



PATIENT	TEST ORDERED BY	SAMPLE DETAILS	PERFORMED BY
Name: [REDACTED] DOB: [REDACTED] Gender: Female Ethnicity: Pakistani Report ID: 26211728301405	Name: [REDACTED] License #: NA Authority: NA Center Name: [REDACTED] Center Address: Pakistan	ID: SS2680_S8468 Type: DNA Origin: Blood Receipt Date: 07/10/2024 Report Date: 28/10/2024	Laboratory: Agiomix Labs License #: 3650734 Authority: DHA

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TEST INFORMATION



The coding regions of the following genes have been investigated using NGS technology: APC, ATM, BARD1, BRCA1, BRCA2, BRIP1, CDH1, CHEK2, EPCAM, MLH1, MSH2, MSH6, PALB2, PTEN, MUTYH, NF1, NF2, PIK3CA, PMS2, PTCH1, RAD50, RAD51C, RAD51D, STK11, TP53. These genes have been implicated in hereditary cancer predisposition syndromes.

CLINICAL INFORMATION

33 year old female patient of Pakistani descent who was recently diagnosed with triple negative metastatic ductal carcinoma of the left breast. Family history is unknown.

NEGATIVE

SAMPLE QUALITY

PASSED

DATA QUALITY

PASSED

DETECTED VARIANTS

No Meaningful Variants Detected

INTERPRETATION

Cancer is a multifactorial disease. This means that genetics, epigenetics, lifestyle and environment can all impact if we will develop cancer or not. According to recent statistics, 1 in 3 people will get cancer in their lifetime. Some of those genetic factors can be inherited from one of our parents. Only about 10-15% of all cancers are due to a cancer predisposition syndrome (meaning an inherited factor). The exact reason for the remaining 80-85% of cancers cannot always be determined.

In this case, Ms. Rubab tested negative for any meaningful exonic variants in all of the above genes for hereditary cancer predisposition syndromes. It is also important to point out that families share genetics as well as habits and environments. Together all these factors may play a role in disease pathogenesis. If you are worried about your specific risk of developing a specific type of cancer please consult with a genetic counsellor.

It is uncertain if there are other low risk genes that may lead to an increased predisposition of cancer, however as these results do not rule out the presence of mutations in untested regions of genes pointed out, types of mutations that are not covered by this test and mutations in yet unknown and untested genes.

RECOMMENDATION

We recommend:

1. Deletion and duplication testing for the appropriate genes.
2. Follow-up with referring Physician.
3. Appropriate genetic counselling.

ADDITIONAL INFORMATION (BIBLIOGRAPHY/CITATIONS):

This test was developed and its performance was validated by the performing lab. The test is meant for clinical purposes. All the results are reviewed, interpreted and reported by our scientific personal. Should there be any further information required from the performing lab, it would result in extra costs. In accordance with the ACMG Guidelines for the reporting of the secondary findings, in clinical whole exome sequencing, variants classified as Class 1 or Class 2 (previously reported and unreported pathogenic and likely pathogenic variants) in the following genes are included in this report if consent is indicated on the requisition form.



PERFORMING LAB AUTHORIZATION DETAILS

Authorized By:



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PERFORMING LAB



PERFORMING LAB ACCREDITATION



METHODS/LIMITATIONS/ DISCLAIMER



COUNSELLING

