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

Due to HIPAA, please DO NOT attempt to distribute this document or the corresponding recording.

CHAT LOG TIMECODES MAY NOT ALIGN WITH RECORDING

01:11:55	COH - John Luna: https://www.ccgcop.org/cancergenomicsconference2023
01:12:42	Bita Nehoray (she/her): So excited to see people in person! Hope you all can attend!
01:12:57	COH - John Luna: https://www.ccgcop.org/cancergenomicsconference2023
01:13:02	COH - Suzie Shehayeb (she/her): Yes! We are very excited to host in person again and see everyone!
01:13:53	Erica Kessler: Hi! What is today's code?
01:14:04	Lauren Gima (she/her): No code today
01:14:07	Clinical Cancer Genetics: No CME code for today's session. Our apologies, and we expect accreditation by next week's session.
01:15:38	Denise Jeffery: Is there a CME code for today?
01:15:55	Lauren Gima (she/her): Sorry, not today
01:16:07	Denise Jeffery: Ok, thank you
01:19:40	COH - Suzie Shehayeb (she/her): I would not think that any screening would be warranted based on the distant family history if negative. Screening itself is not particularly good for ovarian.
01:20:01	COH - Suzie Shehayeb (she/her): Well I agreed Rachelle lol. Also not a physician.
01:20:18	Bita Nehoray (she/her): agree
01:20:42	Christine Strub: I am surprised she was tested at all.
01:20:43	Catherine Marcum: Education on S&S would be warranted but screening no. The Melanoma - what were risk factors??
01:21:30	Amy Cyr: If I'm interpreting the updated NCCN guidelines, they no longer even mention CA-125 and TVUS for BRCA carriers (they used to mention those tests with their caveats)
01:21:52	Rachelle Manookian: Oh good to know Amy. I have not seen the changes
01:22:01	Robbin Palmer: S&S?
01:22:08	Lauren Gima (she/her): agree no ov ca screening or consideration of prophylaxis with that distant fhx only. i'd be more interested in tracking down any GT that the cousin once removed might have had
01:22:15	Lauren Gima (she/her): S&S = signs and symptoms
01:22:16	COH - Suzie Shehayeb (she/her): I find this paper helpful to think through ovarian risk based on family history: https://pubmed.ncbi.nlm.nih.gov/29252925/
01:22:47	LAUREN G BANASZAK: Wondering if DDX41 was on the panel? You can see leukemia, lymphoma, melanoma with this.
01:22:54	Catherine Marcum: The cousin that is alive would still have path available for specifics
01:28:41	Rachelle Manookian: This could be related to her metastatic disease but she could also have been a carrier for this X-linked condition. The possible mosaic could be due to skewed x inactivation (possibly related to age)
01:28:50	Julie Shaw: DDX41 was not on the 84 gene panel
01:28:55	Rachelle Manookian: Since the daughter is negative I would call it done
01:29:47	Julie Shaw: Thank you!
01:35:25	Erica Kessler: I wonder if the cervical cancer was ovarian or uterine

01:36:16 COH - Suzie Shehayeb (she/her): Could be. PMS2 is also pretty low penetrance for Lynch, so it's possible that there wouldn't be a suggestive family history. I would offer testing to all appropriate bio relatives
01:36:26 Susi Gordon, MD: Will the patient be receiving adjuvant external beam irradiation in the setting of breast conservation?
01:36:38 Rachelle Manookian: Yup ditto what Suzie said. Both ATM and PMS2 are lower penetrance genes (in comparison)
01:36:39 Michelle Weaver Knowles: A good example for not just doing single site for ATM. Yippee for NP doing genetics!
01:37:28 Catherine Marcum: Also confirm PMS2 was on her sister's breast panel?
01:38:25 Dara McKinley FNP-C AGN-BC: You see less LS cancers with PMS2--which always reminds me to emphasize testing reproductive partners if positive
01:38:41 Erica Kessler: Also - was she sure mom's dx was lung cancer or was it another primary with mets to lung?
01:38:42 Bita Nehoray (she/her): recessive risks are relevant for ATM, too
01:38:49 Rachelle Manookian: Definitely important to consider recessive risks for both genes
01:39:31 Jennifer Castle: Was breast cancer HR+?
01:39:48 Dara McKinley FNP-C AGN-BC: great point!
01:41:31 COH - Suzie Shehayeb (she/her): you are correct
01:41:37 COH - Suzie Shehayeb (she/her): at least on the previous guideline
01:41:44 COH - Suzie Shehayeb (she/her): Also have not looked at the very recent ones
01:42:05 Cindy Snyder DNP, ACGN, FNP-C. CBCN: If she is ER+, would med oncs consider BSO given the genetic test results?
01:43:18 COH - Suzie Shehayeb (she/her): Newest guidelines still say evidence insufficient for BSO for ATM. Just checked
01:43:25 Jeffrey Weitzel: Is she post-menopausal?
01:43:40 Morgan Tooley: Yes postmenopausal
01:44:07 Bita Nehoray (she/her): This was an interesting review re RRSO https://pubmed.ncbi.nlm.nih.gov/34582274/
01:44:28 Dara McKinley FNP-C AGN-BC: could we discuss the NCCN guidelines for mammograms for male BRCA2 carriers?
01:45:14 Rachelle Manookian: Sure Dara if we have time at the end happy to pull that up!
01:45:38 Dara McKinley FNP-C AGN-BC: 😊
01:49:22 Rachelle Manookian: 90% of VUS in cancer genes will be downgraded
01:49:28 Bita Nehoray (she/her): I tend to actually reframe and say most VUS are downgraded (so less likely to be pathogenic over time)
01:49:48 COH - Suzie Shehayeb (she/her): I'd instead emphasize the likelihood that this would be benign, unless there is a lot suspicion about that particular variant
01:49:50 Elyssa Zukin: I frame it the same was as Bita
01:49:53 Elyssa Zukin: the same way*
01:50:23 COH - Suzie Shehayeb (she/her): my explanation is very similar to Rachelle's
01:50:42 Bita Nehoray (she/her): I've also talked to patients about VUS like a "mole" analogy. We'll keep an eye on it. Most of the time a mole doesn't turn into cancer, but we'll watch it and if we learn more, we can act on it if needed
01:50:44 Michelle Weaver Knowles: Can I unmute
01:51:23 COH - Suzie Shehayeb (she/her): I'd also think about the gene it's in and how it may be completely unrelated to the patient's history.
01:53:07 Bita Nehoray (she/her): THE BIG RED DOG RAN OUT and THE BIG RAD DOG RAN OUT is another strategy
01:53:12 Bita Nehoray (she/her): both sentences make sense
01:53:42 Bita Nehoray (she/her): and happen to all be 3 letter words ;)
01:53:52 Cindy Snyder DNP, ACGN, FNP-C. CBCN: VUS - there is a change in the recipe but we don't know if it messes up the cake, or makes it better.
01:54:21 Ashley Mochizuki (she/her): Thank you all so much for your creative ways to relay this complicated information to patients :)
01:56:09 Lauren Gima (she/her): We'll also cover this in the coming weeks of the IC!

01:56:51 Carrie Thompson: Is there an "expiration" on hold old tissue can be for somatic testing?

01:57:44 Maggie Hornung: any information regarding the IC review course?

01:57:51 Lauren Gima (she/her): @Carrie that varies by institution. Some places hold on to blocks for decades while others archive or dispose of old tissue after a certain amount of time

01:58:28 Rachelle Manookian: We are actively working on it Maggie! We have switched gears a bit to focus on the update conference

01:58:28 Robbin Palmer: could you review why onc recommended BSO?

01:59:37 Dara McKinley FNP-C AGN-BC: If anyone has a good article to share to try and help determine when germline GT is warranted with somatic results

02:00:48 Rachelle Manookian: Yield and Utility of Germline Testing Following Tumor Sequencing in Patients With Cancer Kurian et al

02:01:01 Rachelle Manookian: It doesn't answer every question Dara but is helpful

02:01:13 Dara McKinley FNP-C AGN-BC: thank you rachelle

02:01:18 Ashley Mochizuki (she/her): Thanks Rachelle!

02:01:50 Robbin Palmer: Does COH agree?

02:02:32 COH - Suzie Shehayeb (she/her): This paper also has a table that could be helpful Dara: https://pubmed.ncbi.nlm.nih.gov/31509718/

02:03:03 COH - Suzie Shehayeb (she/her): actually a few tables that are helpful

02:03:09 Dara McKinley FNP-C AGN-BC: thank you suzie

02:03:23 COH - Suzie Shehayeb (she/her): Of course!

02:03:32 Maggie Hornung: thank you

02:04:08 Dara McKinley FNP-C AGN-BC: this is good! after the NYU study we discussed last year

02:04:55 Christel Hayes: At what age do we stop breast cancer screening for woman at high risk?

02:05:05 Lauren Gima (she/her): Coverage for screening might be an interesting thing to see unfold with the changes

02:05:28 COH - Suzie Shehayeb (she/her): Dr. Park and I actually just had a male BRCA2 carrier yesterday but deferred mmg at this time due to his metastatic lung cancer. We did discuss it though.

02:06:01 Anna Newlin, MS, CGC: Apologies, joining late. What is today's CME/CEU code?

02:06:11 COH - Suzie Shehayeb (she/her): There is no code today :)

02:06:12 Rachelle Manookian: No CME code today, accreditation renewal in process

02:06:32 Whitney Sanders: It's good to hear your interpretation. I had interpreted that differently. I had recent brca1 male who I recommended annual mammogram due to gynecomastia. And now his brother is positive and I was wondering what to tell him. He should still consider mammogram then with provider? Even though his lifetime risk of male breast cancer is only 1-2% per NCCN and ask2me?

02:07:05 Lauren Gima (she/her): I'm also curious to see what uptake will be amongst male pts

02:07:31 Dara McKinley FNP-C AGN-BC: does there have to be a male breast cance rin the family?

02:07:51 Whitney Sanders: yes if they have lifetime 7% risk

02:08:03 Whitney Sanders: But now I can see what you're saying!

02:08:12 Whitney Sanders: i just didn't read it that way at first haha

02:08:18 Dara McKinley FNP-C AGN-BC: They need a 1-800 # we can call! LOL

02:08:57 Christel Hayes: What about high risk >20% without BRCA

02:09:47 Dara McKinley FNP-C AGN-BC: this would be for all BRCA2 men--not just those with FH of male breast cancer

02:10:06 Rachelle Manookian: Right Dara that is how I am reading it

02:10:16 Dara McKinley FNP-C AGN-BC: ok