores from labs. At least last time I checked
01:15:08 Steve Gruber: I think it's important to have a discussion with patient about shared decision making with risks, benefits and alternatives to management options, including RRM
01:15:44 COH - Suzie Shehayeb (she/her): For CHEK2 with PRS, I believe there still are ancestry-based restrictions
01:16:41 City of Hope - PopSci Conference Room: Myriad's non-CHEK2 PRS is reportedly validated for all ancestries, which is perhaps what you were thinking of Dara
01:16:54 Dara McKinley FNP-C AGN-BC: yes thank you
01:17:10 Michelle Weaver Knowles: TJ How do you explain this to a patient?
01:17:55 Thomas Slavin: https://pubmed.ncbi.nlm.nih.gov/34322652/
01:18:49 Thomas Slavin: I would explain it as background genetic factors that can be used as another tool to help refine risk
01:19:03 catherine marcum: Thanks all - great cases! See you soon
01:20:48 City of Hope - PopSci Conference Room: ^and a tool that we're still actively learning more about/likely to know more in the future. expert consensus guidelines are determining how to incorporate this into care
01:22:17 Michelle Weaver Knowles: Jenny could you share the article you mentioned in the CCGCOP portal?
01:22:32 Jennifer Castle: https://clinicaltrials.gov/ct2/show/NCT04474834?cond=genre+2&draw=2&rank=1
01:23:01 Michelle Weaver Knowles: Thanks Jenny!
01:23:10 Clinical Cancer Genetics: CME attendance code: CUHWAP
01:23:17 Steve Gruber: Polygenic risk scores are here to stay. They add value.
01:23:23 Thomas Slavin: Good case!
01:23:49 Rosana Villanassi: The patient 43 years old have findings in breast imaging? Maybe MRI breast anual can help to do screening without aggressive surgery to remove the breasts (if the breast is BI-RADS1)
01:23:49 Michelle Weaver Knowles: I agree with you Dr Gruber and am excited to be able to risk qualiry patient’s in that way!
01:23:54 Dara McKinley FNP-C AGN-BC: Agreed!
01:24:24 Jennifer Castle: Thank you everyone for the feedback!