UKCGG-National Cancer Genetics MDT meeting: [19.01.2023]

[Theme/Mixed Cases]- lead by [Cardiff]

Meeting contact: [Alex Murray, alex.murray@wales.nhs.uk]

Thank you to everyone who attended this session. Below is a summary of the presented cases and relevant publications and resources to refer to.

Presented Cases

Case 1	**[Array in newborn for dysmporphic features - 10q23 microdeletion with deletion of BMPR1A +PTEN – can be associated with JPI. What screening should they have? Any other similar patients?]**	Presented by: [Dr Helen Hanson] [St George's University Hospital] [helen.hanson@stgeorges.nhs.uk]
	Actions/Outcome: Ian Frayling felt these patients don't usually present with a JPI phenotype although this has been found in JPI patients; suggested colonoscopy may not be needed unless child is symptomatic. Agreed should offer usual screening for BMPR1A and PTEN. Mohnish Suri reported a similar family but only BMPR1A deleted (maternally inherited) and no polyps found yet.	
Case 2	**[BARD1 gene – should we be doing predictive testing and should BARD1 be added to the Test Directory R208]**	Presented by: [Dr Helen Hanson] [St George's University Hospital] [helen.hanson@stgeorges.nhs.uk]
	Actions/Outcome: No clear consensus on predictive testing; at least one department have actively agreed not to offer as BARD1 isn't on TD. Support for including BARD1 to R208 – to be discussed at next CGG cancer leads TD meeting. Discussion re option of top-up testing but it was felt the added benefit was too small in most cases to justify. Suggestion that could limit this to ER-ve cases but this will be complicated for labs; repeated changes to panels have a significant impact on labs and this needs to be considered when changes are proposed/agreed.	
Case 3	**[Pathogenic variant in LZTR1 c.1492_1493delinsC – Does everyone agree with and follow ERN GENTURIS recommendations? Screening for patient's parents]**	Presented by: [Katie Snape] [St George's University Hospital] [katie.snape@stgeorges.nhs.uk]
	Actions/Outcome: Consensus was to follow the ERN recommendations (https://pubmed.ncbi.nlm.nih.gov/35361920/) for WB MRI where this is available and in areas where this is not available cranial and spinal MRI screening should be offered. Patients with schwannomatosis can also be referred to local NF2 services. It was felt that there would not be a lot of benefit for screening this patient's parents as they have been asymptomatic up till now and there is reduced penetrance with this gene.	

Case 4	**[Case – 60 year old man with multiple papillomas affecting the oral mucosa, penile freckling, chromophobe renal cell carcinoma, kidney and liver cysts, primary hyperparathyroidism, thyroid nodule, bowel polyps, AAA and a tumour in C3/4 neural foramen. Renal panel, PTEN and array CGH NAD except 1q23.3 dup thought to be non-significant. Any other testing?]**	Presented by: [Claire Searle] [Nottingham Clinical Genetics Service] [claire.searle@nuh.nhs.uk]
	Actions/Outcome: Suggestions - karyotype to look for a translocation or PKD1/2 to potentially link AAA and kidney cysts but general consensus was that further testing is probably unlikely to yield an answer.	
Case 5	**[3 year old boy tested by community paeds - array result: 5q31.2(138,657,587_139,265,291)x1 - 608Kb loss including three protein-coding genes: *CTNNA1, LRRTM2 and SIL1* – Should this be reported?]**	Presented by: [Mohnish Suri] [Nottingham Clinical Genetics Service] [Mohnish.Suri@nuh.nhs.uk]
	Actions/Outcome: Consensus was that this result *should* be reported; it is a variant of interest and it should be reviewed in the future when more may be known about it. Also suggested that the other similar VUS's mentioned in the presentation should be reviewed again.	
Case 6	**[Patient referred as relative found to have two CHEK2 missense variants – tested outside UK. Should we offer predictive testing for this?]**	Presented by: [Alex Murray] [AWMGS] [alex.murray@wales.nhs.uk]
	Actions/Outcome: Most felt should not offer for a single missense variant. As two variants have been found in this family it was felt that perhaps this increases the evidence but phase is unknown. There was no clear consensus, some felt specific guidance needed others reluctant to make a hard and fast rule. Agreed this issue should be discussed more widely as this is a recurrent problem. At the moment these cases need to be considered on a case by case basis. Further discussion about whether specific variants should be white listed or black listed for reporting, with variant specific evidence provided. CT and MD to draw up an initial white list.	
Case 7	**[Update on previously presented family with an incidental finding from 100,000 Genomes Project.]**	Presented by: [Alex Murray] [AWMGS] [alex.murray@wales.nhs.uk]
	Actions/Outcome: Previously presented as ?LFS family although all testing NAD. Subsequently mother found to have an incidental finding of an MSH6 PV. Family history not particularly suggestive of LS.	

Relevant publications/resources

Topic	Link
Schwannomatosis	ERN GENTURIS: https://pubmed.ncbi.nlm.nih.gov/35361920/

Next meeting details

Date	Thursday 18th May 2023
Time	12:30 pm-1:45 pm
Theme	Circulating Tumour DNA
Leading centre	Royal Marsden Hospital
Contact for cases	Zoe Kemp, zoe.kemp@rmh.nhs.uk

Please send any questions or ideas for future meetings to Helen Hanson (helen.hanson@stgeorges.nhs.uk)