GENETIC SUSCEPTIBILITY TO CANCER

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DISCLOSURES

I HAVE NO CONFLICTS OF INTEREST TO DISCLOSE

OBJECTIVE 1:

Decipher how to identify individuals who are suspicious of having a hereditary cancer gene mutation

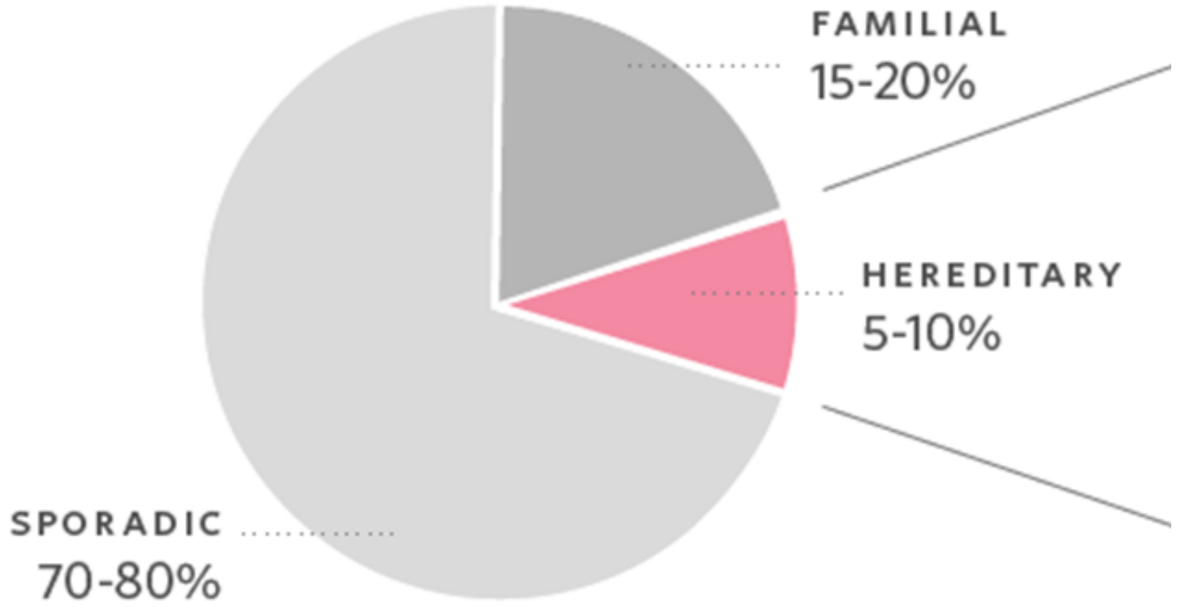
OBJECTIVE 2:

Describe the increased cancer risks associated with hereditary cancer gene mutations

OBJECTIVE 3:

Discuss potential changes to medical management recommendations as a result of an inherited gene mutation

Is it a random (sporadic) cancer or due to an inherited gene mutation?



5-10% of all cancer are hereditary

WHO DO WE SUSPECT?

FAMILY HISTORY

CANCER FAMILY HISTORY QUESTIONNAIRE

Personal Information

Patient Name: _____ **Date of Birth:** _____ **Age:** _____

Gender (M/F):_____ **Today's Date(MM/DD/YY):**_____ **Health Care Provider:**_____

Instructions: This is a screening tool for cancers that run in families. Please mark (Y) for those that apply to YOU and/or YOUR FAMILY. Next to each statement, please list the relationship(s) to you and age of diagnosis for each cancer in your family.

You and the following close blood relatives should be considered: *You, Parents, Brothers, Sisters, Sons, Daughters, Grandparents, Grandchildren, Aunts, Uncles, Nephews, Nieces, Half-Siblings, First-Cousins, Great-Grandparents and Great Grandchildren*

YOU and YOUR FAMILY's Cancer History (Please be as thorough and accurate as possible)

	CANCER	YOU AGE OF Diagnosis	PARENTS / SIBLINGS / CHILDREN	AGE OF Diagnosis	RELATIVES on your MOTHER'S SIDE	AGE OF Diagnosis	RELATIVES on your FATHER'S SIDE	AGE OF Diagnosis
☑Y ☐N	*EXAMPLE: BREAST CANCER*	*45*	-------	---	*Aunt Cousin*	*45 61*	*Grandmother*	*53*
☐Y ☐N	BREAST CANCER *(Female or Male)*							
☐Y ☐N	OVARIAN CANCER *(Peritoneal/Fallopian Tube)*							
☐Y ☐N	UTERINE (ENDOMETRIAL) CANCER							
☐Y ☐N	COLON/RECTAL CANCER							
☐Y ☐N	10 or more LIFETIME COLON POLYPS *(Specify #)*							
☐Y ☐N	OTHER CANCER(S) *(Specify cancer type)*	Among others, consider the following cancers: *Melanoma, Pancreatic, Stomach (Gastric), Brain, Kidney, Bladder, Small bowel, Sarcoma, Thyroid, Prostate*						

☐ Y ☐ N Are you of Ashkenazi Jewish descent?

☐ Y ☐ N Are you concerned about your personal and/or family history of cancer?

☐ Y ☐ N Have you or anyone in your family had genetic testing for a hereditary cancer syndrome? *(Please explain/include a copy of result if possible)*

Hereditary Cancer Red Flags (To be completed with your healthcare provider - Check all that apply)

Hereditary Breast and Ovarian Cancer Syndrome - Red Flags*

Personal and/or family history† of:

- ☐ Breast cancer diagnosed before age 50
- ☐ Ovarian cancer
- ☐ Two primary breast cancers
- ☐ Male breast cancer
- ☐ Triple Negative Breast Cancer
- ☐ Ashkenazi Jewish ancestry with an HBOC-associated cancer‡§
- ☐ Three or more HBOC-associated cancers at any age‡§
- ☐ A previously identified HBOC syndrome mutation in the family

†Close blood relatives include first-, second-, or third-degree in the maternal or paternal lineage
‡ In the same individual or on the same side of the family
§HBOC-associated cancers include breast (including DCIS), ovarian, pancreatic, and aggressive prostate cancer

Lynch Syndrome - Red Flags*

An individual with any of the following:

- ☐ Colorectal or endometrial cancer before age 50
- ☐ MSI High histology before age 60¶
- ☐ Abnormal MSI\IHC tumor test result (colorectal/endometrial)
- ☐ Two or more Lynch syndrome cancers** at any age
- ☐ Lynch syndrome cancer** with one or more relatives with a Lynch syndrome cancer^
- ☐ A previously identified Lynch syndrome or MAP syndrome mutation in the family

An individual with any of the following family histories:

- ☐ A first- or second-degree relative with colorectal or endometrial cancer before age 50
- ☐ Two or more relatives with a Lynch syndrome cancer**, one before the age of 50^
- ☐ Three or more relatives with a Lynch syndrome cancer** at any age^
- ☐ A previously identified Lynch syndrome or MAP syndrome mutation in the family

¶ MSI High histology includes: Mucinous, signet ring, tumor infiltrating lymphocytes, Crohn's-like lymphocytic reaction, or medullary growth pattern
***Lynch syndrome-associated cancers include colorectal, endometrial, gastric, ovarian, ureter/renal pelvis, biliary tract, small bowel, pancreas, brain, sebaceous adenomas*
^Cancer history should be on the same side of the family

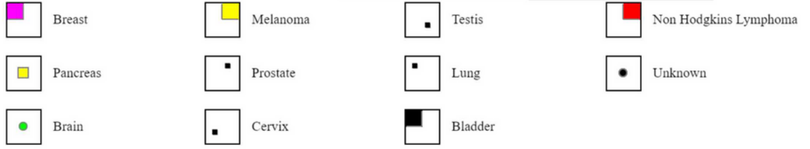
**Assessment criteria are based on medical society guidelines. For individual medical society guidelines, go to www.MyriadPro.com*

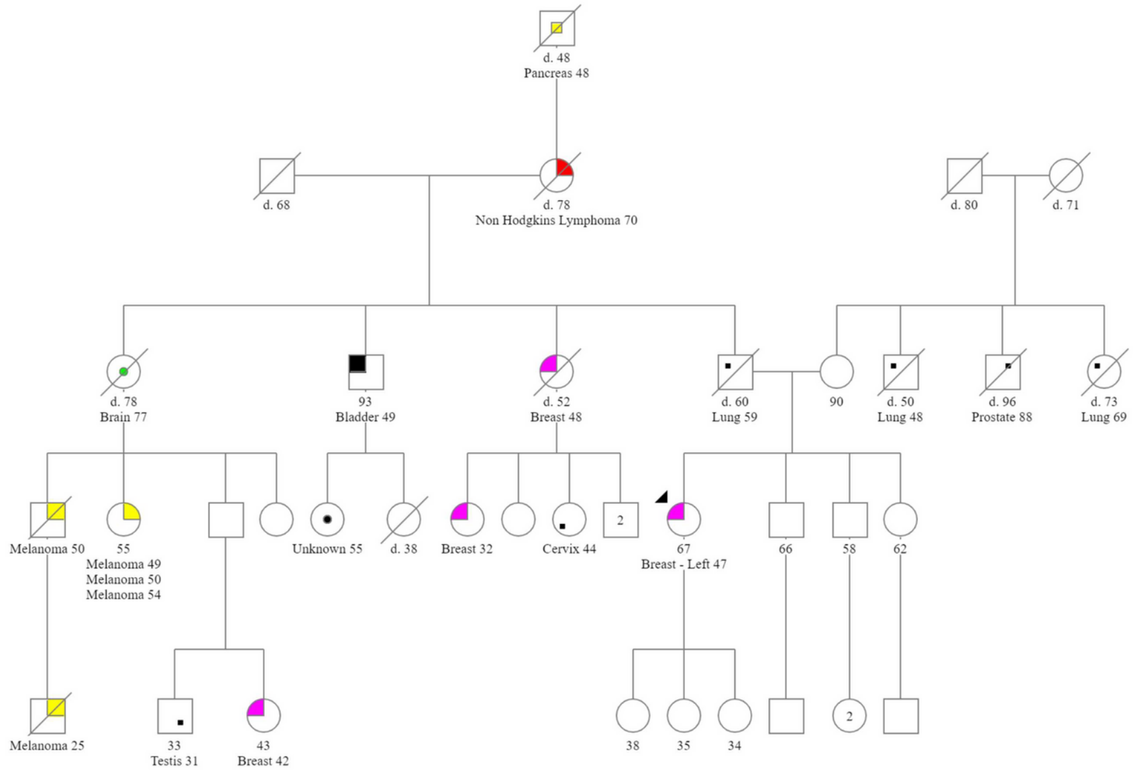
Cancer Risk Assessment Review (To be completed after discussion with healthcare provider)

Patient's Signature:_____ Date: _____

Health Care Provider's Signature: _____ Date: _____

For Office Use Only: Patient offered hereditary cancer genetic testing? ☐ YES ☐ NO ☐ ACCEPTED ☐ DECLINED
Follow-up appointment scheduled: ☐ YES ☐ NO Date of Next Appointment:_____

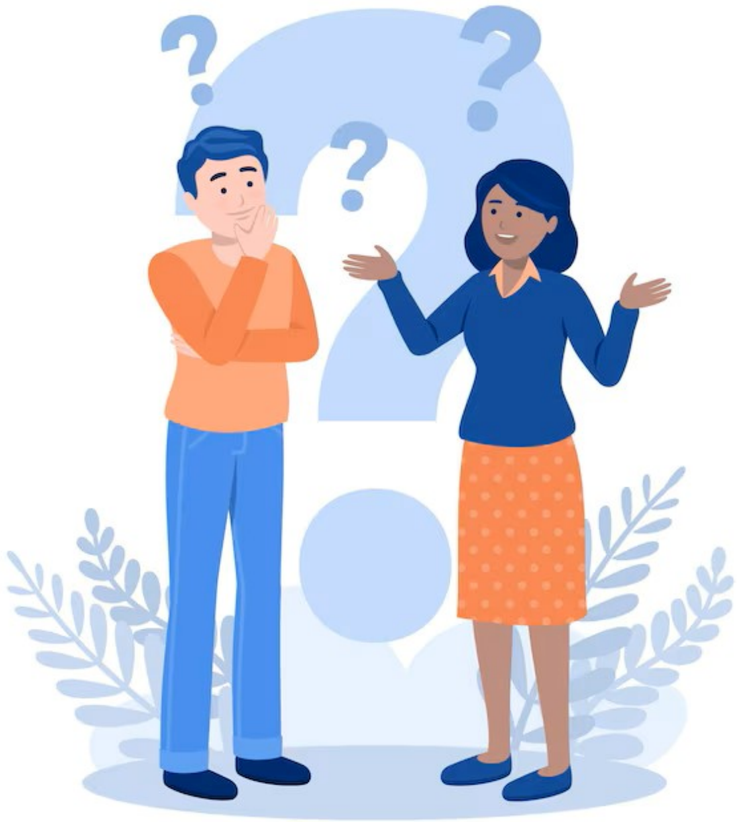




RED FLAGS

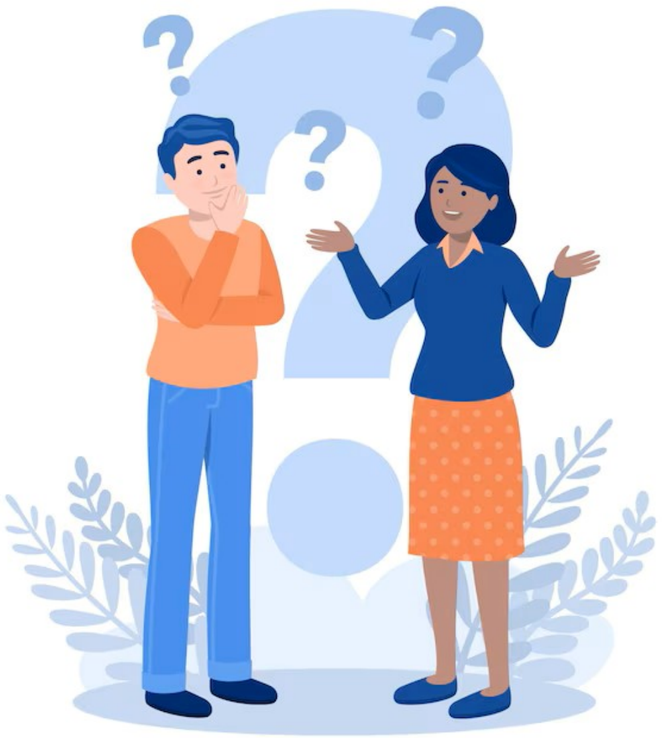
- Aggressive cancers
- Bilateral cancers
- Multiple generations with similar types of cancer
- Rare cancers
- Individuals with multiple primary cancers
- Early onset

ASK MORE QUESTIONS



Previous “negative” genetic testing…What does that mean?

ASK MORE QUESTIONS



Previous "negative" genetic testing

- **What does that mean?**
- **When was testing performed?**
- **What genes were tested?**
- **What type of testing analysis was used?**

WHO IS MOST INFORMATIVE FAMILY MEMBER TO INITIATE GENETIC TESTING PROCESS?

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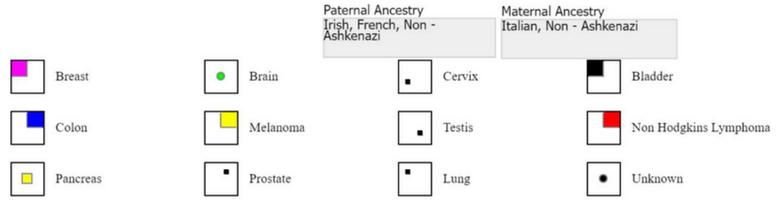
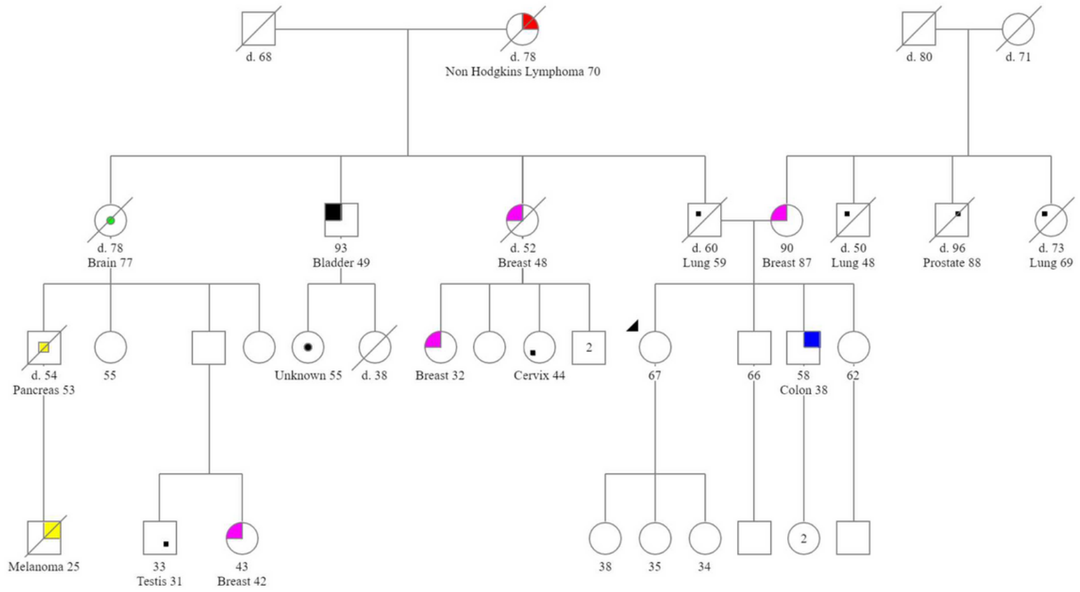


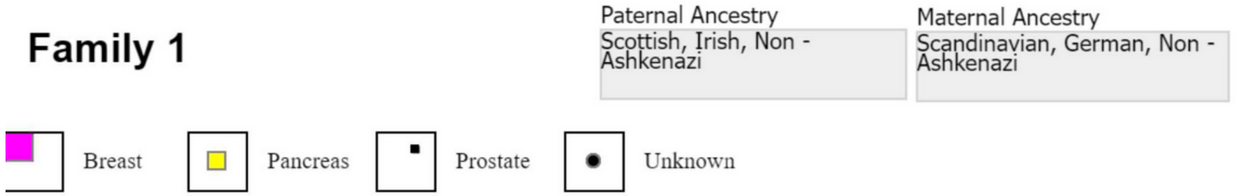


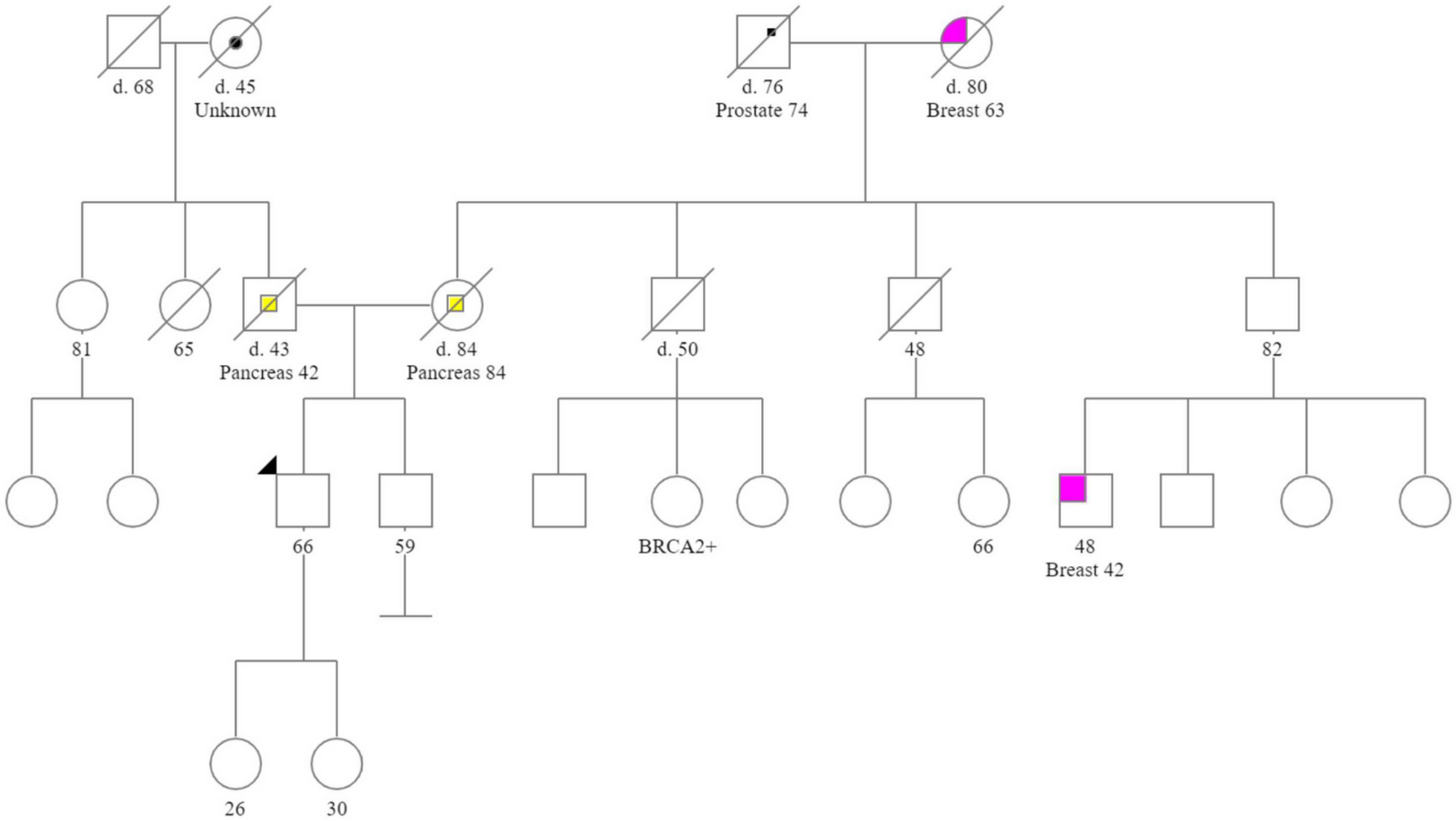
WHAT DOES THIS MEAN FOR CANCER RISK?

POSITIVE RESULTS

HOW DOES THIS INFORMATION CHANGE MEDICAL MANAGEMENT?

FAMILY 1:


Family 1
Paternal Ancestry
Scottish, Irish, Non - Ashkenazi
Maternal Ancestry
Scandinavian, German, Non - Ashkenazi
Breast
Pancreas
Prostate
Unknown

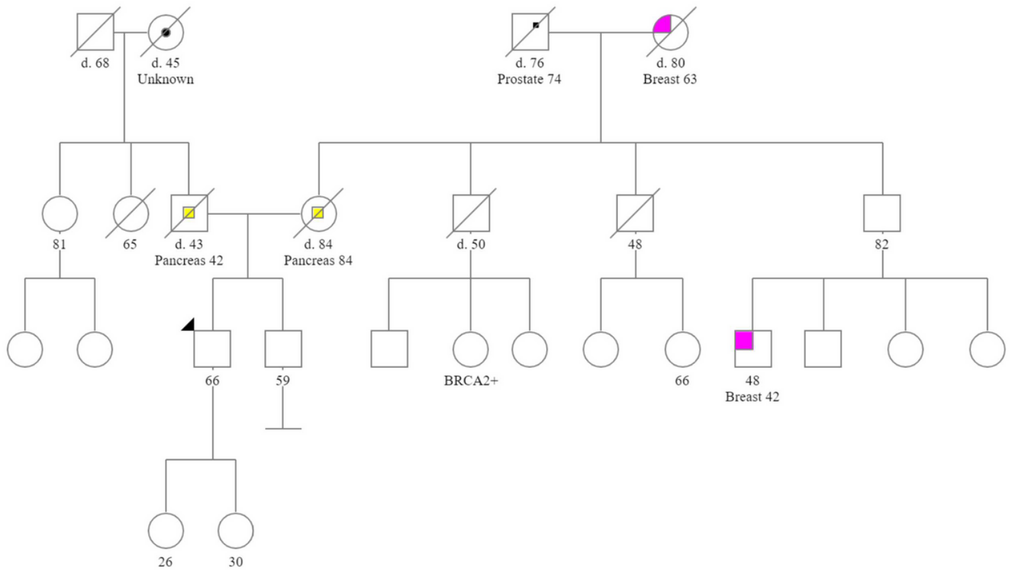

d. 68
d. 45
Unknown
d. 76
Prostate 74
d. 80
Breast 63
81
65
d. 43
Pancreas 42
d. 84
Pancreas 84
d. 50
48
82
66
59
BRCA2+
66
48
Breast 42
26
30

Family 1

Paternal Ancestry: Scottish, Irish, Non - Ashkenazi

Maternal Ancestry: Scandinavian, German, Non - Ashkenazi

Breast | Pancreas | Prostate | Unknown

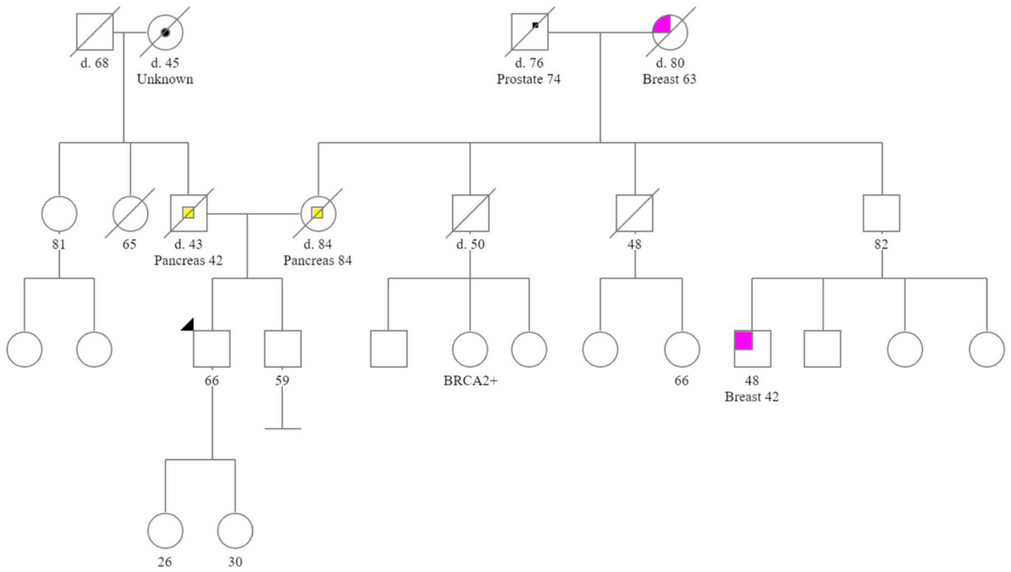


GENE	TRANSCRIPT
APC*	NM_000038.5
ATM*	NM_000051.3
BMPR1A	NM_004329.2
BRCA1	NM_007294.3
BRCA2	NM_000059.3
CDK4	NM_000075.3
CDKN2A (p14ARF)	NM_058195.3
CDKN2A (p16INK4a)	NM_000077.4
EPCAM*	NM_002354.2
FANCC	NM_000136.2
MEN1*	NM_130799.2
MLH1*	NM_000249.3
MSH2*	NM_000251.2
MSH6*	NM_000179.2
NF1*	NM_000267.3
PALB2	NM_024675.3
PALLD	NM_001166110.1
PMS2*	NM_000535.5
SMAD4	NM_005359.5
STK11	NM_000455.4
TP53	NM_000546.5
TSC1*	NM_000368.4
TSC2	NM_000548.3
VHL	NM_000551.3

Family 1

Paternal Ancestry	Maternal Ancestry
Scottish, Irish, Non - Ashkenazi	Scandinavian, German, Non - Ashkenazi

Breast Pancreas Prostate Unknown



REQUESTED VARIANTS

GENE	VARIANT	ZYGOSITY	VARIANT CLASSIFICATION	RESULT
BRCA2	c.5164_5165del (p.Ser1722Tyrfs*4)	N/A	PATHOGENIC	Not detected

The table above reflects the information for the requested variant(s) as of the date that this report was issued. Please see the result box for a summary of any reportable findings.

RESULT: POSITIVE

One Pathogenic variant identified in BRCA2. BRCA2 is associated with autosomal dominant hereditary breast and ovarian cancer syndrome and autosomal recessive Fanconi anemia.

Additional Variant(s) of Uncertain Significance identified.

GENE	VARIANT	ZYGOSITY	VARIANT CLASSIFICATION
BRCA2	c.3296C>A (p.Ser1099*)	heterozygous	PATHOGENIC
MSH6	c.3674C>T (p.Thr1225Met)	heterozygous	Uncertain Significance

About this test

This diagnostic test evaluates 23 gene(s) for variants (genetic changes) that are associated with genetic disorders. Diagnostic genetic testing, when combined with family history and other medical results, may provide information to clarify individual risk, support a clinical diagnosis, and assist with the development of a personalized treatment and management strategy.

CANCER RISKS: BRCA1/2

Cancer	General Population Risk	BRCA1/2 Risk
Breast	12%	> 60%
Male Breast	<0.5%	Up to 1.2%
Ovary	1–2%	Up to 58%
Prostate	12–13%	Up to 61%
Pancreas	1–2%	Up to 10%

NCCN

MEDICAL MANAGEMENT: BRCA1/2

Breast (female)*

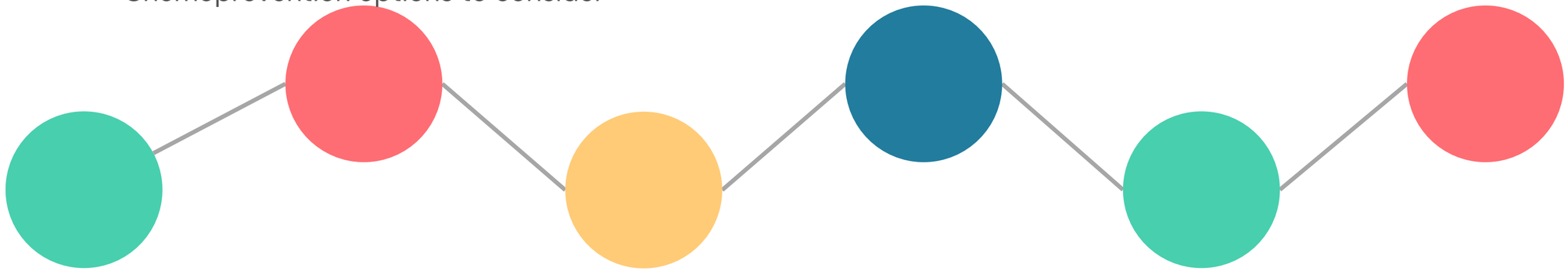
Breast awareness at 18
Clinical breast exam every 6-12 month at 25
Annual breast MRI starting at 25
Annual mammogram starting at 30
Consider risk reducing mastectomy
Chemoprevention options to consider

Prostate*

Prostate cancer screening at 40

Melanoma

Annual full-body skin examination
Minimizing ultraviolet (UV) exposure



Breast (male)*

Self-breast exam at age 35
Annual clinical breast exam at 35
For BRCA2: Annual mammogram at 50

Ovaries*

Consider risk reducing bilateral salpingo-oophorectomy
Chemoprevention options to consider

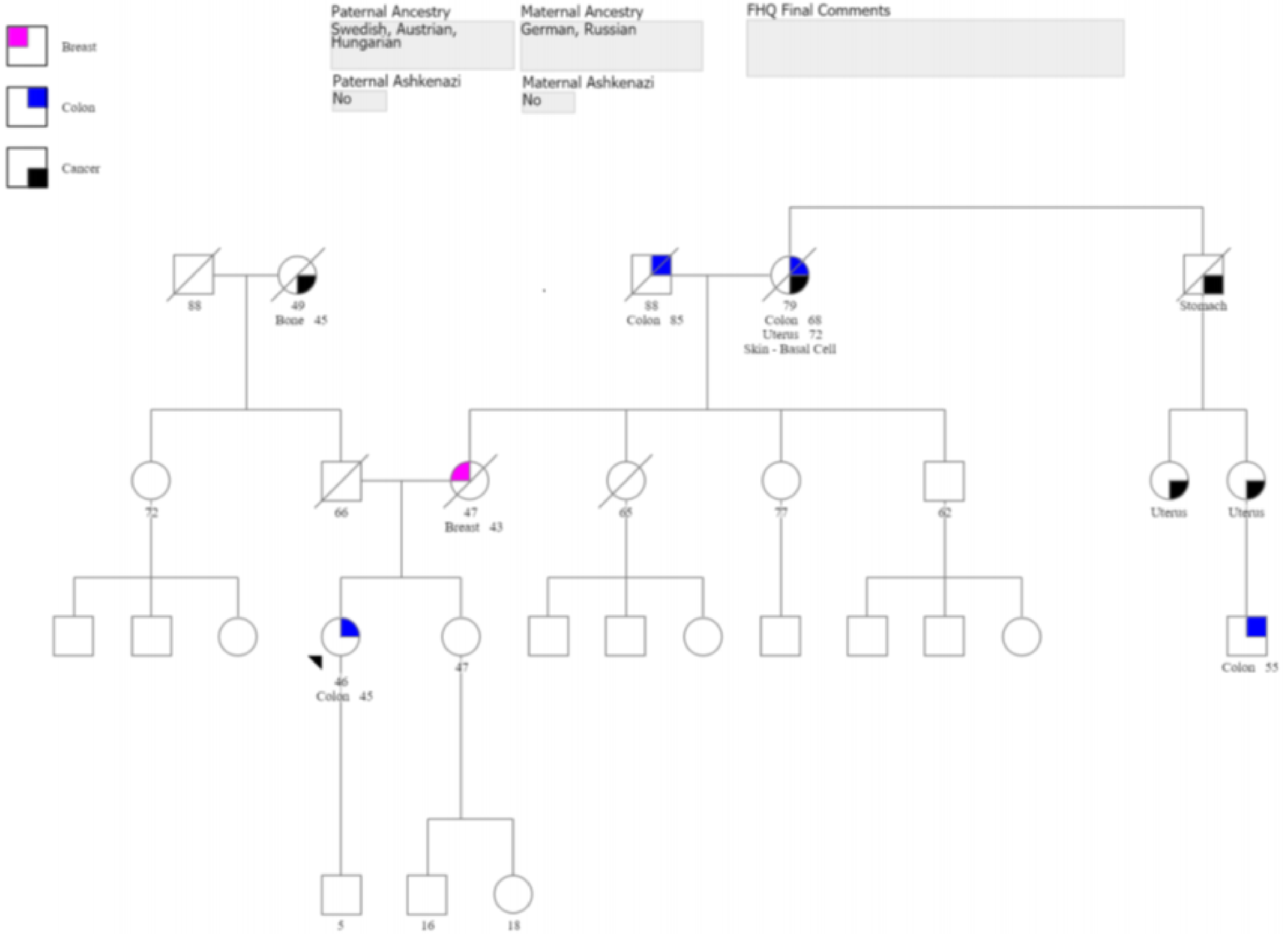
Pancreas*

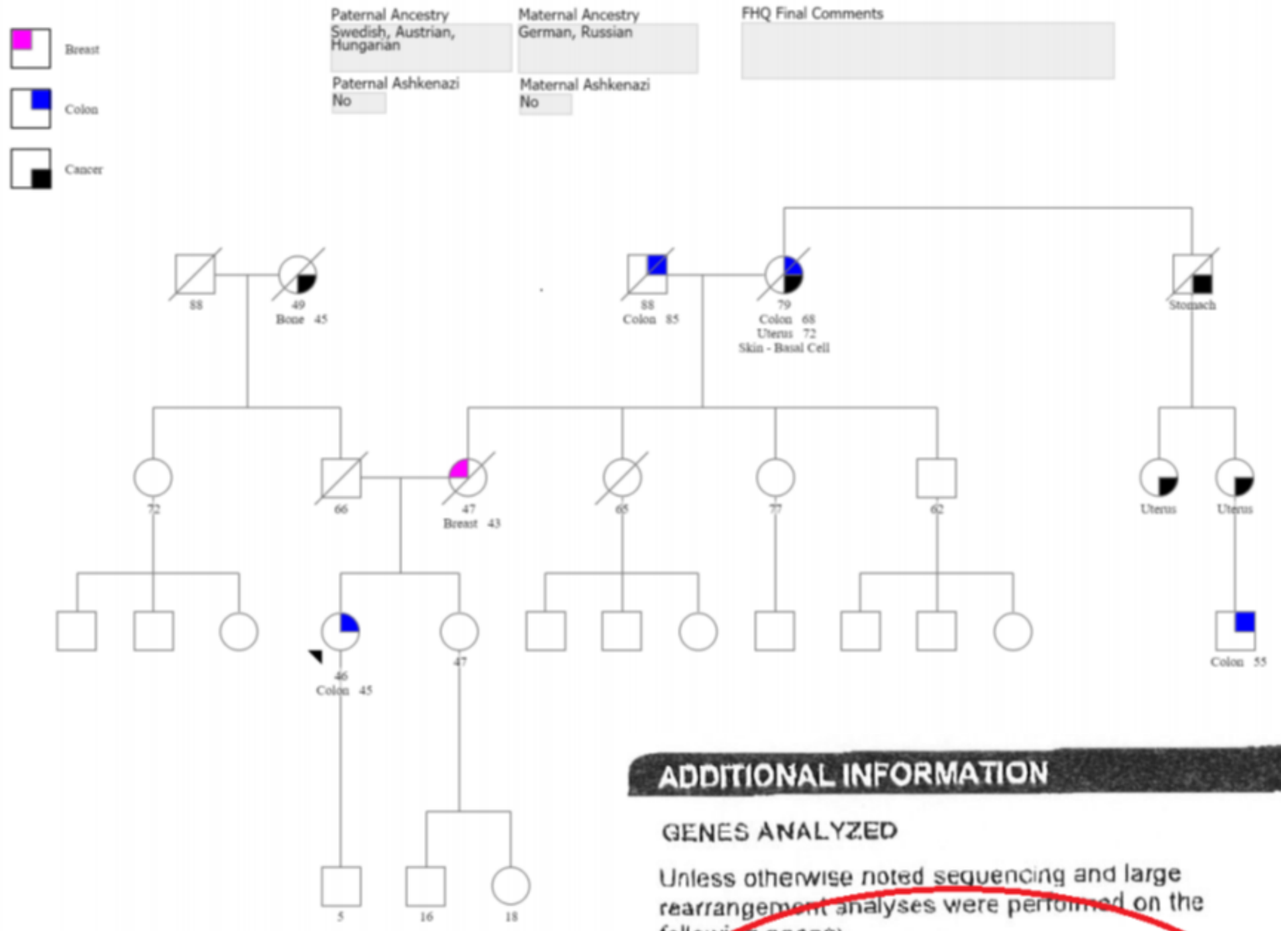
Annual MRI/MRCP and/or EUS starting at age 50 if family history of PDAC in FDR/SDR

*Consider PARP inhibitor in cancer treatment plan

NCCN

FAMILY 2:


Breast
Colon
Cancer
Paternal Ancestry
Swedish, Austrian, Hungarian
Maternal Ancestry
German, Russian
FHQ Final Comments
Paternal Ashkenazi
No
Maternal Ashkenazi
No
88
49
Bone 45
88
Colon 85
79
Colon 68
Uterus 72
Skin - Basal Cell
Stomach
72
66
47
Breast 43
65
77
62
Uterus
Uterus
46
Colon 45
47
Colon 55
5
16
18



ADDITIONAL INFORMATION

GENES ANALYZED

Unless otherwise noted sequencing and large rearrangement analyses were performed on the following genes:

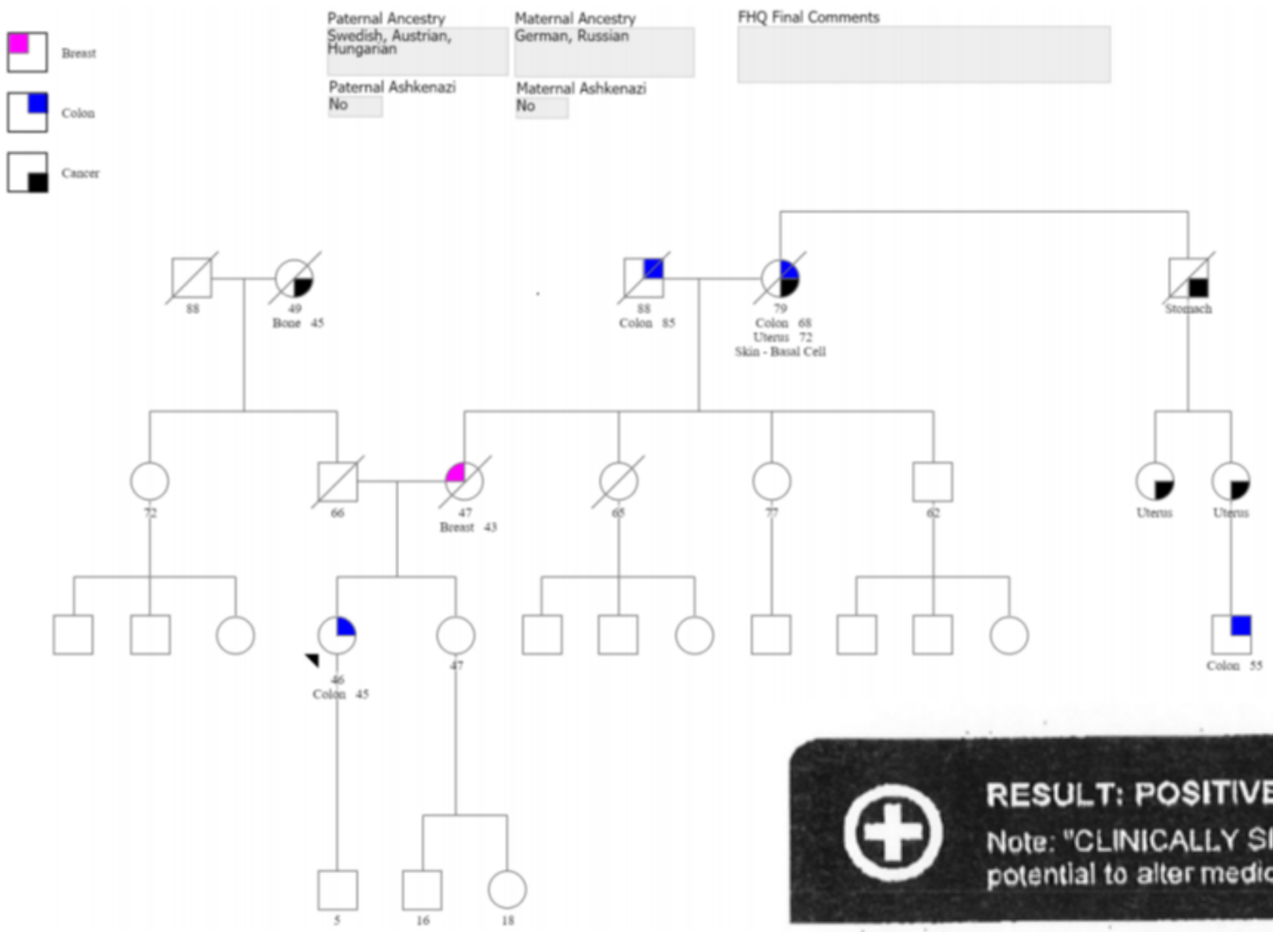
APC, *ATM*, *BARD1*, *BMPR1A*, *BRCA1*, *BRCA2*, *BRIP1*, *CDH1*, *CDK4*, *CDKN2A*, *CHEK2*, *EPCAM* (large rearrangement only), *MLH1*, *MSH2*, *MSH6*, *MUTYH*, *NBN*, *PALB2*, *PMS2*, *PTEN*, *RAD51C*, *RAD51D*, *SMAD4*, *STK11*, *TP53*. Sequencing was performed for select regions of *POLE* and *POLD1* and large rearrangement analysis was performed for select regions of *GREM1* (see technical specifications).

** Other genes not analyzed with this test may also be associated with cancer.

Indication for Testing: It is our understanding that this individual was identified for testing due to a personal or family history suggestive of a hereditary predisposition for cancer.

Associated Cancer Risks and Clinical Management: Please see the "myRisk Management Tool" associated with this report for a summary of cancer risk and professional society medical management guidelines that may be useful in developing a plan for this patient based on test results and reported personal/family history, if applicable. Testing of other family members may assist in the interpretation of this patient's test result.

Analysis Description: The Technical Specifications summary (https://www.myriadpro.com/documents-and-forms/technical-specifications/) describes the analysis, method, performance, nomenclature, and interpretive criteria of this test. Current testing technologies are unable to definitively determine whether a variant is germline or somatic in origin, which may significantly impact risk estimates and medical management; therefore, these results should be correlated with this patient's personal and family history. The interpretation of this test may also be impacted if the patient has a hematologic malignancy or an allogeneic bone marrow transplant.



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

GENE	MUTATION	INTERPRETATION
MSH6	c.4001G>A (p.Arg1334Gln) Heterozygous	High Cancer Risk This patient has Lynch syndrome/Hereditary Non-Polyposis Colorectal Cancer (HNPCC).

DETAILS ABOUT: *MSH6* c.4001G>A (p.Arg1334Gln): NM_000179.2; (aka: R1334Q (4001G>A))

Functional Significance: Suspected Deleterious - Abnormal Protein Production and/or Function

The heterozygous germline *MSH6* mutation c.4001G>A is located at the last nucleotide of exon 9 and is predicted to result in the substitution of glutamine for arginine at amino acid position 1334 of the *MSH6* protein (p.Arg1334Gln). RNA splicing studies demonstrate that the c.4001G>A variant causes skipping of exon 9, resulting in a frameshift in the mRNA and the introduction of a premature termination codon (Myriad internal data).

Clinical Significance: High Cancer Risk

This mutation is associated with increased cancer risk and should be regarded as clinically significant.

CANCER RISKS: LYNCH SYNDROME

Cancer	General Population Risk	Lynch Syndrome Risk
Colon	4.1%	Up to 61%
Endometrium	3.1%	Up to 57%
Prostate	12.6%	Up to 23.8%
Ovary	1.1%	Up to 38%
Stomach	<1%	Up to 9%
Hepatobiliary tract	<1%	Up to 4%
Bladder	2.3%	Up to 12.8%
Renal Pelvis and/or Ureter	Data unavailable	Up to 28%
Small bowel	<1%	Up to 11%
Brain/CNS	<1%	Up to 7.7%
Pancreas	1.7%	1-6%
Breast	13%	Up to 18.6%

NCCN

MEDICAL MANAGEMENT: LYNCH SYNDROME

- Consider annual urinalysis starting at age 30-35 y in individuals with family history of urothelial cancer or with a MSH2 gene mutation
- Consider annual physical/neurologic exam starting at age 25-30 y

- Patients should be educated regarding signs and symptoms of neurologic cancer and the importance of prompt reporting of abnormal symptoms to their physicians.
- Consider skin exam every 1-2 years. Age to start surveillance is uncertain and can be individualized.

Uterus*

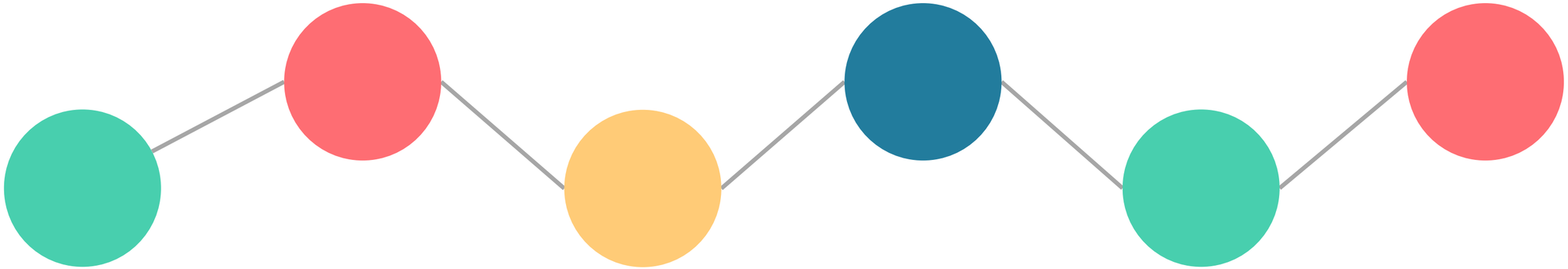
Consider Total Abdominal Hysterectomy

Stomach and Small Bowel

Upper GI Surveillance with EGD every 2-4 years at age 30-40

Prostate

Consider annual prostate screening at age 40



Colon*

Colonoscopy every 1-2 years at 20-25
Consider daily aspirin to reduce the risk of CRC

Ovaries

Consider Risk Reducing Bilateral Salpingo-Oophorectomy

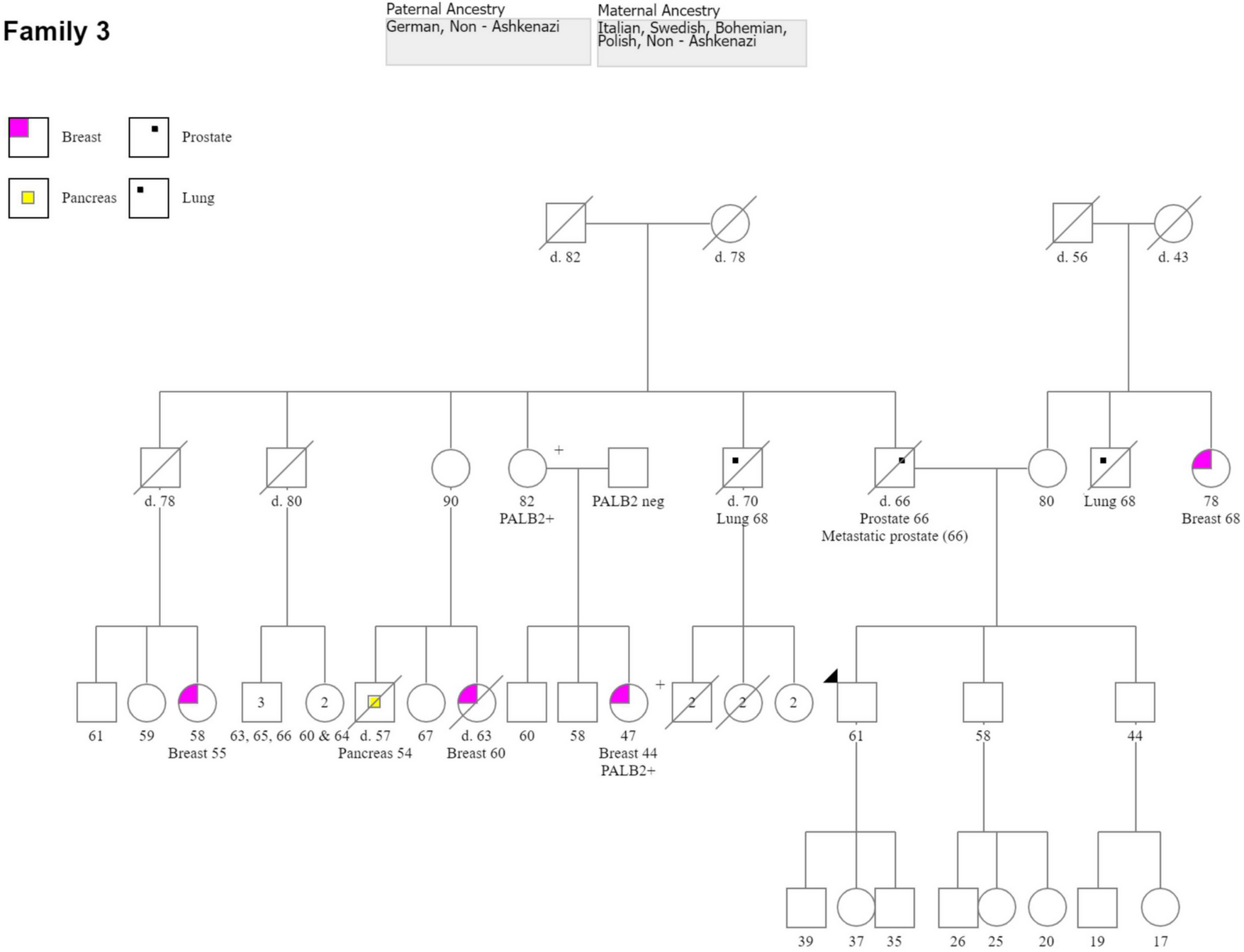
Pancreas

Annual MRI/MRCP and/or EUS starting at age 50 if family history of PDAC in FDR/SDR

*Consider immunotherapy in cancer treatment plan

NCCN

FAMILY 3:


Family 3
Paternal Ancestry
German, Non - Ashkenazi
Maternal Ancestry
Italian, Swedish, Bohemian, Polish, Non - Ashkenazi
Breast
Prostate
Pancreas
Lung
d. 82
d. 78
d. 56
d. 43
d. 78
d. 80
90
82
PALB2+
PALB2 neg
d. 70
Lung 68
d. 66
Prostate 66
Metastatic prostate (66)
80
Lung 68
78
Breast 68
61
59
58
Breast 55
3
63, 65, 66
2
60 & 64
d. 57
Pancreas 54
67
d. 63
Breast 60
60
58
47
Breast 44
PALB2+
2
2
2
61
58
44
39
37
35
26
25
20
19
17

CANCER RISKS: PALB2

Cancer	General Population Risk	PALB2 Risk
Breast	12%	41-60%
Male Breast	<0.5%	0.9%
Ovary	1-2%	3-5%
Pancreas	1-2%	2-5%

NCCN

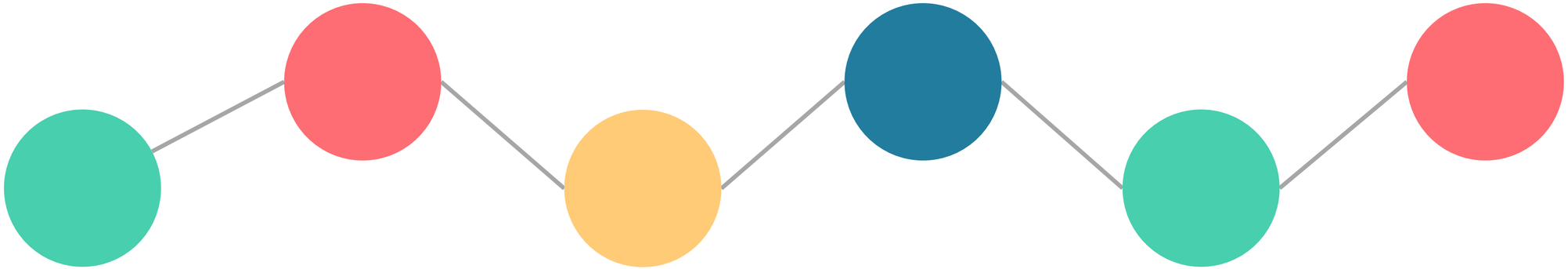
MEDICAL MANAGEMENT: PALB2

Breast (female)

Annual breast MRI starting at 30
Annual mammogram starting at 30
Consider risk reducing mastectomy
Chemoprevention options to consider

Breast (male)

Self-breast exam at age 35
Annual clinical breast exam at 35



Ovaries

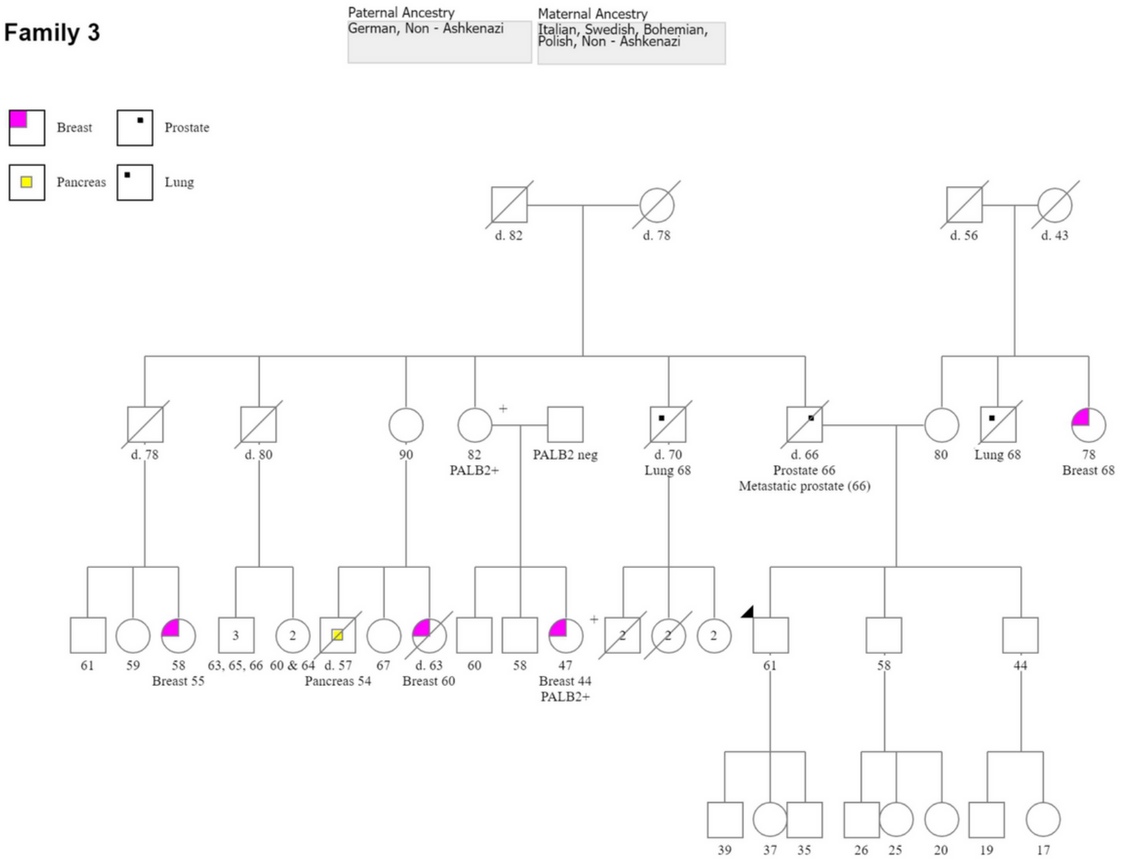
Consider risk reducing bilateral salpingo-oophorectomy at 45-50

Pancreas

Annual MRI/MRCP and/or EUS starting at age 50 if family history of PDAC in FDR/SDR

NCCN

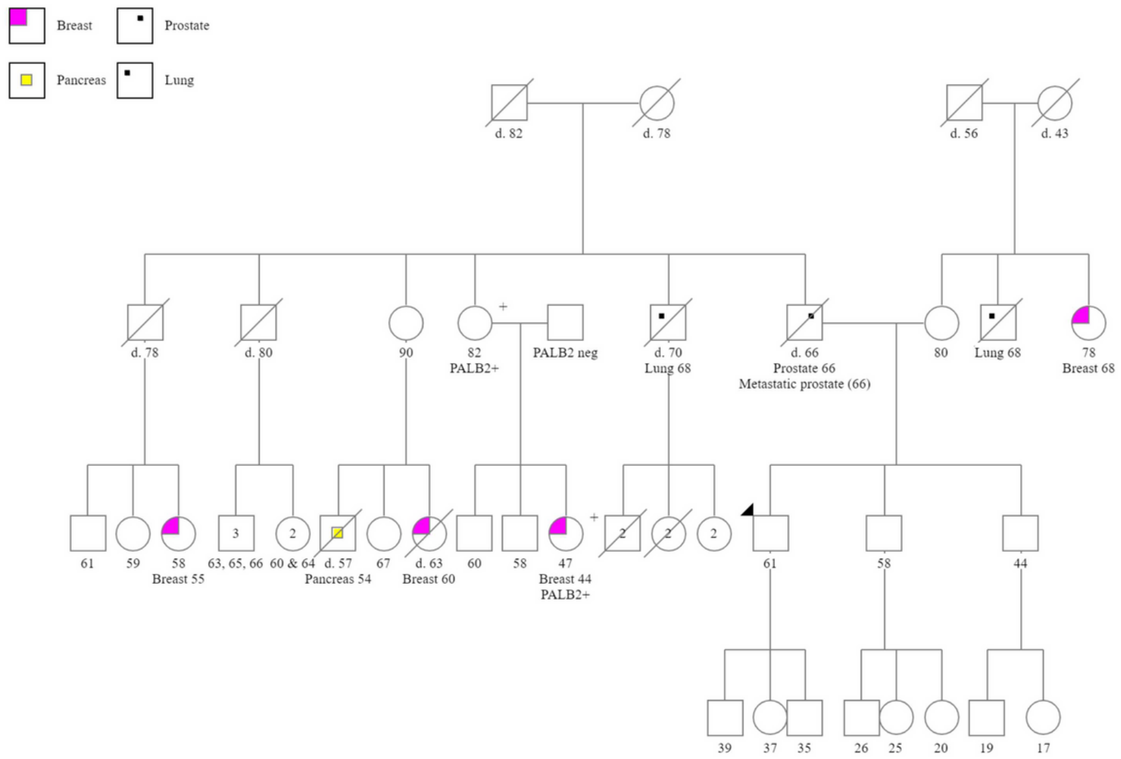
Family 3



No additional pathogenic mutations, variants of unknown significance, or gross deletions or duplications were detected. Genes Analyzed (77 total): ***AIP, ALK, APC, ATM, AXIN2, BAP1, BARD1, BLM, BMPR1A, BRCA1, BRCA2, BRIP1, CDC73, CDH1, CDK4, CDKN1B, CDKN2A, CHEK2, CTNNA1, DICER1, FANCC, FH, FLCN, GALNT12, KIF1B, LZTR1, MAX, MEN1, MET, MLH1, MSH2, MSH3, MSH6, MUTYH, NBN, NF1, NF2, NTHL1, PALB2, PHOX2B, PMS2, POT1, PRKAR1A, PTCH1, PTEN, RAD51C, RAD51D, RB1, RECQL, RET, SDHA, SDHAF2, SDHB, SDHC, SDHD, SMAD4, SMARCA4, SMARCB1, SMARCE1, STK11, SUFU, TMEM127, TP53, TSC1, TSC2, VHL*** **and** ***XRCC2*** **(sequencing and deletion/duplication);** ***EGFR, EGLN1, HOXB13, KIT, MITF, PDGFRA, POLD1*** **and** ***POLE*** **(sequencing only);** ***EPCAM*** **and** ***GREM1*** **(deletion/duplication only).**

Family 3

Paternal Ancestry	Maternal Ancestry
German, Non - Ashkenazi	Italian, Swedish, Bohemian, Polish, Non - Ashkenazi



RESULTS

ATM **Pathogenic Mutation: c.6679C>T**

SUMMARY

POSITIVE: Pathogenic Mutation Detected

INTERPRETATION

- This individual is heterozygous for the **c.6679C>T (p.R2227C)** pathogenic mutation in the *ATM* gene.
- **Risk estimate**: up to a 4 fold increased risk of female breast cancer and increased lifetime pancreatic and prostate cancer risk.
- The expression and severity of disease for this individual cannot be predicted.
- Genetic testing for pathogenic mutations in family members can be helpful in identifying at-risk individuals.
- Genetic counseling is a recommended option for all individuals undergoing genetic testing.

No additional pathogenic mutations, variants of unknown significance, or gross deletions or duplications were detected. Genes Analyzed (77 total): ***AIP, ALK, APC, ATM, AXIN2, BAP1, BARD1, BLM, BMPR1A, BRCA1, BRCA2, BRIP1, CDC73, CDH1, CDK4, CDKN1B, CDKN2A, CHEK2, CTNNA1, DICER1, FANCC, FH, FLCN, GALNT12, KIF1B, LZTR1, MAX, MEN1, MET, MLH1, MSH2, MSH3, MSH6, MUTYH, NBN, NF1, NF2, NTHL1, PALB2, PHOX2B, PMS2, POT1, PRKAR1A, PTCH1, PTEN, RAD51C, RAD51D, RB1, RECQL, RET, SDHA, SDHAF2, SDHB, SDHC, SDHD, SMAD4, SMARCA4, SMARCB1, SMARCE1, STK11, SUFU, TMEM127, TP53, TSC1, TSC2, VHL*** **and** ***XRCC2*** **(sequencing and deletion/duplication);** ***EGFR, EGLN1, HOXB13, KIT, MITF, PDGFRA, POLD1*** **and** ***POLE*** **(sequencing only);** ***EPCAM*** **and** ***GREM1*** **(deletion/duplication only).**

COMMENT: The *PALB2* c.509_510delGA alteration, which was previously identified in this individual's relative(s), was not detected in this individual's specimen.

CANCER RISKS: ATM

Cancer	General Population Risk	ATM Risk
Breast	12%	20–30%
Ovary	1–2%	2–3%
Prostate	12–13%	Increased
Pancreas	1–2%	5–10

NCCN

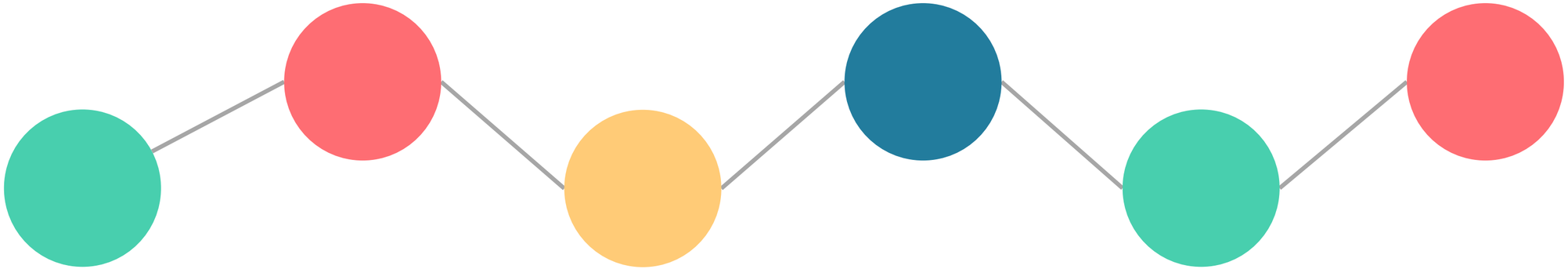
MEDICAL MANAGEMENT: ATM

Breast (female)

Annual breast MRI starting at 30-35
Annual mammogram starting at 40
Chemoprevention options to consider

Prostate*

Consider prostate cancer screening at 40



Ovaries

Insufficient evidence for risk reducing bilateral salpingo-oophorectomy. Manage based on family history

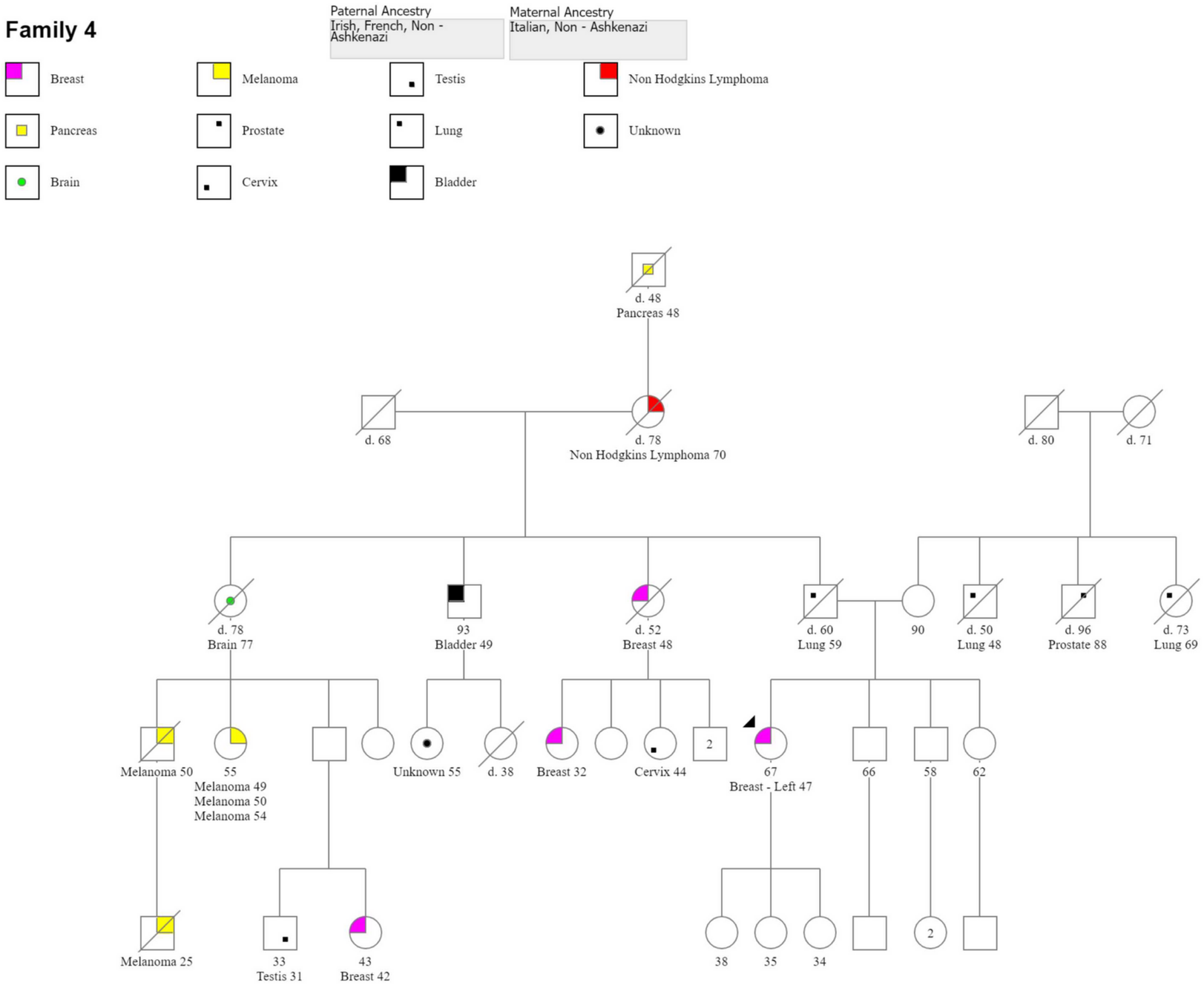
Pancreas

Annual MRI/MRCP and/or EUS starting at age 50 if family history of PDAC in FDR/SDR

*Consider PARP inhibitor in cancer treatment plan

NCCN

FAMILY 4:

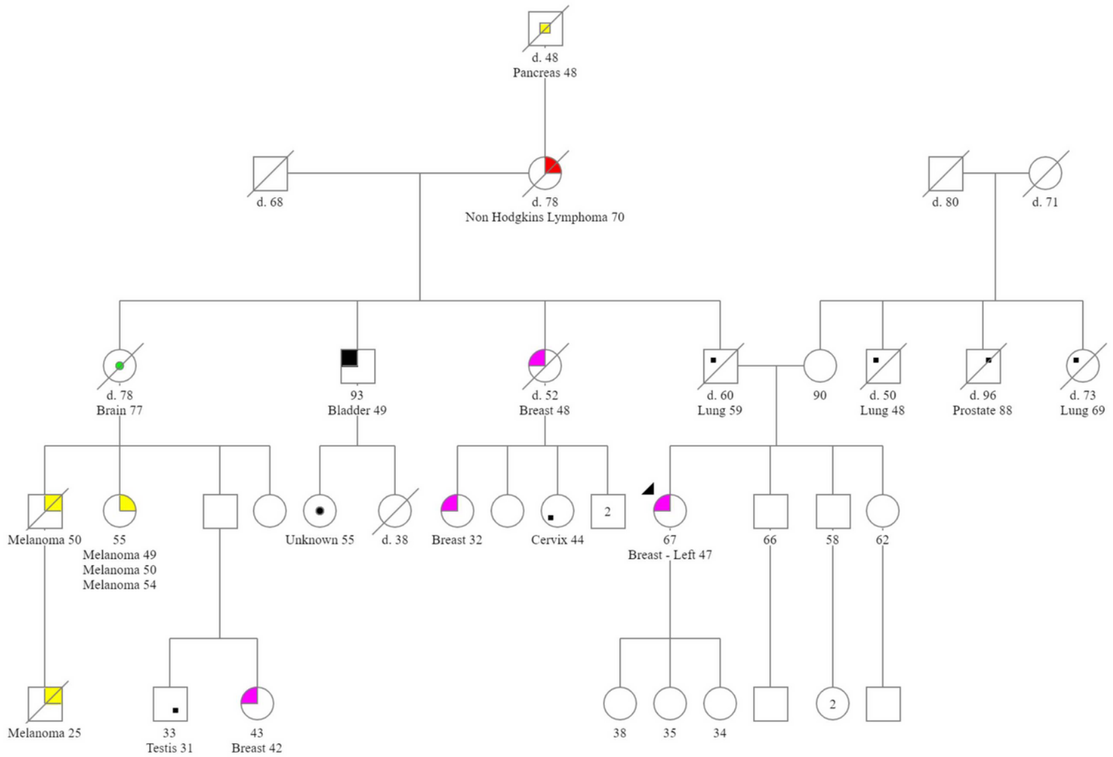

Family 4
Paternal Ancestry
Irish, French, Non - Ashkenazi
Maternal Ancestry
Italian, Non - Ashkenazi
Breast
Melanoma
Testis
Non Hodgkins Lymphoma
Pancreas
Prostate
Lung
Unknown
Brain
Cervix
Bladder
d. 48
Pancreas 48
d. 68
d. 78
Non Hodgkins Lymphoma 70
d. 80
d. 71
d. 78
Brain 77
93
Bladder 49
d. 52
Breast 48
d. 60
Lung 59
90
d. 50
Lung 48
d. 96
Prostate 88
d. 73
Lung 69
Melanoma 50
55
Melanoma 49
Melanoma 50
Melanoma 54
Unknown 55
d. 38
Breast 32
Cervix 44
2
67
Breast - Left 47
66
58
62
Melanoma 25
33
Testis 31
43
Breast 42
38
35
34
2

Family 4

Paternal Ancestry
Irish, French, Non - Ashkenazi

Maternal Ancestry
Italian, Non - Ashkenazi

Breast
Melanoma
Testis
Non Hodgkins Lymphoma
Pancreas
Prostate
Lung
Unknown
Brain
Cervix
Bladder



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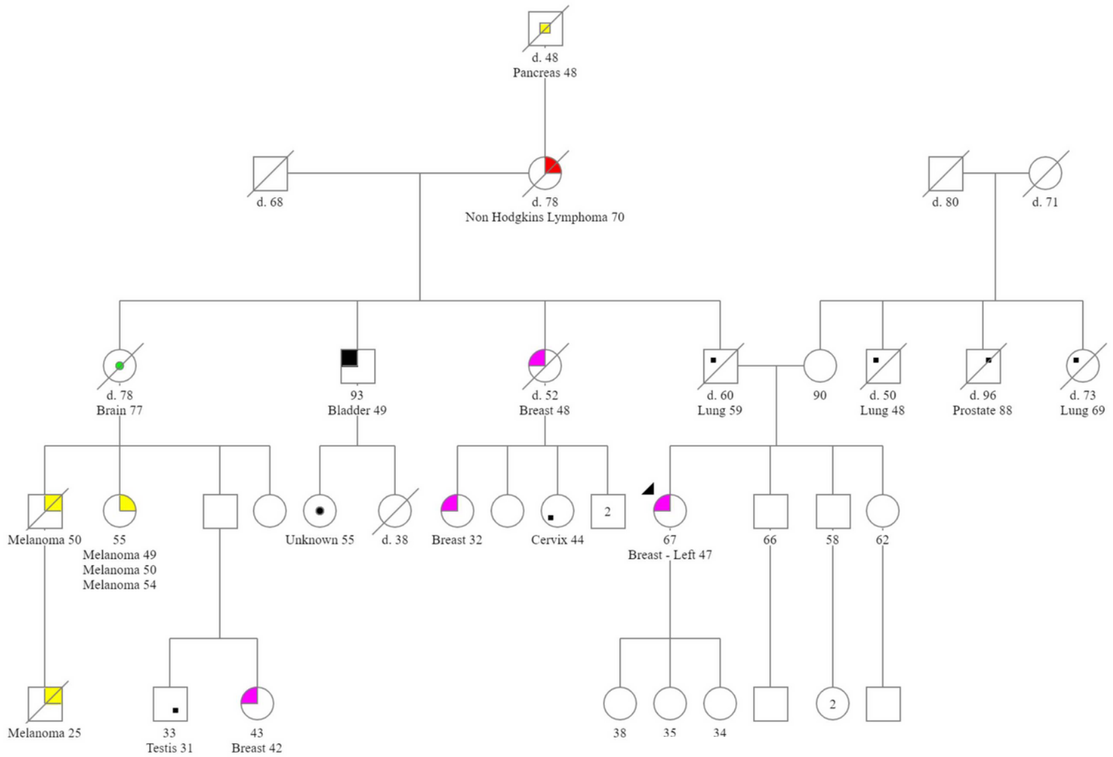
Family 4

Paternal Ancestry: Irish, French, Non - Ashkenazi

Maternal Ancestry: Italian, Non - Ashkenazi

Breast
Melanoma
Testis
Non Hodgkins Lymphoma
Pancreas
Prostate
Lung
Unknown
Brain
Cervix
Bladder



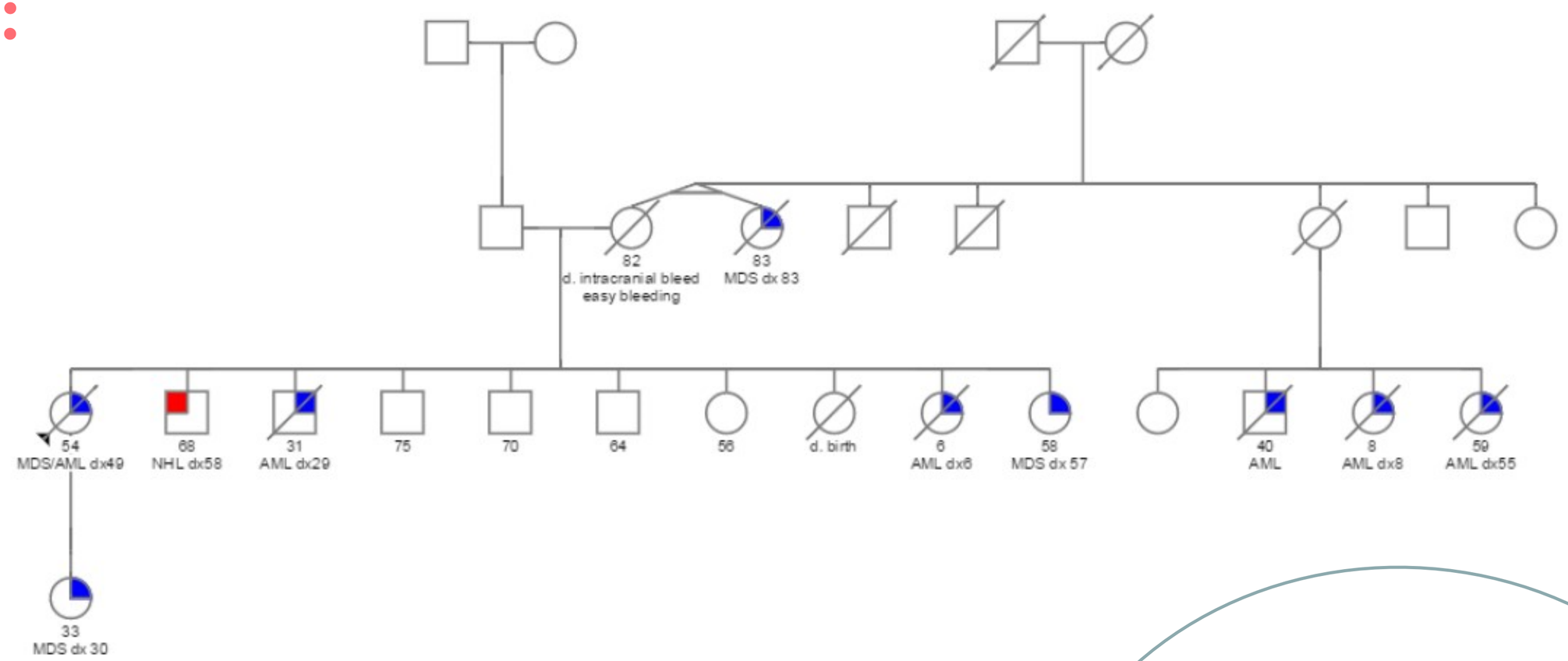
RESULTS

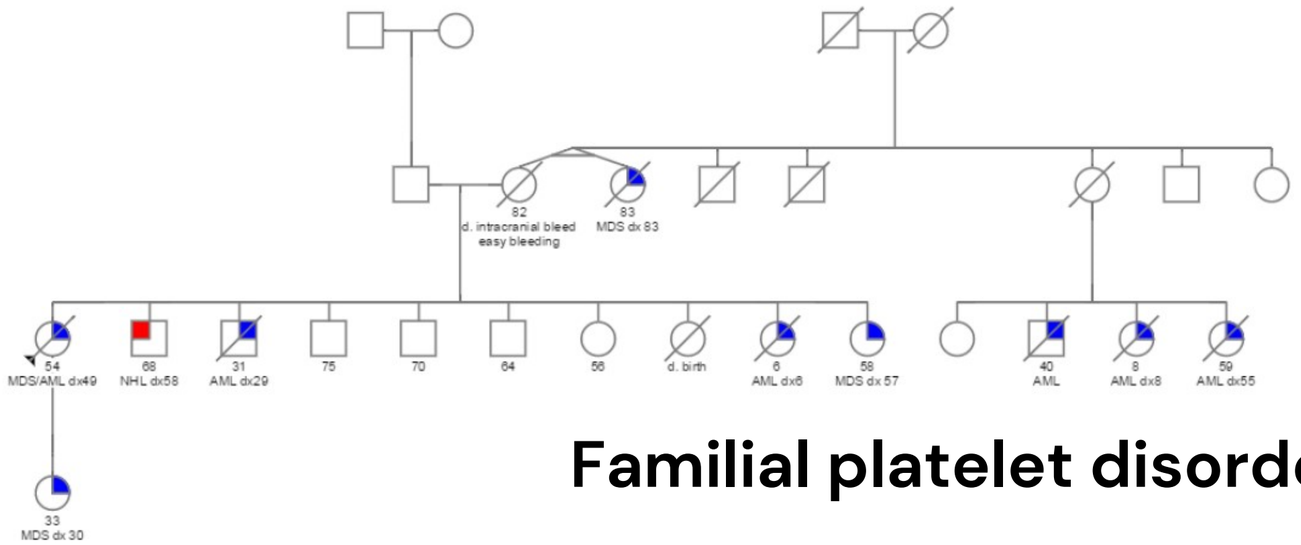
ATM **Pathogenic Mutation: p.R1875***

SUMMARY

POSITIVE: Pathogenic Mutation Detected

FAMILY 5:


82
d. intracranial bleed
easy bleeding
83
MDS dx 83
54
MDS/AML dx49
68
NHL dx58
31
AML dx29
75
70
64
56
d. birth
6
AML dx6
58
MDS dx 57
40
AML
8
AML dx8
59
AML dx55
33
MDS dx 30



Familial platelet disorder with associated myeloid malignancy

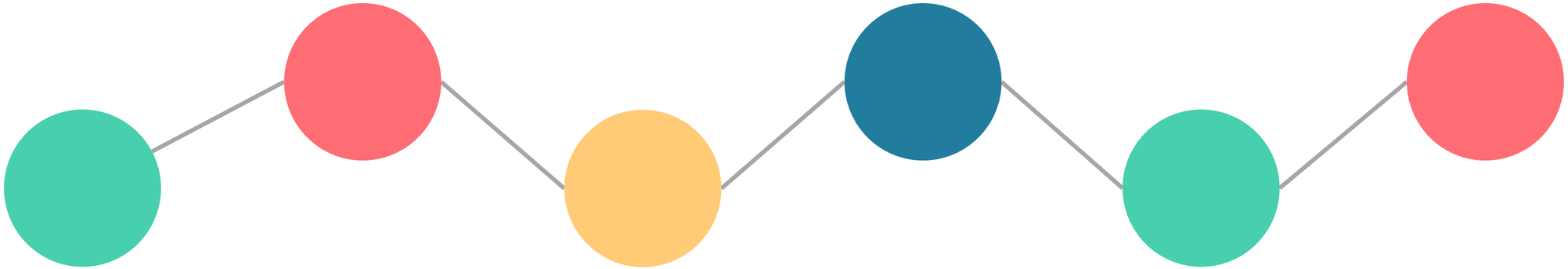
- Gene: *RUNX1*
- 99% patients have thrombocytopenia and abnormal platelet function
- Increased risk for MDS, AML, T-ALL: 20-60% lifetime risk
- Typical age of onset of AML/MDS is 20-40y
- Skin manifestations such as eczema and psoriasis

NCCN,
GeneReviews

MEDICAL MANAGEMENT: RUNX1

Clinical examination for signs/symptoms of neoplasm every six to 12 months

Bone marrow examination if constitutional symptoms and/or abnormalities on complete blood count are identified



Complete blood count with differential every three to four months

Skin exam as needed

SUMMARY

- Hereditary cancer gene mutations confer risk for cancer
- Changes to medical management may be indicated once a mutation is identified
- Identifying at risk individuals also allows us to identify other at risk family members
- **Prevention** and **early detection** of cancer is key in improving patient outcomes

GENETIC RISK ASSESSMENT

Nebraska Medicine
Hereditary Cancer Clinic
402-559-3602

Nebraska Medicine
Cancer Risk & Prevention Clinic
402-559-5600

THANK YOU