Genetic Testing: Who and Why?

Kaylene Ready, MS, CGC Director, Inherited Cancer Counsyl

Objective

To understand the populations in whom genetic testing is performed and why



Agenda

Clinical vs. Molecular Dx

Types of testing

Who to test



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Clinical Utility

 Can the diagnosis be made on clinical features alone?

 How will molecular testing aid in prognosis or treatment?



Clinical vs. Molecular Diagnosis



Achondroplasia

Typically diagnosed by characteristic clinical and radiographic findings



Down syndrome

Physical features may be present, but a molecular test is often needed for confirmation



Agenda

Clinical vs. Molecular Dx

Types of testing

Who to test



Types of testing

- Testing an affected (symptomatic) individual's germline
 - Diagnostic, Prognostic, Therapeutic
- Testing an asymptomatic individual to determine future risk
- Testing an individual's germline to benefit family
- Testing of DNA from cancer cells
 - Diagnostic, Prognostic, Treatment response



1. Germline testing in affected individuals

Diagnostic



Neurofibromatosis
Type 1?

Risk for neurofibromas and optic glioma



Legius?

No risk for tumors



Constitutional
Mismatch Repair
Deficiency?

Risk for colon and brain cancer in childhood



1. Germline testing in affected individuals

Prognostic

- Long QT syndrome
 - Syncope
 - Sudden cardiac death

- LQT1 exercise, emotion
 - Avoidance of strenuous exercise

- LQT2 emotional stress and auditory stimuli
 - Avoidance of loud noises, e.g. alarm clocks



1. Germline testing in affected individuals

Therapeutic



Plavix

CYP2C19



2. Germline testing to benefit family



FAP
Often a clinical diagnosis, BUT...



3. Germline testing in UNaffected individuals



No personal history/features

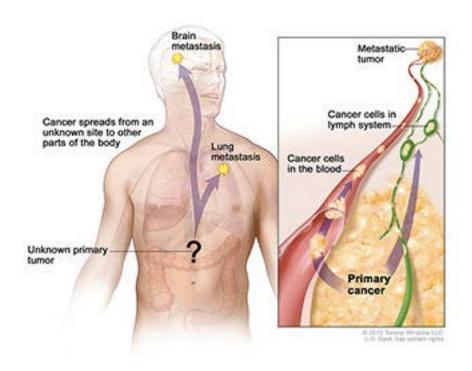
Family history

Clinical Utility



4. DNA testing of cancer cells

Diagnostic



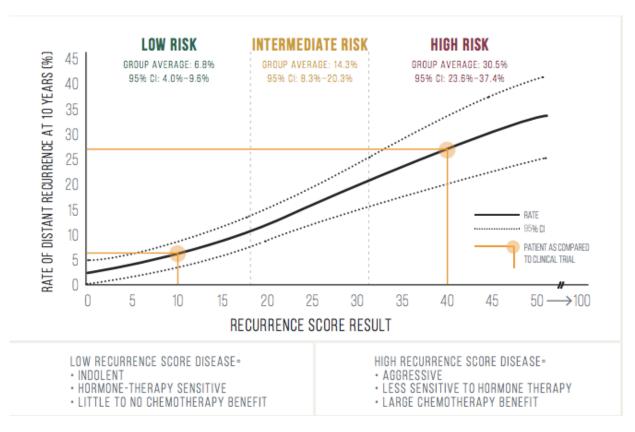
Cancer of Unknown Primary



4. DNA testing of cancer cells

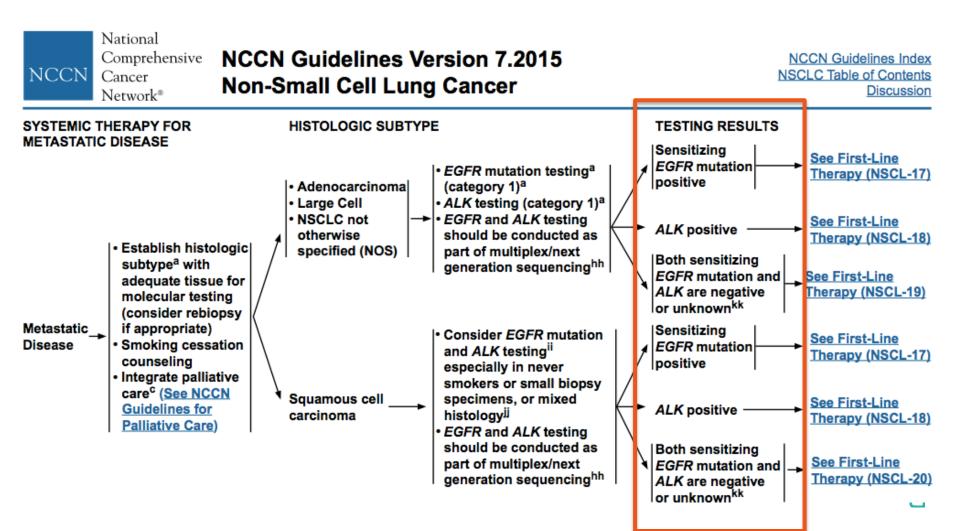
Prognostic





4. DNA testing of cancer cells

Therapeutic



Agenda

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Who to test

Proband

- At risk-relatives
 - Mode of inheritance (AR, AD, X-linked)
 - De-novo mutation rate
 - Degree of penetrance

Who to test

- Li-Fraumeni syndrome
 - o AD
 - Highly penetrant
 - Management guidelines available

- Rett syndrome
 - X-linked dominant
 - >99% de-novo rate

Clinical Utility





Thank you