Lynch Syndrome Next Generation Sequencing (NGS) Panel:  
Information for Ordering Providers

What is Next Generation Sequencing (NGS)?
NGS is a high-throughput DNA sequencing technology that allows sequencing of multiple regions of the human genome at one time. This enables the simultaneous analysis of many genes known to be associated with a particular phenotype (i.e. gene panels). For some genes, additional analysis for copy number variants may be performed in conjunction with NGS.

Since not all genes associated with a given phenotype/presentation are known or included in the panel, a pathogenic variant will not be identified for every patient. The absence of a pathogenic variant does not exclude a clinical diagnosis.

Testing may identify a genetic variant for which there is currently insufficient evidence to conclude that it is either disease-causing or benign (called a variant of uncertain significance). Such variants cannot be used to alter the clinically established risk of disease.

Why order a NGS panel for my patient?
Phenotypes are often genetically heterogeneous, meaning that the condition is caused by a pathogenic variant(s) in any one of a number of genes. Instead of sequentially testing each of those genes, patients with a particular phenotype should be offered a targeted NGS panel. In some circumstances, it may be more appropriate to test only one gene instead of a panel of genes. In such situations, please contact the laboratory to discuss your patient.

Individuals who carry a pathogenic variant in a hereditary cancer gene have an increased risk of certain cancers compared to the general population. Cancer risks depend on the gene(s) in which the variant(s) is identified. These individuals are eligible for increased cancer screening and/or risk reducing surgeries and therapeutic interventions. In addition, results may influence treatment plans for individuals with cancer.

What is Lynch Syndrome?
In Canada, men have a 1 in 14 (7%) and women have a 1 in 16 (6%) lifetime risk of colon cancer. Lynch syndrome is a hereditary colon cancer syndrome which is associated with an increased risk for multiple cancers including colon, ovarian, and uterine. Approximately 5% of colon cancers are due to Lynch syndrome. The general population risk of ovarian cancer is 1 in 75 (1.3%). Approximately 2-4% of ovarian cancers are due to Lynch syndrome. Lynch syndrome is diagnosed using the Amsterdam criteria. All of the following criteria must be met:
- three or more relatives with a histologically verified Lynch Syndrome-associated cancer, one of whom is a first-degree relative of the other two
- affecting at least two successive generations
- one or more cases diagnosed before the age of 50

Associated Disorders
Hereditary cancer predispositions are typically inherited in an autosomal dominant fashion. Some of the genes on these panels are associated with other rare disorders including:

Constitutional mismatch repair deficiency syndrome is a rare autosomal recessive condition that occurs in individuals who have two pathogenic variants in one of the following genes: EPCAM, MLH1, MSH2, MSH6 or PMS2. Affected individuals often have onset of colon/intestinal cancer before the age of 20 years and may have a cutaneous phenotype similar to that seen in neurofibromatosis type I.

If a pathogenic variant is identified in one of these genes, the patient and/or their family members may be at increased risk for specific cancers or other conditions. Genetic counselling is recommended for these families.

Genetic Laboratory Services
http://www.albertahealthservices.ca/lab/page8667.aspx

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Indications for Testing
Testing should be considered in affected individuals who
  • meet Amsterdam criteria OR
  • have abnormal tumour immunohistochemistry (IHC) suggestive of Lynch syndrome

Ordering privileges
This panel may be ordered by a Clinical Geneticist.

Lynch Syndrome NGS Panel
This panel includes five genes known to cause Lynch Syndrome: \textit{MLH1, MSH2, MSH6, PMS2} and \textit{EPCAM}. Analysis of the \textit{EPCAM} gene includes copy number analysis only.

Reflex testing for \textit{PMS2} (exons 11-15) will only be performed if no pathogenic variant is detected and PMS2 was absent by IHC. The IHC results must be noted on the requisition form.

How do I order an NGS panel?
Discuss the advantages and limitations of testing with your patient (see above). If your patient consents to the testing:

1. Complete the Molecular Diagnostic Laboratory Cancer and Endocrine Next Generation Sequencing Requisition (available at \url{www.albertahealthservices.ca/lab/page8667.aspx}) providing all relevant clinical and family history information. \textit{Incomplete requisitions will not be accepted and will result in test delays.}
2. Provide the fully completed requisition to your patient and \textit{direct them to their local collection lab for a blood draw.}
3. For patients without a valid Alberta PHN, please contact the laboratory genetic counsellor to discuss test availability, billing and sample requirements.

My patient has a family history of a known pathogenic variant. Is an NGS panel the appropriate test for my patient?
No. Once a pathogenic variant has been identified in the family it is best to begin testing by looking for the variant that has already been identified in the family.

Methods
Genomic DNA is sequenced on an NGS instrument. Analysis includes the coding region of the gene, including 15bp of intronic/coding boundaries. If a clinically relevant variant does not meet the validation requirements it is confirmed by Sanger sequencing. \textit{Additional deletion/duplication testing may be performed by a variety of methods, including, but not limited to: comparative genomic hybridization, NGS-based dosage analysis, multiplex ligation-dependent probe amplification, and quantitative PCR. Confirmation by a secondary method is carried out when necessary.} The methods used to generate results are identified on each patient report.

Test Performance
NGS detects nucleotide substitutions, small insertions and deletions and copy number variants. This test is expected to detect >95% of variants in the coding regions of the tested genes.

When can I expect results?
Results may take up to 4 months.

Can testing be expedited to facilitate medical management of a patient?
Expedited testing (~1 month from the time the sample is received) is available if required for immediate surgical or therapeutic management. Please provide details on the requisition form regarding the reason for expedited testing as well as a target date for results.
How are results reported?
Results are sent to the ordering provider. For some tests, results will not be sent to ‘copy to’ physicians by the laboratory but may be obtained by contacting the ordering health care provider.

What Types of Results Can I Expect?

<table>
<thead>
<tr>
<th>Type of NGS result</th>
<th>Interpretation</th>
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<tbody>
<tr>
<td>Pathogenic Variant</td>
<td>A variant has been identified that is disease causing.</td>
</tr>
<tr>
<td>Likely Pathogenic Variant</td>
<td>A variant has been identified and there is significant but not conclusive evidence that the variant is disease causing.</td>
</tr>
<tr>
<td>Variant of Uncertain Significance</td>
<td>A variant has been identified and there is not sufficient evidence to classify the variant as pathogenic/likely pathogenic or benign.</td>
</tr>
<tr>
<td>No Pathogenic Variant (Uninformative)</td>
<td>No variants of clinical or uncertain significance were detected. This is an uninformative result and no explanation has been identified for the patient’s phenotype. There may be other genes or variants not assessed by the current NGS panel associated with the patient’s phenotype. A genetic condition or genetic component to the phenotype has not been excluded.</td>
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NOTE: Benign, or likely benign variants (variants known not to be disease causing) are not reported.

My patient has a variant. What are the next steps?
Your patient should be managed based on their diagnosis and clinical presentation. If your patient has a pathogenic variant or a likely pathogenic variant, genetic counselling may be indicated to discuss the implications for other family members. If your patient has a variant of uncertain significance, a referral to Clinical Genetics may aid in the assessment of the variant.

My patient’s results are uninformative. What are the next steps?
A referral to Clinical Genetics may still be appropriate for your patient if they have a significant family history suggestive of hereditary cancer syndrome and/or desire additional counselling regarding their results.

I have questions about NGS Panels. Who do I talk to?
Health care providers can contact the Edmonton Genetic Laboratory Services Genetic Counsellors at 780-407-1015.

Requisition forms, contact information and other resources can be found at: http://www.albertahealthservices.ca/lab/page8667.aspx