

Genetic risk factors contributing to young-onset colorectal cancer (YOCRC)

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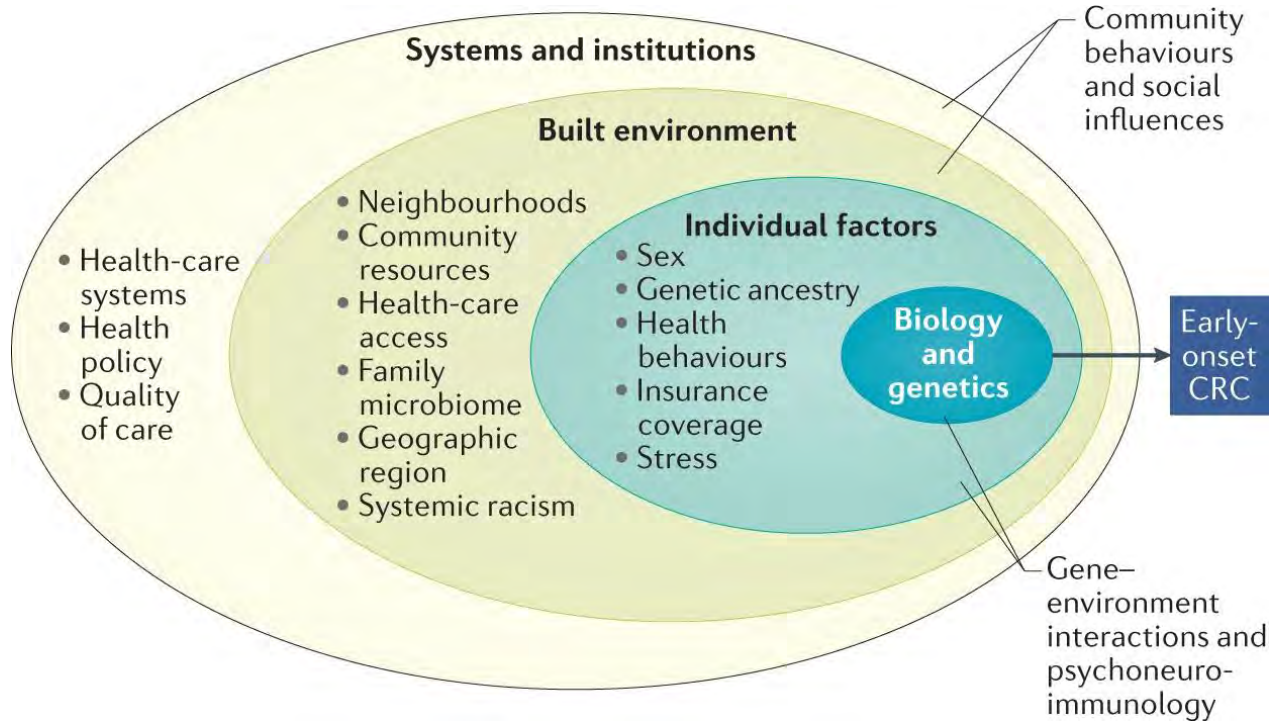
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Disclosures

I have no relevant financial disclosures.

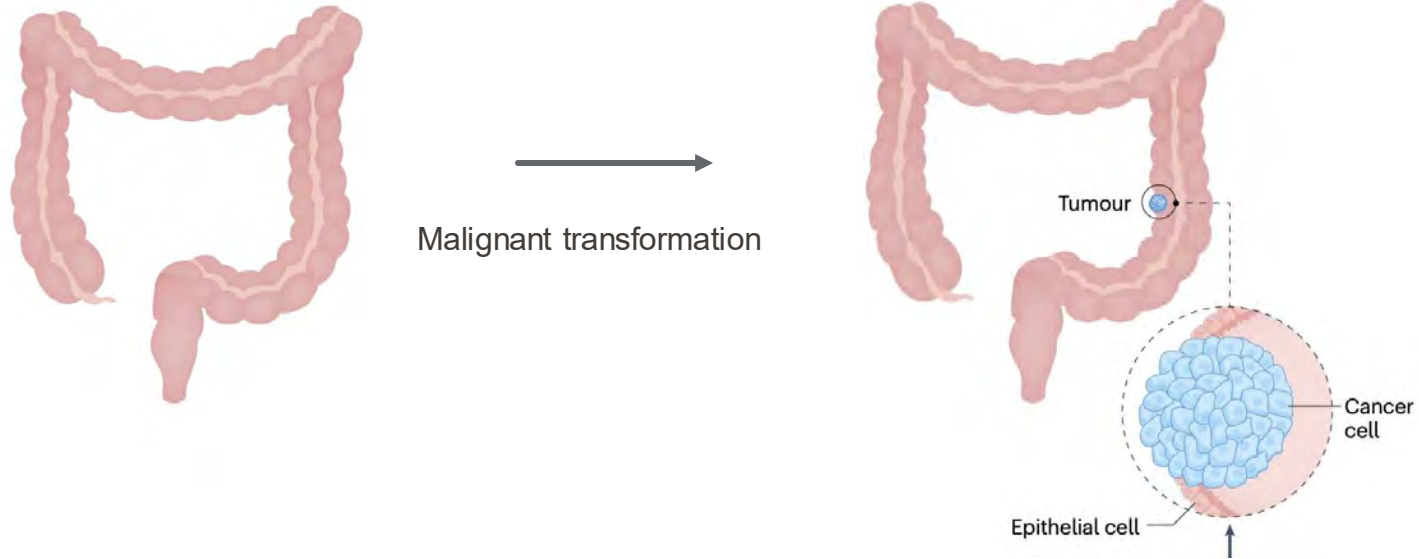
Complex factors contributing to the rise in YOCRC

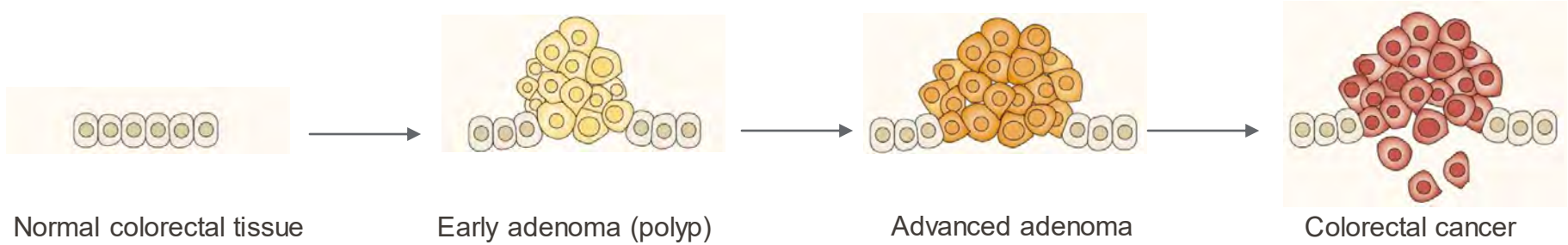


Outline

- 1) Genetic changes during colorectal cancer development
- 2) Hereditary versus non-hereditary (somatic) genetic factors: what's the difference?
- 3) What we know about YOCRC and hereditary cancer syndromes
- 4) Conclusions

Colorectal cancer represents a physical and molecular transformation of healthy cells





Colorectal cancer represents a physical and molecular transformation of healthy cells



Normal colorectal tissue/cells

- Each cell carries two copies of every genes in the human genome
- We **inherit** one copy of a gene from each parent

Gene A



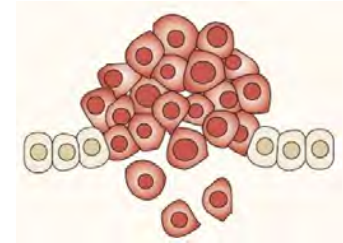
Copy inherited from egg



Copy inherited from sperm

- Some copies of a gene may contain a "variant" (mutation) that affects the normal function of that gene

- Accumulation of **somatic** mutations in pre-cancerous and cancerous cells

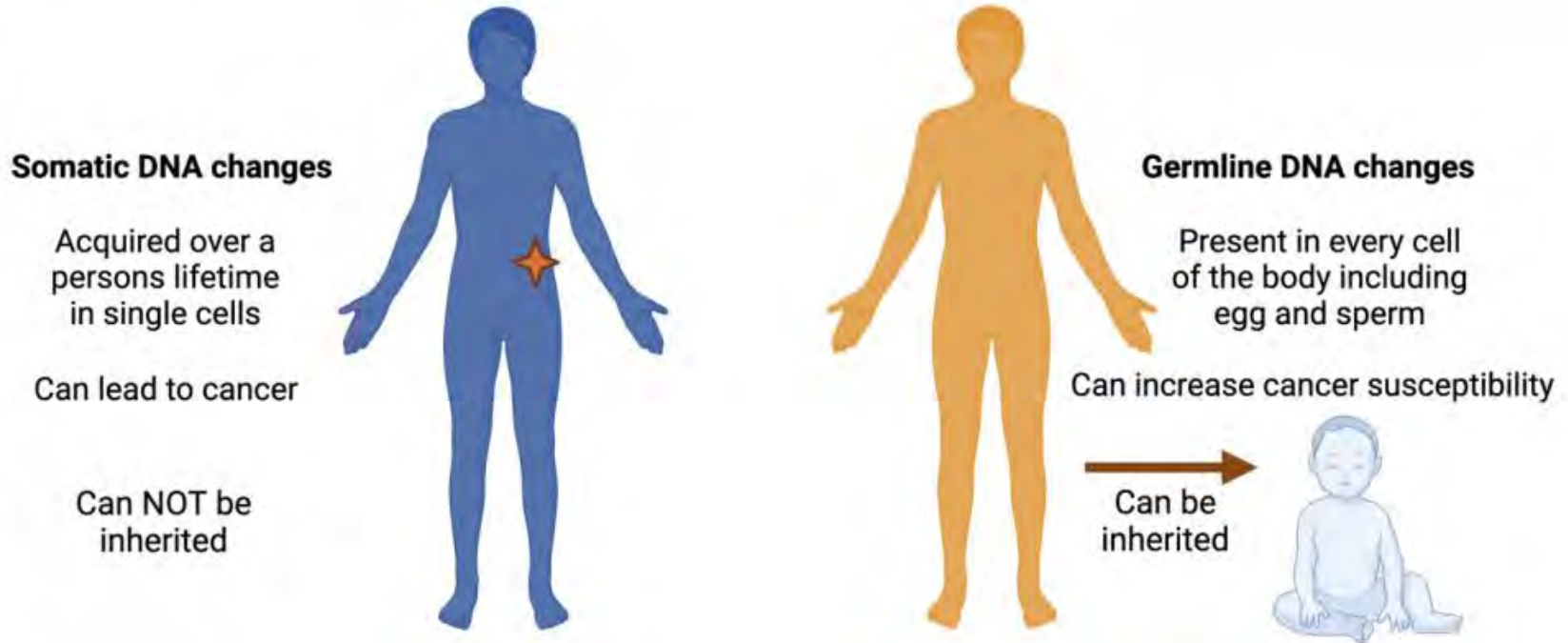


Colorectal cancer

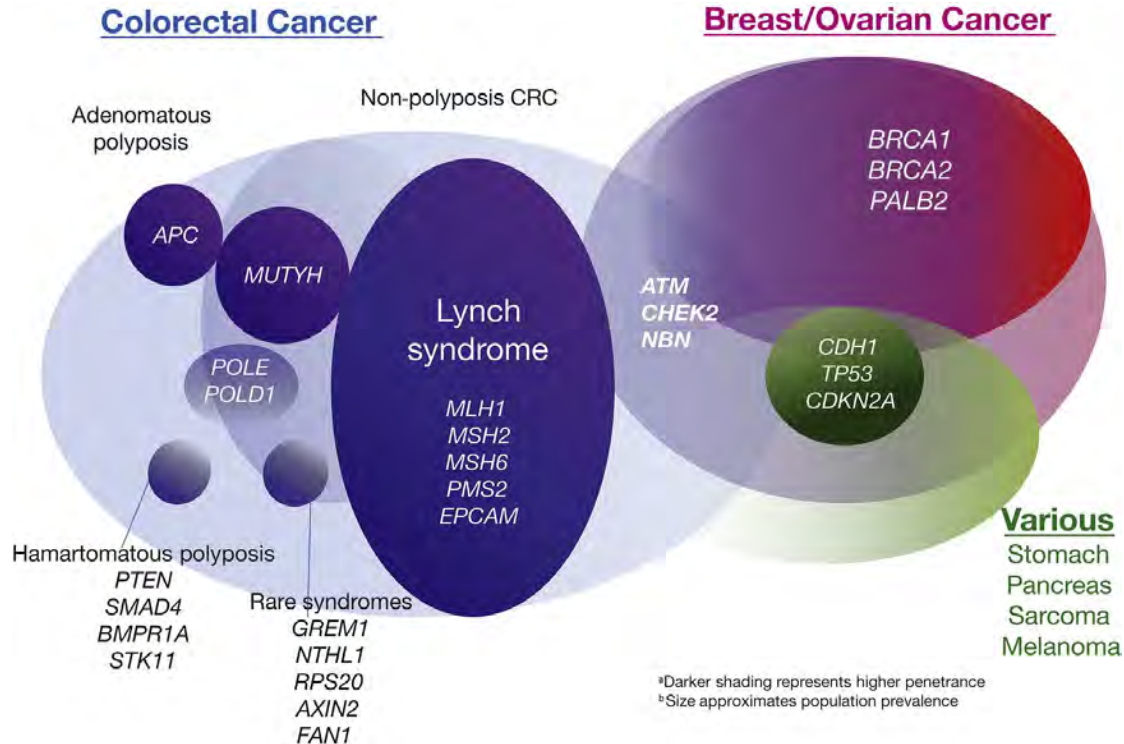
- Each cancer cell contains an altered genome
- An individual gene may be mutated in a way that greatly affects its function (e.g., stimulate cancer growth and metastases)



Differences between hereditary (germline) and non-hereditary (tumor/somatic) testing



Known hereditary cancer syndromes



Testing for known hereditary cancer syndromes

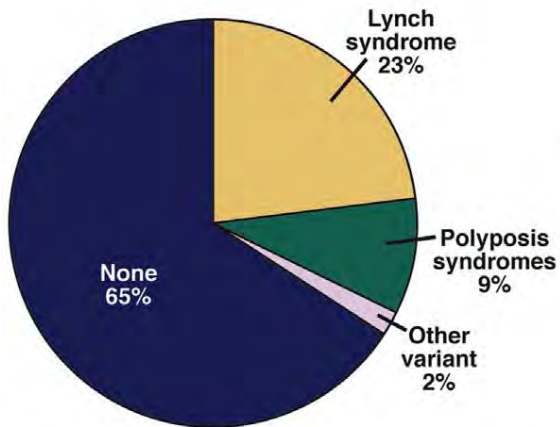
- Must be ordered by a clinician
- A sample of DNA is extracted from healthy tissue (such as blood or saliva) using a test kit. This represents the DNA a person inherits.
- DNA undergoes genetic sequencing (“spell checking”) to detect mutations/variations present within a panel of genes that are linked to hereditary colon cancer
- A mutation is categorized based on its impact on gene function and predisposition to cancer
- Results are reported back to patients and their clinicians

- Examples of testing kits/companies:

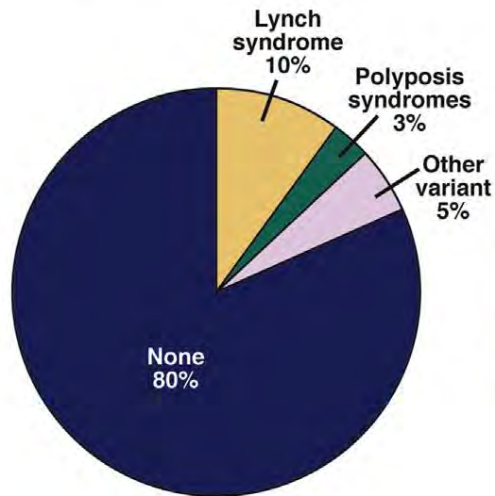


Hereditary colon cancer syndromes are found more often in people with YOCRC

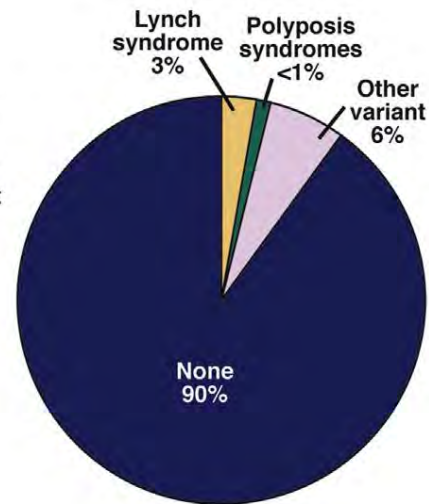
Age <35 years



Age <50 years



Age >50 years



	Cohort characteristics	Genes tested	Pathogenic or likely pathogenic variants
Mork et al ⁵⁶	193 patients aged ≤35 years; mean age at diagnosis 29 years	Phenotype driven; all patients had been referred for genetic counselling	44/193 (23%)
Yurgelun et al ⁵⁷	336 patients aged <50 years selected from 1058 consecutive patients with colorectal cancer of all ages with mean age at diagnosis 56 years	25-gene panel	52/336 (14%)
Pearlman et al ⁵⁸	450 patients aged <50 years; mean age at diagnosis 43 years	25-gene panel	75/450 (16%)
Stoffel et al ⁵⁹	430 patients aged <50 retrospectively selected from genetic counseling service; mean age at diagnosis 40 years	124-gene or 67-gene panel	79/315 (25%)
Uson et al ⁶⁰	124 patients aged <50 years; mean age at diagnosis 43 years	83-gene or 84-gene panel	33/124 (22%)
Toh et al ⁶¹	88 patients aged <50 years; mean age at diagnosis 41 years	64-gene panel, excluding MMR genes	12/88 (14%)

How often are people with YOCRC found to have a hereditary cancer syndrome?

14-25%

What is the most common hereditary cancer syndrome among people with YOCRC

Lynch syndrome

I don't have a family history of colorectal cancer. Could I still have a hereditary cancer syndrome?

Yes!

My tumor was already tested for biomarkers/genes that can determine treatment options. Could I still benefit from hereditary genetic testing?

Yes!

Under-utilization of hereditary genetic testing in YOCRC

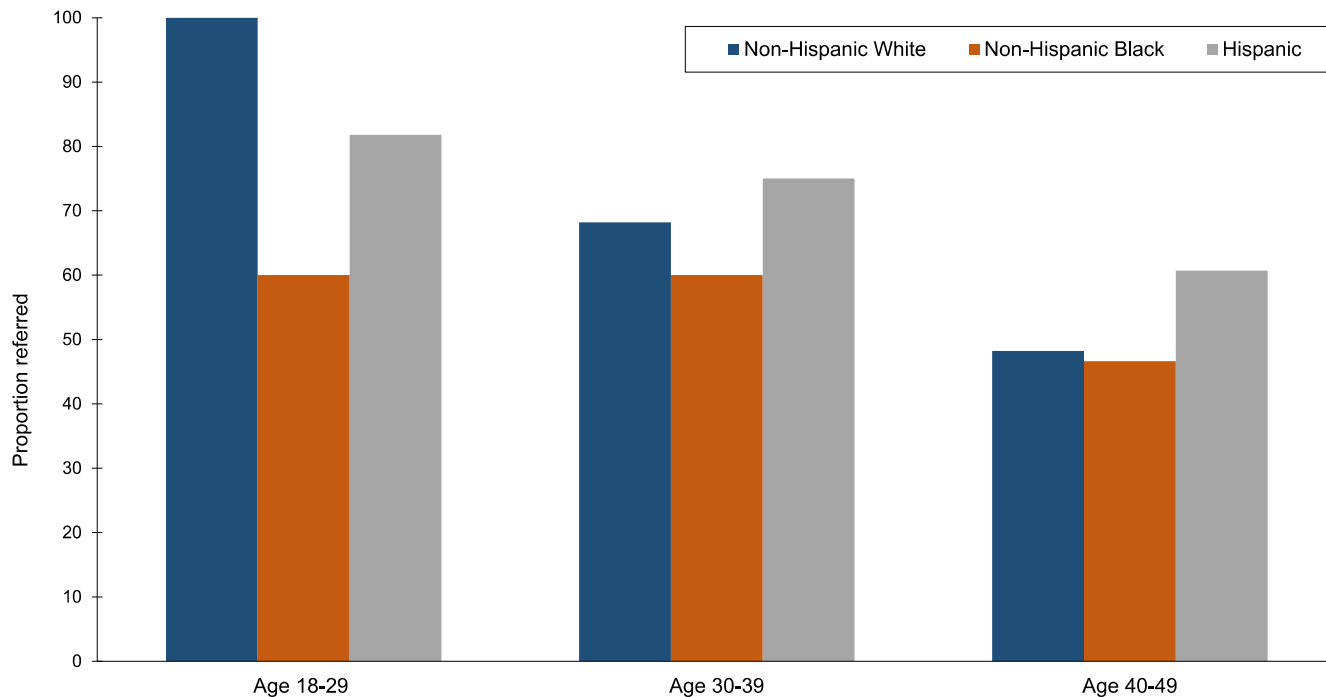
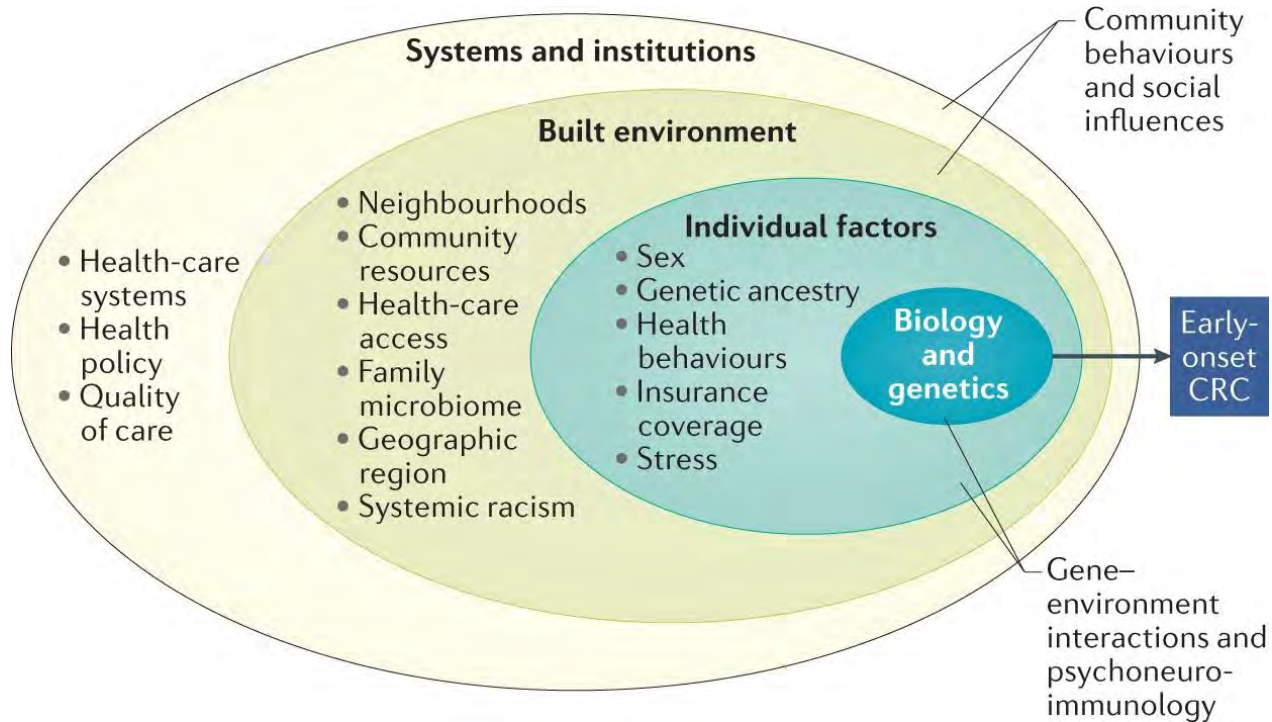


Figure 2. Proportion of patients referred to genetic counseling by race/ethnicity and age (n = 225).

Conclusions

- People with YOCRC have an estimated ~14-25% risk of carrying a hereditary colon cancer syndrome
- Genetic testing should be offered and strongly considered for all individuals with YOCRC

Next frontier: how to hereditary factors interact with environmental factors?



Thank you

Questions?

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