Validation of a combined residual risk score for healthy unaffected women presenting to breast cancer screening centers

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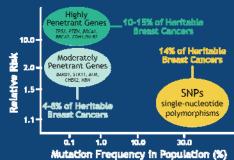
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Hereditary Breast Cancer Risk

• Fewer than 10% of unaffected women with a family history of breast cancer carry a monogenic mutation in known moderate- or high-penetrance breast cancer-risk genes.

 Some missing breast cancer genetic risk is explained by common variants (SNPs).

 SNPs individually confer a modest breast cancer risk, but are clinically meaningful when combined in a polygenic risk score.



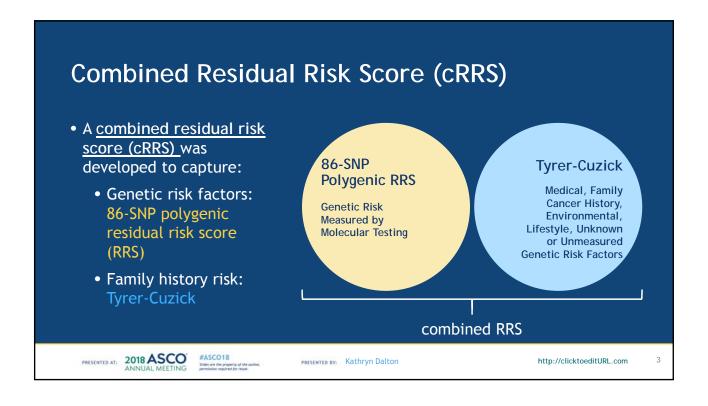
Adapted from Foulkes et al. N Engl J Med. 2008;13:2143-53

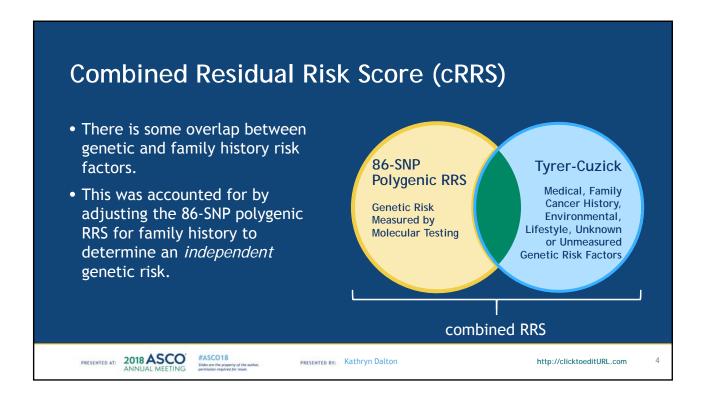
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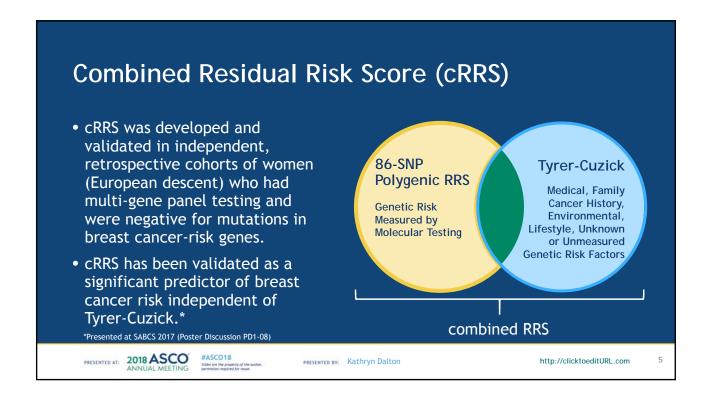
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Objective

• The aim of this study was to independently validate cRRS in a prospective, general population cohort.

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Patients present for breast assessment or screening Eligibility
criteria
evaluated
and informed
consent

Clinical information collected for Tyrer-Cuzick (v7.02) Multi-gene panel testing + SNP testing (RRS) performed Multi-gene panel test results returned to patients and providers

- Consecutive series of patient who presented to four different imaging centers for breast assessment or screening
- Female patients age 18-84 of self-reported European ancestry
- Case-control study design

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Study Design and Cohort

- <u>Cases</u>: Pathologically confirmed invasive breast cancer diagnosed within 12 months of office visit
- Controls: No personal history of breast cancer
- 531 patients enrolled (116-151 patients enrolled at each site)
 - 13 patients excluded due to pathogenic mutations in breast cancer-risk genes

• 518 patients in final cohort

| Characteristic | Cases N=256 | Controls N=262 |
|----------------------|----------------|-------------------|
| Age, Median (Range) | 64 (37-84) | 56 (19-84) |
| Age ≤50 years, N (%) | 31 (12%) | 100 (38%) |

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Analysis Methods

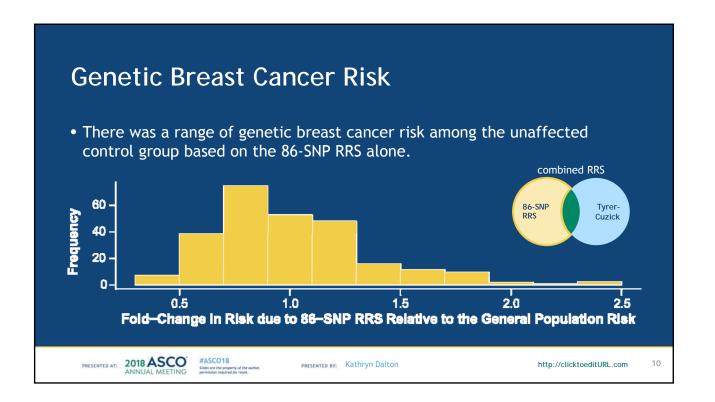
- Age-adjusted weighted logistic regression used to examine the association of cRRS and Tyrer-Cuzick with invasive breast cancer (dependent variable).
- · Primary analysis
 - Evaluate cRRS and Tyrer-Cuzick independently (bivariate analysis)
- Secondary analysis
 - Evaluate models including both risk measures (multivariate analysis)

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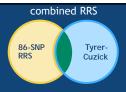
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Bivariate Analysis (Primary)



- Each breast cancer risk prediction model was highly significantly associated with breast cancer.
- cRRS was more strongly associated with breast cancer than Tyrer-Cuzick.

Remaining Lifetime Risk of Breast Cancer

| Risk Prediction Model | Odds Ratio* (95% CI) | p-value |
|--------------------------|-------------------------|-----------------------|
| Tyrer-Cuzick | 2.09 (1.51, 2.88) | 3.2×10 ⁻⁶ |
| cRRS | 2.73 (2.02, 3.68) | 2.5×10 ⁻¹² |

5-Year Risk of Breast Cancer

| Risk Prediction Model | Odds Ratio* (95% CI) | p-value |
|--------------------------|-------------------------|-----------------------|
| Tyrer-Cuzick | 2.15 (1.54, 3.01) | 3.5×10 ⁻⁶ |
| cRRS | 2.81 (2.06, 3.83) | 2.6×10 ⁻¹² |

*Odds ratios and Wald Confidence Interval (CI) are reported per weighted standard deviation of log odds of breast cancer risk prediction models in unaffected controls.

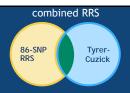
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Multivariate Analysis (Secondary)



 cRRS added significant breast cancer risk discrimination independent of that captured by Tyrer Cuzick.

Remaining Lifetime Risk of Breast Cancer

| Risk Prediction Model | Odds Ratio* (95% CI) | p-value |
|--------------------------|-------------------------|----------------------|
| Tyrer-Cuzick | 0.57 (0.33, 1.01) | 0.052 |
| cRRS | 4.11 (2.44, 6.91) | 2.4×10 ⁻⁸ |

5-Year Risk of Breast Cancer

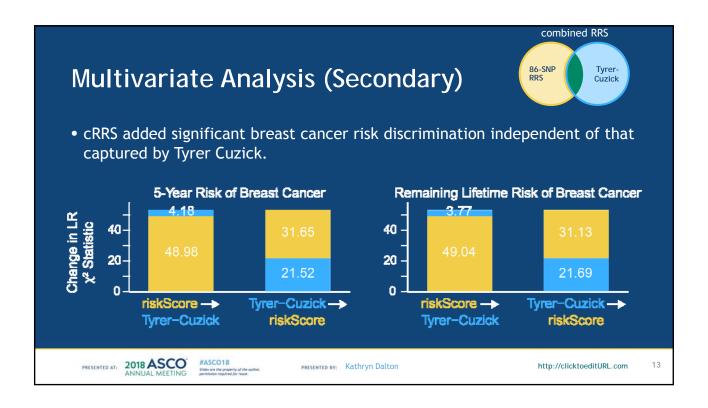
| Risk Prediction Model | Odds Ratio* (95% CI) | p-value |
|--------------------------|-------------------------|----------------------|
| Tyrer-Cuzick | 0.54 (0.30, 0.98) | 0.041 |
| cRRS | 4.41 (2.56, 7.58) | 1.9×10 ⁻⁸ |

*Odds ratios and Wald Confidence Interval (CI) are reported per weighted standard deviation of log odds of breast cancer risk prediction models in unaffected controls.

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Conclusions

- The cRRS offers superior risk stratification compared to Tyrer-Cuzick alone in a prospective, general population cohort.
- cRRS may therefore improve prevention and screening strategies for unaffected women testing negative for monogenic mutations in breast cancer-risk genes.

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