# Co-occurring Pathogenic Variants in Patients with Breast Cancer

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## Background

- Numerous studies have examined germline variant rates in individuals with breast cancer (BC), consistently reporting that about 5-10% carry a germline pathogenic variant (PV).<sup>1,2</sup>
- Although multiple PVs in a single patient have been documented, cases are rare and reported in small cohorts.
- As a result, the clinical implications of multiple PVs remain poorly understood.
- To address this gap, we analyzed a large dataset of patients with BC who underwent germline genetic testing.

### Methods

- The Myriad Collaborative Research Registry v4, containing clinical, genetic, and genomic information on over 1.2 million individuals with cancer, was queried.
- The registry included data on 795,165 individuals with a BC diagnosis who completed testing at a clinical laboratory between 1996 and 2025.
- Data was assessed using descriptive statistics to understand the prevalence and characteristics of patients with multiple PVs.

#### **Table 1.** Patients with Two PVs (n=1,600)

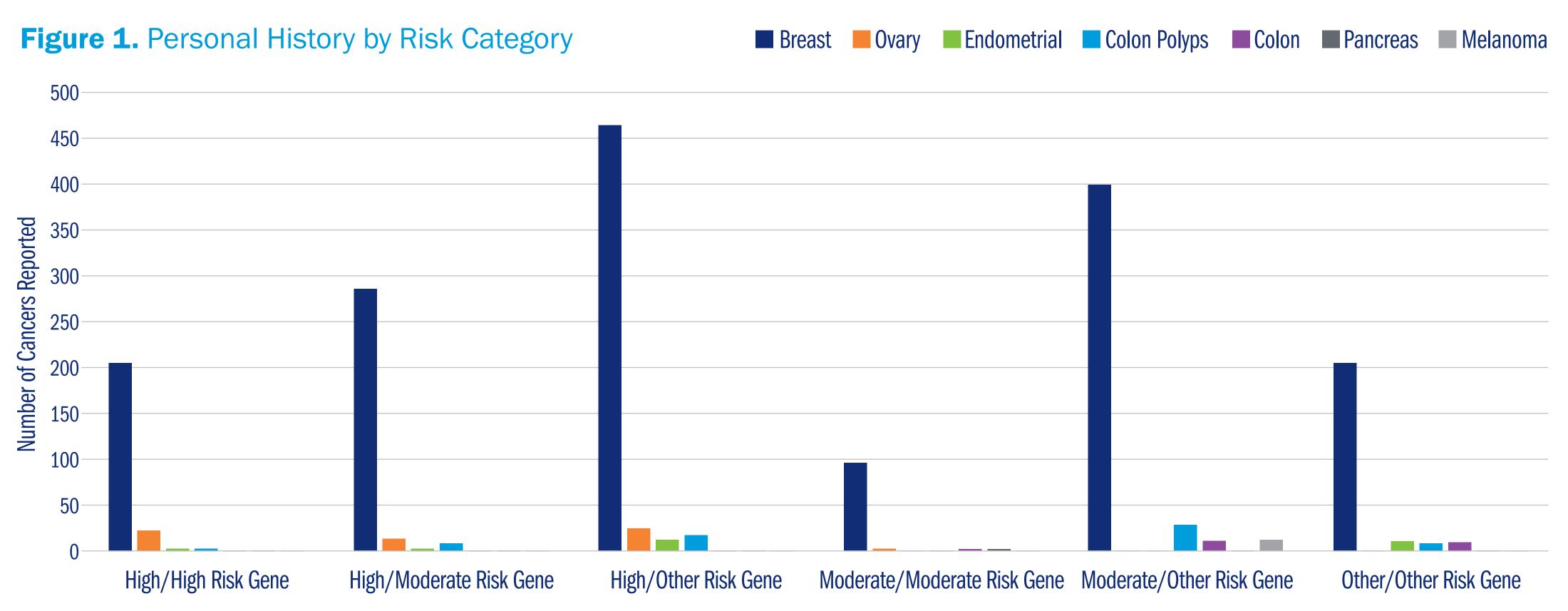
Cohort Type	High/High Risk Gene	High/Moderate Risk Gene	High/Other Risk Gene	Moderate/ Moderate Risk Gene	Moderate/Other Risk Gene	Other/Other Risk Gene	
Number of patients	198 (12.4%)	279 (17.4%)	453 (28.3%)	91 (5.7%)	386 (24.1%)	193 (12.1%)	
Median Age of Cancer Diagnosis	45	48	48	48	52	54	
Assigned Female at Birth	191	265	442	90	382	191	
Ancestry							
White/Non-Hispanic	96	196	341	71	333	160	
Ashkenazi Jewish	29	2	7	2	5	4	
Hispanic/Latino	26	40	45	4	23	12	
Black/African	16	16	43	5	11	11	
Asian/Pacific Islander	10	4	12	2	4	O	
Not specified	30	34	44	13	40	20	

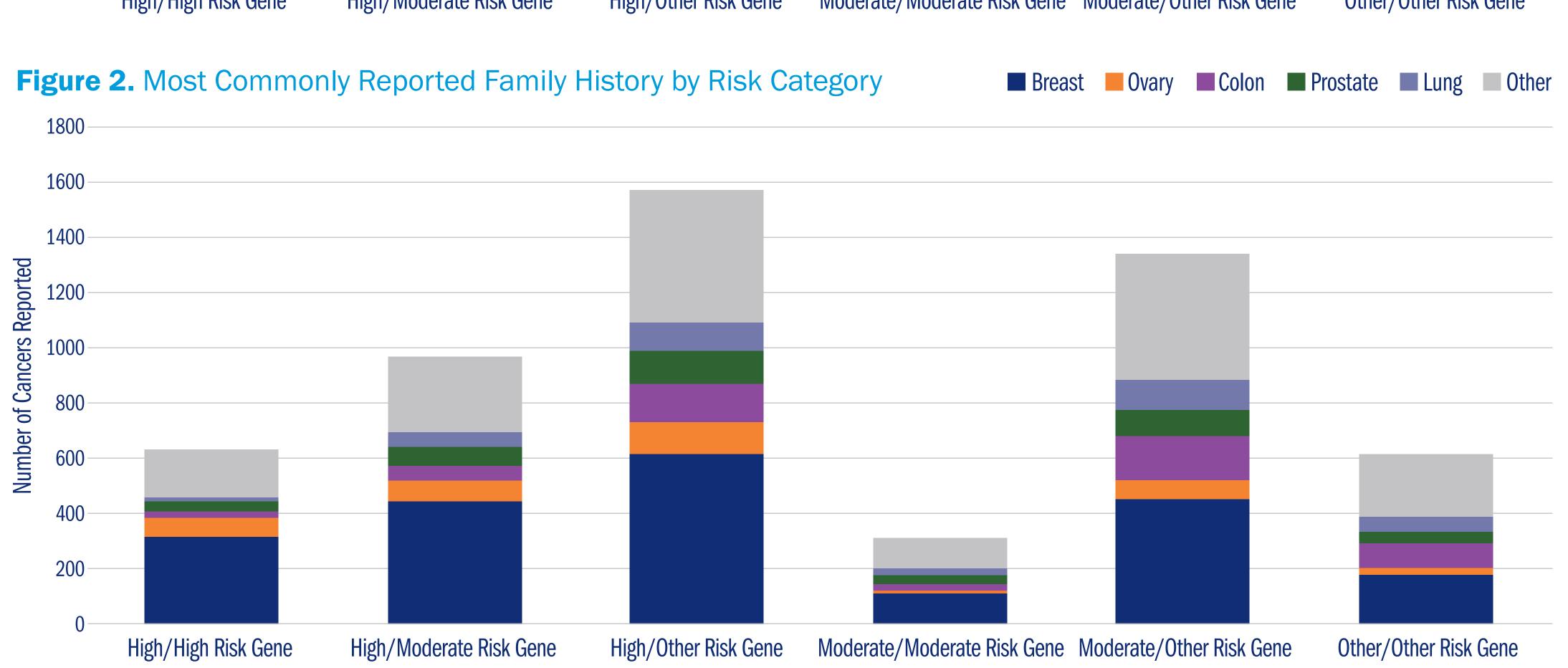
#### Table 2. High, Moderate, and Other Risk Genes

High Risk BC PVs	BRCA1, BRCA2, CDH1, PALB2, PTEN, STK11, TP53
Moderate Risk BC PVs	ATM, BARD1, CHEK2, RAD51C, RAD51D
Other Risk PVs	APC, BRIP1, CDKN2A P14ARF, CDKN2A P16, CTNNA1, EGFR, EPCAM, FH, FLCN, HOXB13, MITF, MLH1, MSH2, MSH3, MSH6, MUTYH, NTHL1, PMS2, RET, SDHA, SDHB, SDHC, SDHD, SMAD4, TERT, TSC2, VHL

# • Among 795,165 individuals diagnosed with BC, 75,491 (9.5%) had one pathogenic variant (PV), 1,600 (0.2%) possessed two PVs, and 34 individuals carried more than two PVs.

- Of those with two PVs, the most frequent second primary diagnoses were ovarian cancer (n=84), colon adenomas/polyps (n=68), breast cancer (n=45), and endometrial cancer (n=39). (**Figure 1**)
- The median age at cancer diagnosis for patients with two PVs was 49 years. Most of these patients were assigned female at birth (n=1,561) and identified as White/Non-Hispanic (n=1,197). (**Table 1**)
- Patients with two PVs were classified into BC PV risk categories: high-risk, moderate-risk, and other-risk. For patient distribution according to these categories, refer to **Table 2**.



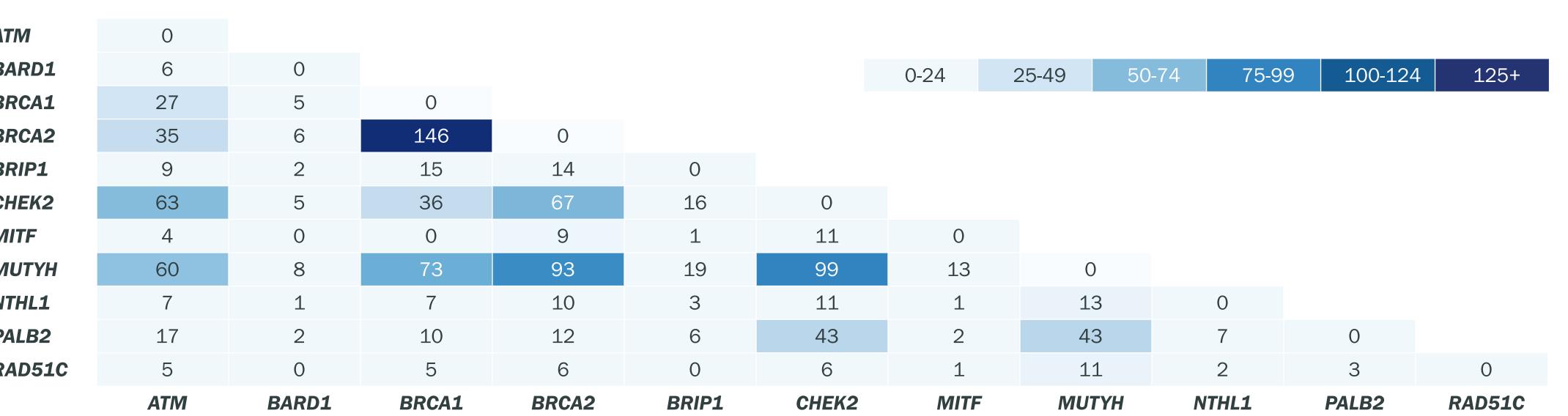


# • The largest subgroup (28.3%) comprised individuals with one high-risk and one other-risk PV. The median age at diagnosis was 48 years across most subgroups, increasing to 54 years in the other/other-risk category. (**Table 1**)

- Across all groups, a family history of BC was most frequently reported. Groups containing at least one high-risk PV commonly reported ovarian cancer as the second most prevalent family history, while colon cancer was the second most reported in groups with at least one other risk PV. (**Figure 2**)
- In the high/high-risk group, BRCA1/BRCA2 pairings accounted for 73.7% of cases, whereas ATM/CHEK2 comprised 69.2% within the moderate/moderate-risk group. (**Figure 3**)
- These pairings occurred at notably higher frequencies compared to others.Additionally, approximately one-third of patients with two PVs had a PV in MUTYH.

#### Figure 3. Common Gene Pairs by Risk category (n=1,600)

Results



### Conclusions

- Assessing patients with two germline PVs presents clinical and interpretive challenges.
- This study identified two co-occurring PVs at a frequency of 1,600 in 795,165 (0.2%) individuals with BC and highlights patterns suggesting that detailed personal and family history may aid in understanding these complex genetic profiles.
- Continued data collection is essential to identify subtle trends and improve risk assessment in patients with two PVs.
- Future research is needed on specific gene pairings to clarify phenotypic differences and refine risk stratification.
- The registry enabled identification of a large cohort with two PVs, laying a foundation for deeper investigation into their clinical significance.

1. Hu C, Hart SN, Gnanaolivu R, et al. A Population-Based Study of Genes Previously Implicated in Breast Cancer. N Engl J Med. 2021;384(5):440-451. doi:10.1056/NEJMoa2005936
2. Tung N, Battelli C, et al. Frequency of mutations in individuals with breast cancer referred for BRCA1 and BRCA2 testing using next-generation sequencing with a 25-gene panel.

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