TAKE HOME MESSAGES
A LOT OF DIFFERENT INFORMATION CAN BE OBTAINED FROM A GENETIC TEST

IT IS VERY IMPORTANT TO CONTACT CANCER GENETICS UNITS TO PERFORM RESEARCH IN VUS, ESPECIALLY THOSE THAT ARE INVOLVED IN INTERNATIONAL CONSORTIUM FOR INTERPRETING VUS (INSIGHT, ENIGMA, CLINVAR….)

LYNCH SYNDROME :

- Role of AAS for at least 2 years
- Progestins for endometrial cancer prevention
- Immune-prevention: neo-peptides
- Immune checkpoint inhibitors in advanced MSI-associated tumors

POLYPOSIS: CONSIDER TYPE AND NUMBER TO GUIDE MANAGEMENT AND TESTING
COMPLEXITY OF CDH1 GERMLINE MUTATIONS

CHALLENGES OF RISK COMUNICATION AND HOW TO MITIGATE UNCERTAINTY TO DECREASE A NEGATIVE PSYCHOLOGICAL IMPACT

FAST EVOLVING FIELD AROUND BRCA1 AND BRCA2 GENE MUTATION CARRIERS: IMPACT OF THE MUTATION IN CANCER MANAGEMENT AND CANCER PREVENTION: FINDING THE RIGHT BALANCE BETWEEN FOCUSING ON TREATING THE CURRENT CANCER WHILE ADDRESSING THE RISK OF ANOTHER CANCER AND PREVENTION OPTIONS

MANY DIFFERENT BREAST CANCER GENES WITH DIFFERENT CANCER PENETRANCE AND MANAGEMENT → PALB2 as the new BRCA3 GENE

IMPORTANCE OF FAMILY HISTORY IN ESTIMATING CANCER RISK
CAUTION WITH:

WRONG ASSOCIATIONS BETWEEN NEW GENES AND CANCER RISK → FOLLOW LARGE CASE CONTROL STUDIES

SOMATIC MOSAIC MUTATIONS IN BLOOD

WITHOUT ROBUST ESTIMATES OF CANCER RISK THERE IS NO RATIONALE FOR CLINICAL GUIDELINES

NEW FIELD AROUND INCORPORATING PRS IN CANCER RISK PREDICTION

THERAPEUTIC OPTIONS IN CANCER PATIENTS MOTIVATES GERMLINE GENETIC TESTING

GET EVIDENCE-BASED INFORMATION
LISTEN TO YOUR PATIENT
DISCUSS OPTIONS TO ALLOW FOR AN INFORMED MEDICAL DECISION-MAKING