

UNDERSTANDING
**Genomic and Hereditary
Cancer Risk**

A HANDBOOK FOR ONCOLOGY NURSES

By

Suzanne M. Mahon, DNS, RN, AOCN®, AGN-BC, FAAN

ONS Publications Department

Publisher and Director of Publications: William A. Tony, BA, CQIA
Senior Editorial Manager: Lisa M. George, MPH, BA, CHES
Acquisitions Editor: John Zaphyr, BA, MEd
Staff Editor: Andrew Petyak, BA
Associate Staff Editor: Casey S. Kennedy, BA
Design and Production Administrator: Dany Sjoen
Editorial Assistant: Rachel Geffrey, BFA

Copyright © 2021 by the Oncology Nursing Society. All rights reserved. No part of the material protected by this copyright may be reproduced or utilized in any form, electronic or mechanical, including photocopying, recording, or by an information storage and retrieval system, without written permission from the copyright owner. For information, visit www.ons.org/publications-journals/permissions-archives, or send an email to puppermissions@ons.org.

Library of Congress Cataloging-in-Publication Data

Names: Mahon, Suzanne M., author. | Oncology Nursing Society, issuing body.

Title: Understanding genomic and hereditary cancer risk : a handbook for oncology nurses / by Suzanne M. Mahon.

Description: Pittsburgh, Pennsylvania : Oncology Nursing Society, [2021] | Includes bibliographical references and index.

Identifiers: LCCN 2021004859 (print) | LCCN 2021004860 (ebook) | ISBN 9781635930498 (paperback) | ISBN 9781635930504 (ebook)

Subjects: MESH: Neoplasms--genetics | Genetic Predisposition to Disease | Medical History Taking | Genetic Testing | Genetic Counseling | Nurses Instruction

Classification: LCC RC268.4 (print) | LCC RC268.4 (ebook) | NLM QZ 202 | DDC 616.99/4042--dc23

LC record available at <https://lcn.loc.gov/2021004859>

LC ebook record available at <https://lcn.loc.gov/2021004860>

Publisher's Note

This book is published by the Oncology Nursing Society (ONS). ONS neither represents nor guarantees that the practices described herein will, if followed, ensure safe and effective patient care. The recommendations contained in this book reflect ONS's judgment regarding the state of general knowledge and practice in the field as of the date of publication. The recommendations may not be appropriate for use in all circumstances. Those who use this book should make their own determinations regarding specific safe and appropriate patient care practices, taking into account the personnel, equipment, and practices available at the hospital or other facility at which they are located. The author and publisher cannot be held responsible for any liability incurred as a consequence from the use or application of any of the contents of this book. Figures and tables are used as examples only. They are not meant to be all-inclusive, nor do they represent endorsement of any particular institution by ONS. Mention of specific products and opinions related to those products do not indicate or imply endorsement by ONS. Websites mentioned are provided for information only; the hosts are responsible for their own content and availability. Unless otherwise indicated, dollar amounts reflect U.S. dollars.

ONS publications are originally published in English. Publishers wishing to translate ONS publications must contact ONS about licensing arrangements. ONS publications cannot be translated without obtaining written permission from ONS. (Individual tables and figures that are reprinted or adapted require additional permission from the original source.) Because translations from English may not always be accurate or precise, ONS disclaims any responsibility for inaccuracies in words or meaning that may occur as a result of the translation. Readers relying on precise information should check the original English version.

Printed in the United States of America



Innovation • Excellence • Advocacy

DISCLOSURE

Editors and authors of books and guidelines provided by the Oncology Nursing Society are expected to disclose to the readers any significant financial interest or other relationships with the manufacturer(s) of any commercial products.

A vested interest may be considered to exist if a contributor is affiliated with or has a financial interest in commercial organizations that may have a direct or indirect interest in the subject matter. A “financial interest” may include, but is not limited to, being a shareholder in the organization; being an employee of the commercial organization; serving on an organization’s speakers bureau; or receiving research funding from the organization. An “affiliation” may be holding a position on an advisory board or some other role of benefit to the commercial organization. Vested interest statements appear in the front matter for each publication.

Contributors are expected to disclose any unlabeled or investigational use of products discussed in their content. This information is acknowledged solely for the information of the readers.

The author provided the following disclosure and vested interest information:

The author had no relevant information to disclose.

LICENSING OPPORTUNITIES

The Oncology Nursing Society (ONS) produces some of the most highly respected educational resources in the field of oncology nursing, including ONS's award-winning journals, books, online courses, evidence-based resources, core competencies, videos, and information available on the ONS website at www.ons.org. ONS welcomes opportunities to license reuse of these intellectual properties to other organizations.

Licensing opportunities include the following:

- **Reprints**—Purchase high-quality reprints of ONS journal articles, book chapters, and other content directly from ONS, or obtain permission to produce your own reprints.
- **Translations**—Translate and then resell or share ONS resources internationally.
- **Integration**—Purchase a license to incorporate ONS's oncology-specific telephone triage protocols or other resources into your institution's EMR or EHR system.
- **Cobranding**—Display your company's logo on ONS resources for distribution to your organization's employees or customers.
- **Educational reuse**—Supplement your staff or student educational programs using ONS resources.
- **Customization**—Customize ONS intellectual property for inclusion in your own products or services.
- **Bulk purchases**—Buy ONS books and online courses in high quantities to receive great savings compared to regular pricing.

As you read through the pages of this book, think about whether any of these opportunities are the right fit for you as you consider reusing ONS content—and the contents of this book—for your organization.

Contact licensing@ons.org with your licensing questions or requests.

Table of Contents

Preface	vii	Pretest Counseling	28
		Selection of How and Who to Test	32
		Possible Genomic Testing Results	37
		After Genomic Testing	40
		Implications for Family Members	41
		Summary	42
		References	45
Chapter 1. Why Nurses Need to Integrate Genomics Into Oncology Care	1	Chapter 4. Direct-to-Consumer Genetic Testing	49
Introduction	1	Introduction	49
Precision Medicine	1	Effects of Direct-to-Consumer Genetic Testing	49
Hereditary Risk of Developing Cancer	2	How is Direct-to-Consumer Genetic Testing Accomplished?	52
Implications for Nurses	3	Benefits, Risks, and Limitations of Direct-to-Consumer Genetic Testing	53
Summary	3	Raw Data	55
References	4	Implications for Practice	56
Chapter 2. Genomic Basis of Cancer	5	Summary	58
Introduction	5	References	59
DNA and Genomics	5	Chapter 5. Risks and Management Recommendations for Specific Hereditary Cancer Syndromes	61
Nomenclature	8	Introduction	61
Terms Encountered in Genomic Care	9	<i>AIP</i>	62
Indicators of Hereditary Risk for Developing Cancer	11	<i>ALK</i>	63
Laboratory Considerations	14	<i>APC</i> (<i>APC</i> -Associated Polyposis Conditions: Familial Adenomatous Polyposis)	64
Summary	17	<i>ATM</i>	66
References	18	<i>AXIN2</i>	68
Chapter 3. Genomic Risk Assessment and Testing	21		
Introduction	21		
Risk Assessment	21		
The Importance of Family Medical History	23		
Developing a Pedigree	24		
Risk Calculations	25		

<i>BAP1</i>	69	<i>MET</i>	95
<i>BARD1</i>	70	<i>MITF</i>	96
<i>BMPR1A</i>	71	<i>MUTYH</i>	97
<i>BRCA1</i> and <i>BRCA2</i>	72	<i>NBN, MRE11A, and RAD50</i>	98
<i>BRIP1</i>	74	<i>NTHL1</i>	100
<i>CDC73</i>	75	<i>NF1</i> (Neurofibromatosis Type 1)	101
<i>CDH1</i>	76	<i>NF2</i> (Neurofibromatosis Type 2)	103
<i>CDK4</i>	78	<i>PALB2</i>	104
<i>CDKN1B</i> and <i>CDKN2A</i>	79	<i>POLD1</i> and <i>POLE1</i>	105
<i>CHEK2</i>	80	<i>POT1</i>	106
<i>DICER1</i>	82	<i>PTCH1</i> and <i>SUFU</i> (Nevoid Basal Cell Carcinoma Syndrome)	107
<i>EPCAM, MLH1, MSH2, MSH3, MSH6, and PMS2</i> (Lynch Syndrome)	83	<i>PTEN</i> (Cowden Syndrome)	108
<i>FANCC</i>	85	<i>RAD51C</i> and <i>RAD51D</i>	110
<i>FH</i>	86	<i>RB1</i>	111
<i>FLCN</i> (Birt-Hogg-Dubé Syndrome)	87	<i>RECQL</i>	112
<i>GREM1</i> and <i>SCG5</i> (Hereditary Mixed Polyposis Syndrome)	89	<i>SMAD4</i>	113
<i>HOXB13</i>	89	<i>STK11</i> (Peutz-Jeghers Syndrome)	114
<i>MAX, SDHA, SDHAF2, SDHB, SDHC, SDHD, and TMEM127</i> (Hereditary Paraganglioma/Pheochromocytoma Syndrome)	90	<i>TP53</i> (Li-Fraumeni Syndrome)	116
<i>MEN1</i> (Multiple Endocrine Neoplasia Type 1)	92	<i>VHL</i> (Von Hippel-Lindau Syndrome)	118
<i>MEN2</i> (Multiple Endocrine Neoplasia Type 2)	93	<i>XRCC2</i>	120
		Glossary of Terms	121
		Bibliography	125
		Index	127

Preface

Collecting a family medical history is a regular component of the nursing assessment process. Patients with cancer often report that multiple family members have been diagnosed with cancer or express concern that other family members might be at increased risk for developing cancer.

As the involvement of genetics and genomics in oncology continues to grow, so too does public awareness of hereditary risk for developing cancer. This increasing awareness directly affects oncology nursing care. Although true germline (inherited) risk for developing cancer is much less common than somatic (acquired) risk for developing cancer, approximately 10% of cancer diagnoses can be attributed to germline risk. The identification of these families enables those at increased risk to engage in increased surveillance and, in some cases, risk-reducing surgery and other preventive measures, which ultimately lead to decreasing the morbidity and mortality associated with a cancer diagnosis.

In the past two decades, genetic testing for germline risk has greatly advanced. Genetic testing in oncology practice is being utilized more frequently and is best managed by genetics professionals. Genetics professionals, however, rely on healthcare providers to identify and refer patients for evaluation. Each time nurses extract a family history, they have an opportunity to assess for possible genetic risk and, when appropriate, refer patients and families to a genetics professional for further evaluation.

This book provides background on basic genetic and genomic concepts, especially related to germline risk for developing cancer. Nurses need this information to know when and why to refer patients. Nurses also need to give patients reliable information about how and why genetic and genomic testing can not only guide treatment decisions but also guide recommendations for cancer prevention and early detection. Chapter 2 describes foundational information about genomics and germline testing. Important terms appear in bold throughout the book and are defined in the Glossary.

Nurses may face questions from patients about what occurs during a consultation with a genetics professional. Patients often want to know why the test

cannot just be ordered. Genetic counseling involves multiple steps, including construction and interpretation of family pedigrees, ordering of tests, and interpretation of test results, all of which may have specific challenges. Nurses must be informed on the process so that they can reassure their patients that these steps are necessary. Chapter 3 provides an overview of the genetic counseling and testing process.

The increased awareness and direct-to-consumer marketing messages about genetic testing have prompted patients to ask more questions about genetic testing. Nurses must be able to respond to basic questions about different types of genomic testing with accurate information. If patients are concerned that health-care professionals are not paying attention to their family history, they may turn to direct-to-consumer genetic testing, which may or may not provide the information they are seeking. Direct-to-consumer genetic testing is discussed in Chapter 4.

Following genetic testing, most genetics professionals provide detailed information about recommendations for care, including recommendations for ongoing prevention and early detection. For patients who are found to have a harmful pathogenic variant (historically known as a *mutation*), these recommendations can be extensive and are based on the personal and family medical history, as well as the specific pathogenic variant. Chapter 5 provides quick overviews of many of the more common germline pathogenic variants. These overviews include information on risks associated with each variant, recommendations for cancer prevention and early detection, and when to offer genetic testing. Each overview also includes reputable resources for more information.

With public awareness of genetic testing growing, nurses need a resource that provides them with more intensive information on germline cancer risk than they would typically receive during undergraduate or graduate education. This handbook provides nurses with the essentials to understand genomic and hereditary cancer risk, to assist in facilitating interprofessional care with genetics and other oncology professionals, and to provide their patients with accurate and reassuring information.