



Sample Information

Patient Name: 游淑靜
Gender: Female
ID No.: G220768397
History No.: 22270037
Age: 60

Ordering Doctor: DOC3577C 黃楷中
Ordering REQ.: OCVNVT
Signing in Date: 2024/1/9

Path No.: M113-00008
MP No.: BR24001
Assay: Oncomine BRCA1/2 Assay
Sample Type: FFPE
Block No.: S112-62601H
Percentage of tumor cells: 60%

Reporting Doctor: DOC5424G 彭昱璟 (Phone: 8#5424)

Note:

Sample Cancer Type: Ovarian Cancer

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Relevant Ovarian Cancer Variants

Gene	Finding
BRCA1	BRCA1 deletion
BRCA2	None detected

Relevant Biomarkers

No clinically significant biomarkers found in this sample.

Prevalent cancer biomarkers without relevant evidence based on included data sources

BRCA1 deletion

Variant Details

DNA Sequence Variants

Gene	Amino Acid Change	Coding	Locus	Allele Frequency	Transcript	Variant Effect	ClinVar ¹	Coverage
BRCA2	p.(N372H)	c.11114A>C	chr13:32906729	50.30%	NM_000059.3	missense	Benign	1996
BRCA2	p.(V1269=)	c.3807T>C	chr13:32912299	48.12%	NM_000059.3	synonymous	Benign	1999
BRCA2	p.(L1521=)	c.4563A>G	chr13:32913055	99.70%	NM_000059.3	synonymous	Benign	1992
BRCA2	p.(V2171=)	c.6513G>C	chr13:32915005	99.85%	NM_000059.3	synonymous	Benign	1999
BRCA2	p.(V2466A)	c.7397T>C	chr13:32929387	99.80%	NM_000059.3	missense	Benign	1999
BRCA1	p.(S1613G)	c.4837A>G	chr17:41223094	99.85%	NM_007294.4	missense	Benign	2000
BRCA1	p.(S1436=)	c.4308T>C	chr17:41234470	99.60%	NM_007294.4	synonymous	Benign	2000
BRCA1	p.(K1183R)	c.3548A>G	chr17:41244000	99.55%	NM_007294.4	missense	Benign	2000
BRCA1	p.(E1038G)	c.3113A>G	chr17:41244435	99.70%	NM_007294.4	missense	Benign	2000
BRCA1	p.(P871L)	c.2612C>T	chr17:41244936	99.75%	NM_007294.4	missense	Benign	1999
BRCA1	p.(L771=)	c.2311T>C	chr17:41245237	99.65%	NM_007294.4	synonymous	Benign	1999
BRCA1	p.(S694=)	c.2082C>T	chr17:41245466	99.85%	NM_007294.4	synonymous	Benign	2000

¹ Based on Clinvar version 20200329

Copy Number Variations

Gene	Locus	Copy Number	ClinVar ¹
BRCA1	chr17:41197601	1	

¹ Based on Clinvar version 20200329

Biomarker Descriptions

BRCA1 deletion

BRCA1 DNA repair associated

Background: The breast cancer early onset gene 1 (BRCA1) encodes one of two BRCA proteins (BRCA1 and BRCA2) initially discovered as major hereditary breast cancer genes. Although structurally unrelated, both BRCA1 and BRCA2 exhibit tumor suppressor function and are integrally involved in the homologous recombination repair (HRR) pathway, a pathway critical in the repair of damaged DNA^{1,2}. Specifically, BRCA1/2 are required for the repair of chromosomal double strand breaks (DSBs) which are highly unstable and compromise genome integrity^{1,2}. Inherited pathogenic mutations in BRCA1/2 are known to confer increased risk in women for breast and ovarian cancer and in men for breast and prostate cancer^{3,4,5}. For individuals diagnosed with inherited pathogenic or likely pathogenic BRCA1/2 variants, the cumulative risk of breast cancer by 80 years of age was 69-72% and the cumulative risk of ovarian cancer by 70 years was 20-48%^{3,6}.

Alterations and prevalence: Inherited BRCA1/2 mutations occur in 1:400 to 1:500 individuals and are observed in 10-15% of ovarian cancer, 5-10% of breast cancer, and 1-4% of prostate cancer^{7,8,9,10,11,12,13,14}. Somatic alterations in BRCA1 are observed in 5-10% of uterine corpus endometrial carcinoma, cutaneous melanoma, bladder urothelial carcinoma, diffuse large B-cell lymphoma, and cervical squamous cell carcinoma, 3-4% of lung squamous cell carcinoma, lung adenocarcinoma, stomach adenocarcinoma, ovarian serous cystadenocarcinoma, colorectal adenocarcinoma, and breast invasive carcinoma, and 2% of head and neck squamous cell carcinoma and glioblastoma multiforme^{15,16}.

Potential relevance: Individuals possessing BRCA1/2 pathogenic germline or somatic mutations are shown to exhibit sensitivity to platinum based chemotherapy as well as treatment with poly (ADP-ribose) polymerase inhibitors (PARPi)¹⁷. Inhibitors targeting PARP induce synthetic lethality in recombination deficient BRCA1/2 mutant cells^{18,19}. Consequently, several PARP inhibitors have been FDA approved for BRCA1/2-mutated cancers. Olaparib²⁰ (2014) was the first PARPi to be approved by the FDA for BRCA1/2

Biomarker Descriptions (continued)

aberrations. Originally approved for the treatment of germline variants, olaparib is now indicated (2018) for the maintenance treatment of both germline BRCA1/2-mutated (gBRCAm) and somatic BRCA1/2-mutated (sBRCAm) epithelial ovarian, fallopian tube, or primary peritoneal cancers that are responsive to platinum-based chemotherapy. Olaparib is also indicated for the treatment of patients with gBRCAm HER2-negative metastatic breast cancer and metastatic pancreatic adenocarcinoma. Additionally, olaparib²⁰ is approved (2020) for metastatic castration-resistant prostate cancer (mCRPC) with deleterious or suspected deleterious, germline or somatic mutations in HRR genes that includes BRCA1. Rucaparib²¹ is also approved (2020) for deleterious gBRCAm or sBRCAm mCRPC and ovarian cancer. Talazoparib²² (2018) is indicated for the treatment of gBRCAm HER2-negative locally advanced or metastatic breast cancer. Additionally, talazoparib²² in combination with enzalutamide is approved (2023) for metastatic castration-resistant prostate cancer (mCRPC) with mutations in HRR genes that includes BRCA1. Niraparib²³ (2017) is another PARPi approved for the treatment of epithelial ovarian, fallopian tube, or primary peritoneal cancers with a deleterious or suspected deleterious BRCA mutation. Niraparib in combination with abiraterone acetate²⁴ received FDA approval (2023) for the treatment of deleterious or suspected deleterious BRCA-mutated (BRCAm) mCRPC. Despite tolerability and efficacy, acquired resistance to PARP inhibition has been clinically reported²⁵. One of the most common mechanisms of resistance includes secondary intragenic mutations that restore BRCA1/2 functionality²⁶. In addition to PARP inhibitors, other drugs which promote synthetic lethality have been investigated for BRCA mutations. In 2022, the FDA granted fast track designation to the small molecule inhibitor, pidnarulex²⁷, for BRCA1/2, PALB2, or other homologous recombination deficiency (HRD) mutations in breast and ovarian cancers. Like PARPi, pidnarulex promotes synthetic lethality but through an alternative mechanism which involves stabilization of G-quadruplexes at the replication fork leading to DNA breaks and genomic instability.

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