

***Trust Logo***

**<GLH region name>**

**NHS Genomic Laboratory Hub**

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| --- | --- | --- |
| ***Head of Department****Name* |  | *Local Genetics Service**Local Trust**Address**Address**Post Code**Web site address* |
| General Enquiries: *telephone contact*Email: *generic email address* |
|  |

**GENOMIC LABORATORY REPORT**

|  |  |  |
| --- | --- | --- |
| Dr xxx | **Patient Name:** | **Jane DOE** |
| Consultant  | Gender: | Female |
| <<Hospital address>> | Date of Birth: | 14 Jan 1968 |
| NHS No: | 123 456 7890 |
| Hospital No: | NK |
| Your ref: | GC12345 |

**Reason for testing**

Diagnostic testing. <<Referral reason>>. Patient phenotype / HPO terms

|  |
| --- |
| **Result summary** |
| **Consistent with a genetic diagnosis of *<GENE>*-related cancer susceptibility****or****Genetic diagnosis of *<GENE>*-related cancer susceptibility** |

**Result**

This individual is heterozygous for a germline <likely> pathogenic *<GENE>* missense/truncating/splice variant (details below). Heterozygous *<GENE>* pathogenicvariants cause cancer susceptibility (OMIM: xxx), particularly [breast and *– remove for BRIP1/MLH1/MSH2/MSH6*] ovarian cancer in females.

**Implications**

This individual may benefit from PARP inhibitor therapy, if clinically appropriate. [BRCA1/2 PV]

***OR***

As this individual does not have a detectable pathogenic variant in *BRCA1* or *BRCA2*, this result should be considered along with the relevant tumour testing to determine the degree of benefit with PARP inhibitors. [PV in other genes]

Each of her offspring would be at 50% risk of inheriting this variant and increased cancer susceptibility. Other relatives are at increased risk of this disorder.

**Recommended action**

This individual is at increased risk of developing further *<GENE>*-associated cancers and should be managed appropriately. We recommend referral to Clinical Genetics for further discussion and to arrange predictive and diagnostic testing for this variant in her relatives, as appropriate.

Authoriser: Clinical Scientist Date issued: <AUTHORISEDDATE>

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**TECHNICAL INFORMATION**

**Variant details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Gene | Zygosity | HGVS description | Location: GRCh37 (hg19) | \*Classification |
| *<GENE>* | Heterozygous  | NM\_xxx c.xxT>C p.(Xxx) | ChrXX(GRCh37):g.xxxxxxA>G | <Likely> Pathogenic |

**Test methodology**

1. Genes screened in the panel: *BRIP1*; *BRCA1; BRCA2; MLH1*; *MSH2*; *MSH6*; *PALB2;* *RAD51C*; *RAD51D* (all coding exons & exon-intron boundaries)
2. Methodology including sensitivity CNV detection, Bioinformatics pipeline etc e.g. Enrichment method: Agilent SureSelect Custom Design and sequenced on the Illumina platform with a sensitivity of at least 95%.The target region of those selected transcripts is covered to a minimum read depth of 30x.
3. Screening for large deletions and duplications is performed using comparative depth of coverage of NGS data. Deletions/duplications are confirmed by Multiplex Ligation-Dependent Probe Amplification (MRC-Holland).
4. Limits of detection e.g. NGS technical sensitivity may be reduced for genes with pseudogenes or paralogs, and copy-number variation >xx nucleotides.
5. \*Variant classification – see Appendix 1 overleaf
6. Only clinically relevant results are shown; full details of methods and results, including benign/likely benign variants and variants of uncertain clinical significance with limited evidence, are stored on file and are available on request.

**Sample details**

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| --- | --- | --- | --- |
| Your lab ref: | 122001180 |  |  |
| Sample ID | 1234567 | Sample collected: | 05 Jun 2020 |
| Sample type | DNA from peripheral blood | Sample received | 05 Jun 2020 |

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| --- | --- | --- |
| Dr xxx | **Patient Name:** | **Jane DOE** |
| Consultant  | Gender: | Female |
| <<Hospital address>> | Date of Birth: | 14 Jan 1968 |
| NHS No: | 123 456 7890 |
| Hospital No: | NK |
| Your ref: | GC12345 |

**Appendix 1: Variant classification**

**Variant details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Gene | Zygosity | HGVS description | Location: GRCh37 (hg19) | \*Classification |
| *<GENE>* | Heterozygous  | NM\_xxx:c.xxxT>G p.(xxxx) | ChrXX(GRCh37):g.xxxxxxA>C | <Likely> Pathogenic |
| Gene-Disease Association | Hereditary cancer susceptibility OMIM XXX |
| Inheritance | Autosomal Dominant  |
| **Evidence for variant classification using ACMG/AMP guidelines\***:  | Evidence points^ |
| PS3\_strPM2\_modPS4\_modPP3\_sup | LOF on functional assay xxx et al 2018 (PMID: xxx) Not on gnomad [<weblink>](https://gnomad.broadinstitute.org/variant/17-41249298-A-C)XXX et al 2003 (PMID:XXX); XXX et al 2016 (PMID:xxx); LOVD/BRCAshare x6Revel score >0.7 | 42 |
| 2 |
| 1 |
| Total: 9 |

^Evidence point ranges: VUS: 0-5 (10-90% posterior probability pathogenicity); Likely pathogenic: 6-9 (90-99% posterior probability); Pathogenic: >10 (>99% posterior probability). Points awarded per evidence weighting: sup (supporting) = 1, mod (moderate) = 2, str (strong) = 4, vstr (very strong) = 8 (Tavtigian et al 2020 PMID: [32720330](https://pubmed.ncbi.nlm.nih.gov/32720330/); Garrett et al 2020 PMID: [33208383](https://pubmed.ncbi.nlm.nih.gov/33208383/); [ACGS 2020 variant guidelines](http://www.acgs.uk.com/quality/best-practice-guidelines))

\*Variant classification according to the American College of Medical Genetics and Genomics (ACMG)1 and Association for Clinical Genomic Science (ACGS) 2020 guidelines2 and Cancer Variant Interpretation Group-UK gene-specific and consensus specification for Cancer Susceptibility Genes3

1Richards *et al.* (2015) Genetics in Medicine 17:405-24. (PMID: [25741868](https://pubmed.ncbi.nlm.nih.gov/25741868/))

2 [www.acgs.uk.com/quality/best-practice-guidelines](file:///C%3A%5CUsers%5Cdnamd%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5CF1S86UOM%5Cwww.acgs.uk.com%5Cquality%5Cbest-practice-guidelines)

3 Garrett et al (2020) J Med Genet (PMID: [32170000](https://pubmed.ncbi.nlm.nih.gov/32170000/)) and <https://www.cangene-canvaruk.org/canvig-uk>