



1-800-533-1710
Hereditary GI Cancer Panel

CRCGP

PATIENT NAME TESTRNV, IMPLEMENTATION					ORDER NUMBER L001000441
PATIENT ID X100366940	DATE OF BIRTH 02/19/1968	AGE 53 Y	SEX Female	REQUESTED BY CLIENT TEST	
COLLECTED 9/1/2021, 7:33 AM	RECEIVED 9/3/2021, 1:58 PM	REPORTED 9/9/2021, 6:16 PM			
The collected, received, and reported dates and times on the report are in the time zone of the performing location. 7028846 MCL RochesterCampus Rochester MN 55901				CLIENT ORDER NUMBER X100366940 CLIENT MRN 321	

TEST DESCRIPTION

Evaluation of 26 genes associated with hereditary gastrointestinal cancer syndromes and hereditary polyposis syndromes

SPECIMEN

WB Whole Blood

RESULT SUMMARY

Pathogenic Variant Detected

RESULT

Gene (Transcript)	Variant	Zygosity	Classification
MSH2 NM_000251.3	Exons 1-6 Deletion	heterozygous	PATHOGENIC

The following heterozygous PATHOGENIC variant was detected:
MSH2 (NM_000251.3), Exons 1-6, deletion

No additional reportable variants were detected within all other tested genes. See the Genes Analyzed section for a complete list of genes evaluated by this assay.

INTERPRETATION

MSH2 Deletion, Exons 1-6, PATHOGENIC

The heterozygous deletion of exons 1-6 in the MSH2 gene (MIM:609309) is an established pathogenic variant. Variants in the MSH2 gene have been associated with autosomal dominant Lynch syndrome and autosomal recessive constitutional mismatch repair deficiency (CMMRD) syndrome (1). This result is supportive of a diagnosis of Lynch syndrome for this individual. This result is also supportive of carrier status for constitutional mismatch repair deficiency (CMMRD) syndrome. Clinical correlation is recommended.

This result should be interpreted in the context of clinical findings, family history, and other laboratory testing.

Consultation with a genetics professional is recommended for interpretation of this result and to determine whether reproductive risk assessment and familial testing may be of benefit to this family. Genetic testing for family members is available by ordering FMTT / Familial Mutation, Targeted Testing for the specific variant(s) detected. Please contact the



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laboratory at 1-800-533-1710 or the online test catalog at www.mayocliniclabs.com for information about FMTT.

REFERENCES:

1) GeneReviews: Lynch Syndrome (<https://www.ncbi.nlm.nih.gov/books/NBK1211/>) (PMID: 20301390)

METHOD

Next generation sequencing (NGS) and/or Sanger sequencing is performed to test for the presence of variants in coding regions and intron/exon boundaries of the genes analyzed, as well as some other regions that have known pathogenic variants. The human genome reference GRCh37/hg19 build was used for sequence read alignment. At least 99% of the bases are covered at a read depth over 30X. Sensitivity is estimated at above 99% for single nucleotide variants, above 94% for indels less than 40 base pairs (bp), above 95% for deletions up to 75 bp and insertions up to 47 bp. NGS, multiplex ligation-dependent probe amplification (MLPA), and/or a polymerase chain reaction (PCR)-based quantitative method is performed to test for the presence of deletions and duplications in the genes analyzed. PCR and gel electrophoresis is performed to test for the presence of the 10 Mb inversion of coding exons 1-7 of the MSH2 gene. See the Genes Analyzed field for a list of genes tested.

There may be regions of genes that cannot be effectively evaluated for sequencing or deletion and duplication analysis as a result of technical limitations of the assay, including regions of homology, high GC content, and repetitive sequences. Confirmation of select reportable variants was performed by alternate methodologies based on internal laboratory criteria. See www.mayocliniclabs.com CRCGP for details regarding genes with regions not routinely covered.

GENES ANALYZED

APC (including promoters 1A & 1B), ATM, AXIN2, BMPR1A, CDH1, CHEK2, CTNNA1, EPCAM (copy number variants only), GREM1 (upstream enhancer region duplication only), KIT, MLH1, MLH3, MSH2, MSH3, MSH6, MUTYH, NTHL1, PDGFRA, PMS2, POLD1, POLE, PTEN (including promoter), RNF43, SMAD4, STK11, and TP53

DISCLAIMER

Clinical Correlations

If testing was performed because of a clinically significant family history it is often useful to first test an affected family member. Detection of a reportable variant(s) in an affected family member would allow for more informative testing of at risk individuals.

To discuss the availability of further testing options or for assistance in the interpretation of these results, Mayo Clinic Laboratory genetic counselors can be contacted at 1-800-533-1710.

Technical Limitations

Next generation sequencing may not detect all types of genomic variants. In rare cases, false negative or false positive results may occur. The depth of coverage may be variable for some target regions, but assay performance below the minimum acceptable criteria or for failed regions will be noted. Given these limitations, negative results do not rule out the diagnosis of a genetic disorder. If a specific clinical disorder is suspected, evaluation by alternative methods can be considered.

PATIENT NAME	TESTRNV, IMPLEMENTATION	21-37168
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There may be regions of genes that cannot be effectively evaluated for sequencing or deletion and duplication analysis as a result of technical limitations of the assay, including regions of homology, high GC content, and repetitive sequences. Confirmation of select reportable variants was performed by alternate methodologies based on internal laboratory criteria.

Additionally, low level mosaic variants may not be detected.

This test is not designed to differentiate between somatic and germline variants. If there is a possibility that any detected variant is somatic, additional testing may be necessary to clarify the significance of results.

Genes may be added or removed based on updated clinical relevance. Please refer to the Targeted Genes and Methodology Details for the Hereditary GI Cancer Panel in the Special Instructions section of the Test Catalog for the most up to date list of genes included in this test.

Reclassification of Variants Policy

See www.mayocliniclabs.com CRCGP for information regarding the laboratory's policy for reclassification of variants.

Variant Evaluation

Variant curation is performed using published ACMG-AMP recommendations as a guideline. Other gene-specific guidelines may also be considered. Variants classified as benign or likely benign are not reported.

Results from in silico evaluation tools may change over time and should be interpreted with caution and professional clinical judgment.

TEST CLASSIFICATION

This test was developed and its performance characteristics determined by Mayo Clinic in a manner consistent with CLIA requirements. This test has not been cleared or approved by the U.S. Food and Drug Administration.

RELEASED BY

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