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CONFIDENTIAL

Integrated BRACAnalysis® with Myriad myRisk™ Hereditary Cancer myRisk Management Tool



RECEIVING HEALTHCARE PROVIDER Test HCP, MD Test Medical Center 123 Main St Testville, TX 55555	SPECIMEN Specimen Type: Blood Draw Date: Jul 31, 2013 Accession Date: Jul 31, 2013 Report Date: Jul 23, 2014	PATIENT Pt Last Name, Pt First Name Date of Birth: Patient ID: Patient id Gender: Female Accession #: 07000481-BLD Requisition #: 7000481
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GENETIC TEST RESULTS SUMMARY INFORMATION



RESULT: POSITIVE - CLINICALLY SIGNIFICANT MUTATION IDENTIFIED

Note: "CLINICALLY SIGNIFICANT," as defined in this report, is a genetic change that is associated with the potential to alter medical intervention.

ADDITIONAL FINDINGS: NO VARIANT(S) OF UNCERTAIN SIGNIFICANCE (VUS) IDENTIFIED

GENE	MUTATION	THIS GENETIC TEST RESULT IS ASSOCIATED WITH THE FOLLOWING CANCER RISKS:
BRCA1	c.xxxxdel (p.xxxxfs*x) Heterozygous	HIGH RISK: Female Breast, Ovarian ELEVATED RISK: Pancreatic

PERSONAL/FAMILY HISTORY SUMMARY AND MANAGEMENT INFORMATION

FAMILY MEMBER	CANCER / CLINICAL DIAGNOSIS	AGE AT DIAGNOSIS
Patient	None	
Aunt Maternal	Breast, Invasive	45
Uncle Maternal	Colorectal	55



BEYOND THE GENETIC RESULT, NO MODIFIED MANAGEMENT GUIDELINES IDENTIFIED; OTHER CLINICAL FACTORS MAY INFLUENCE INDIVIDUALIZED MANAGEMENT

This information was provided by a qualified healthcare provider on the test request form and was not verified by Myriad. Family members listed as "other" are not included in personal/family history assessment.





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DOB:

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OVERVIEW

Hereditary Breast and Ovarian Cancer syndrome (HBOC):

- This patient has been found to have a mutation in the *BRCA1* gene. Individuals with mutations in *BRCA1* have a condition called Hereditary Breast and Ovarian Cancer syndrome (HBOC).
- Women with HBOC have a high risk for developing breast and ovarian cancer. There are also high risks for fallopian tube cancer and primary peritoneal cancer.
- Men with HBOC due to mutations in *BRCA1* have an elevated risk for breast and prostate cancer. The increased risk for prostate cancer may be most significant at younger ages.
- Male and female patients with HBOC due to mutations in *BRCA1* have an elevated risk for pancreatic cancer.
- Although there are high cancer risks for patients with HBOC, there are interventions that have been shown to be effective at reducing many of these risks. Guidelines from the National Comprehensive Cancer Network (NCCN) for the medical management of patients with HBOC are listed below. It is recommended that patients with *BRCA1* mutations and a diagnosis of HBOC be managed by a multidisciplinary team with experience in the prevention and treatment of the cancers associated with HBOC.

WHAT ARE THE PATIENT'S GENE-RELATED CANCER RISKS?

If more than one gene mutation increases a specific cancer risk (e.g., breast), only the highest cancer risk is shown. If this patient has more than one gene mutation, risks may be different, as this analysis does not account for possible interactions between gene mutations.

CANCER TYPE	CANCER RISK	RISK FOR GENERAL POPULATION	RELATED TO
FEMALE BREAST			
To age 50	Up to 51%	1.9%	<i>BRCA1</i>
To age 70	Up to 87%	7.3%	<i>BRCA1</i>
Second primary within 5 years of a first diagnosis	20%	2%	<i>BRCA1</i>
OVARIAN			
To age 50	Up to 23%	0.2%	<i>BRCA1</i>
To age 70	Up to 44%	0.7%	<i>BRCA1</i>
Ovarian cancer within 10 years of a breast cancer diagnosis	12.7%	<1.0%	<i>BRCA1</i>
PANCREATIC			
To age 80	Elevated risk	1%	<i>BRCA1</i>





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WHAT MANAGEMENT FOR CANCER RISKS SHOULD BE CONSIDERED?

This overview of clinical management guidelines is based on this patient's personal and family history and genetic test results. Unless otherwise stated, medical management guidelines are limited to those issued by the National Comprehensive Cancer Network (NCCN). The reference provided should always be consulted for more details. If management for a specific cancer (e.g. breast) is available due to multiple causes (e.g. a mutation and a family history, or multiple mutations in different genes), only the most aggressive management is shown. Only guidelines for the patient's long-term care related to cancer prevention are included.

No information is provided related to treatment of a previous or existing cancer or polyps. These recommendations may require modification based on the patient's personal medical history, surgeries and other treatments. Patients with a personal history of cancer, benign tumors or pre-cancerous findings may be candidates for long term surveillance and risk reduction strategies beyond what is necessary for the treatment of their initial diagnosis. Any discussion of medical management options is for general information purposes only and does not constitute a recommendation. While genetic testing and medical society guidelines provide important and useful information, medical management decisions should be made in consultation between each patient and his or her healthcare provider.

PROCEDURE	AGE TO BEGIN	FREQUENCY (Unless otherwise indicated by findings)	RELATED TO
FEMALE BREAST			
Breast awareness - Women should be familiar with their breasts and promptly report changes to their healthcare provider. Periodic, consistent breast self-examination (BSE) may facilitate breast awareness. ¹	18 years	NA	BRCA1
Clinical breast exam ¹	25 years	Every 6 to 12 months	BRCA1
Breast MRI and/or Mammography ¹	Age 25 for MRI (preferred) or mammography. Age 30 for both MRI and mammography. Individualize to younger ages based on the earliest diagnosis in the family.	Annually	BRCA1
Consider investigational screening studies within clinical trials. ¹	Individualized	NA	BRCA1
Consider options for breast cancer chemoprevention (i.e. tamoxifen). ¹	Individualized	NA	BRCA1
Consider risk-reducing mastectomy. ¹	Individualized	NA	BRCA1
OVARIAN			
Bilateral salpingo-oophorectomy ¹	35 to 40 years, after completion of childbearing, or individualized to a younger age based on the earliest diagnosis in the family	NA	BRCA1
Consider transvaginal ultrasound and CA-125 measurement. Consider investigational screening studies within clinical trials. ¹	30 years, or individualized to a younger age based on the earliest diagnosis in the family	Every 6 months	BRCA1
Consider options for ovarian cancer chemoprevention (i.e. oral contraceptives). ¹	Individualized	NA	BRCA1





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PROCEDURE	AGE TO BEGIN	FREQUENCY (Unless otherwise indicated by findings)	RELATED TO
PANCREATIC			
Currently there are no specific medical management guidelines for pancreatic cancer risk in mutation carriers.	NA	NA	BRCA1

1. Daly M et al. NCCN Clinical Practice Guidelines in Oncology®: Genetic/Familial High-Risk Assessment: Breast and Ovarian. V 1.2014. Feb 28. Available at <http://www.nccn.org>.

Notes for Personalized Management: _____

INFORMATION ON HOW CANCER RISKS AND MANAGEMENT ARE DETERMINED

The myRisk Management Tool provides cancer risk levels based on analysis of genetic test results (see myRisk Genetic Result) and management recommendations based on a combined analysis of genetic test results and, when possible, personal/family cancer history. Additional details can be found on MyriadPro.com/myRisk.

- A comprehensive risk assessment may include other aspects of the patient's personal/family medical history, as well as lifestyle, environment and other factors.
- Changes in personal/family history or additional data regarding specific genes/mutations may affect the cancer risk estimates and management recommendations within this report. Personal/family history should be updated with a healthcare provider on a regular basis.
- Management recommendations are provided for personal/family history of colorectal adenomas, breast, colorectal, melanoma, pancreatic, and prostate cancers. Assessment is based on information provided on the test request form for the patient as well as first and second degree relatives. Analysis of third degree relatives for relevant cancers may be included if sufficient information is provided. Assessment for Amsterdam II Criteria for Lynch syndrome may not be complete in certain cases due to Myriad's limited understanding of the family structure. The Claus model is used to determine when women are estimated to have a greater than 20% lifetime risk for breast cancer based on family history (Claus EB, Risch N, Thompson WD. Cancer 1994; Feb 1;73(3):643-51). Unaffected women meeting this threshold will receive appropriate guideline-based breast management recommendations. Additional family history assessment may be required. African American ethnicity, when reported on the test request form, is used in assessment for prostate cancer management. Cancer risks and related management are included based on the gender provided. When personal and family history assessment could not be provided in this result (e.g., Single Site testing, insufficient history for analysis), the patient risk and/or management recommendations may deviate from what has been provided within this report. Please contact Myriad Medical Services at 1-800-469-7423 X 3850 for more information.
- No management recommendations are provided related to treatment of a previous or existing cancer or polyps. The recommendations provided may require modification based on the patient's personal medical history, surgeries and other treatments. Patients with a personal history of cancer, benign tumors or pre-cancerous findings may be candidates for long term surveillance and risk reduction strategies beyond what is necessary for the treatment of their initial diagnosis.
- Patients who have a clinical diagnosis of a genetic cancer syndrome (e.g., Lynch syndrome) may have different management recommendations than provided. Management should be personalized based on all known clinical diagnoses.
- The Genetic Test Result Summary includes: female breast, male breast, colorectal, endometrial, gastric, ovarian, pancreatic and prostate cancers, and melanoma. In this summary a gene associated cancer risk is described as "High Risk" for a cancer type if all of the following conditions are met: the absolute risk of cancer is approximately 5% or higher, the increase in risk over the general population is approximately 3-fold or higher, and there is significant data from multiple studies supporting the cancer risk estimate. A gene is described as "Elevated Risk" for a cancer type if there is sufficient data to support an increase in cancer risk over the general population risk, but not all criteria for "High Risk" are met.

INFORMATION FOR FAMILY MEMBERS

Family members should talk to their healthcare providers about hereditary cancer testing to help define their own risk and assist in the interpretation of this patient's genetic test result.





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- This patient's relatives are at risk for carrying the same mutation(s) and associated cancer risks as this patient. Cancer risks for females and males who have this/these mutation(s) are provided below.
- **Family members should talk to a healthcare provider about genetic testing.** Close relatives such as parents, children, brothers, and sisters have the highest chance of having the same mutation(s) as this patient. Other more distant relatives such as cousins, aunts, uncles, and grandparents also have a chance for carrying the same mutation(s). Testing of at-risk relatives can identify those family members with the same mutation(s) who may benefit from surveillance and early intervention. More resources for family testing are available at MySupport360.com.

CANCER RISK FOR BRCA1 CLINICALLY ACTIONABLE MUTATION

CANCER TYPE	CANCER RISK	RISK FOR GENERAL POPULATION
FOR FEMALE RELATIVES		
FEMALE BREAST		
To age 50	Up to 51%	1.9%
To age 70	Up to 87%	7.3%
Second primary within 5 years of a first diagnosis	20%	2%
OVARIAN		
To age 50	Up to 23%	0.2%
To age 70	Up to 44%	0.7%
Ovarian cancer within 10 years of a breast cancer diagnosis	12.7%	<1.0%
FOR MALE RELATIVES		
PROSTATE		
To age 70	Up to 16%	8.2%
MALE BREAST		
To age 70	1.2%	<0.1%
FOR FEMALE AND MALE RELATIVES		
PANCREATIC		
To age 80	Elevated risk	1%

Please contact Myriad Medical Services at 1-800-469-7423 X 3850 to discuss any questions regarding this result.

END OF MYRISK MANAGEMENT TOOL

