

Ancestry-Based Cancer Risks Associated with APC I1307K

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BACKGROUND

- Individuals with pathogenic variants in *APC* have Familial/Attenuate Adenomatous Polyposis syndrome (FAP/AFAP). They may have a 70-99% lifetime risk for colorectal cancer.
- APC* I1307K is a polymorphism that occurs in 10.1% of individuals of Ashkenazi Jewish (AJ) ancestry and does not cause FAP/AFAP.
- APC* I1307K is associated with a slightly increased colorectal cancer risk among individuals of AJ ancestry that has not been found in other ancestries.
- The aim of this study was to evaluate ancestry-based cancer risks for *APC* I1307K carriers.

METHODS

COHORT

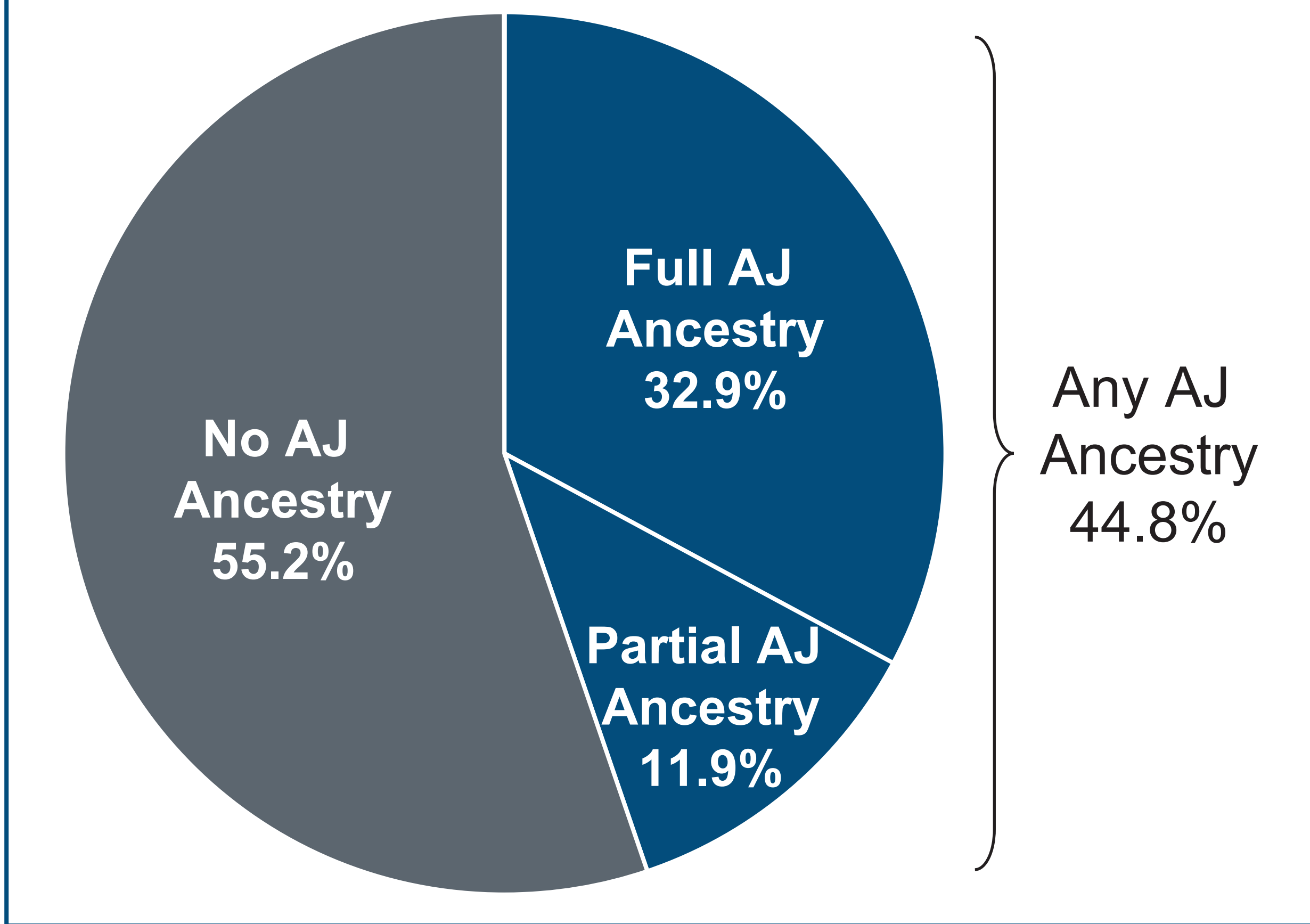
- We investigated individuals who underwent clinical genetic testing with a 25-gene hereditary cancer panel that includes *APC* between September 2013 and July 2016.
- Only individuals for whom panel testing was initially ordered were included here. This excludes individuals of AJ ancestry who were first tested for the 3 common founder mutations.
- Individuals were ascertained for testing based on clinical suspicion of hereditary cancer risk.

ANALYSIS

- Individuals who were negative for pathogenic variants (PVs) other than *APC* I1307K were included in the analysis.
- The prevalence of *APC* I1307K was evaluated according to ancestry for individuals who reported:
 - Full AJ ancestry (n=3,015)
 - Partial AJ ancestry (n=2,054)
 - No AJ ancestry (n=171,414)
- Individuals were excluded from analysis if no ancestry was indicated on the test request form.
- Personal cancer history was assessed in *APC* I1307K carriers relative to non-carriers.
- All clinical information was collected on the provider-completed test request form.

RESULTS

Figure 1. Ancestry of I1307K Carriers (N = 581)

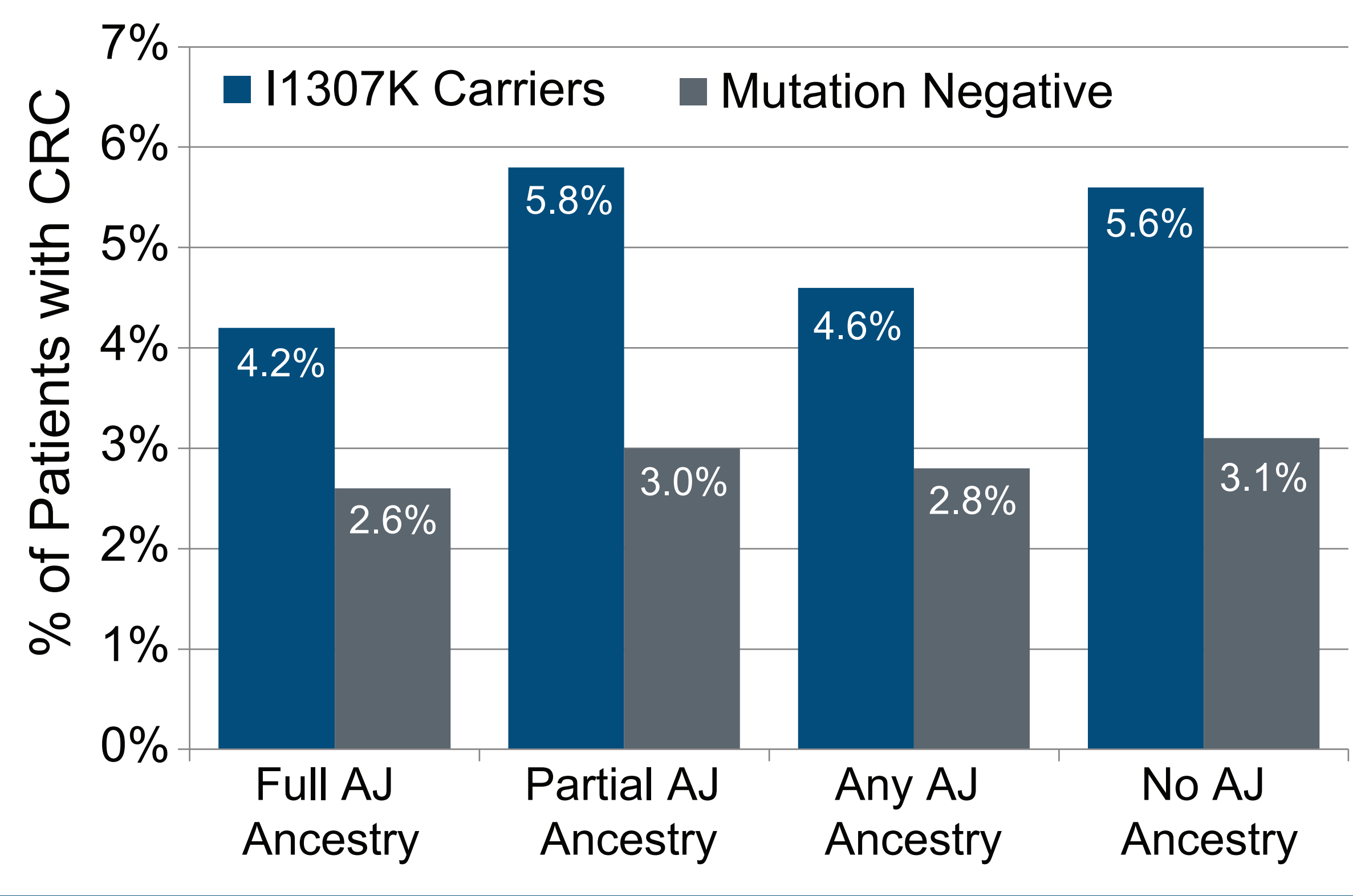


- 581 *APC* I1307K carriers were identified (Fig. 1).
 - 191 (32.9%) reported full AJ ancestry and 69 (11.9%) reported partial AJ ancestry
- A higher proportion of individuals of full AJ ancestry (6.3%) were found to carry the *APC* I1307K variant relative to individuals of partial AJ (3.4%) or no AJ (0.2%) ancestry.
- There was a similar incidence of breast cancer among *APC* I1307K carriers and non-carriers for all ancestries (Table 1).

Table 1. Personal Cancer History

Cancer Type	APC I1307K Carriers			Mutation Negative		
	Full AJ Ancestry (n = 191)	Partial AJ Ancestry (n = 69)	No AJ Ancestry (n = 321)	Full AJ Ancestry (n = 2,824)	Partial AJ Ancestry (n = 1,985)	No AJ Ancestry (n = 171,093)
Breast	39 (20.4%)	12 (17.4%)	75 (23.4%)	516 (18.3%)	433 (21.8%)	49053 (28.7%)
Colorectal	8 (4.2%)	4 (5.8%)	18 (5.6%)	74 (2.6%)	60 (3.0%)	5229 (3.1%)
1-5 polyps	9 (4.7%)	1 (1.4%)	7 (2.2%)	64 (2.3%)	56 (2.8%)	2744 (1.6%)
>5 polyps	5 (2.6%)	6 (8.7%)	6 (1.9%)	40 (1.4%)	25 (1.3%)	1794 (1.0%)

Figure 2. Ancestry of Individuals with a Personal History of Colorectal Cancer



- APC* I1307K carriers with full or partial AJ ancestry had a higher incidence of colorectal cancer relative to non-carriers (Table 1, Fig. 2).
 - When all AJ ancestry is combined (full or partial), this increased incidence of colorectal cancer is trending towards significance (p=0.087).
- APC* I1307K carriers with no AJ ancestry had a statistically significant increase in colorectal cancer incidence relative to non-carriers (p=0.014) (Fig. 2).

CONCLUSIONS

- Our findings support previous studies that show an increased risk of colorectal cancer among *APC* I1307K carriers of AJ ancestry. In addition, our data suggests that there may be an increased risk of colorectal cancer among *APC* I1307K carriers of non-AJ ancestry.
- The increased incidence of colorectal cancer among individuals of AJ ancestry may not have reached statistical significance due to the exclusion of individuals who underwent founder mutation testing.
- Overall, the data presented here are in line with recent NCCN guidelines that recommend increased screening for *APC* I1307K carriers.