

6<sup>th</sup> Kaunas / Lithuania International  
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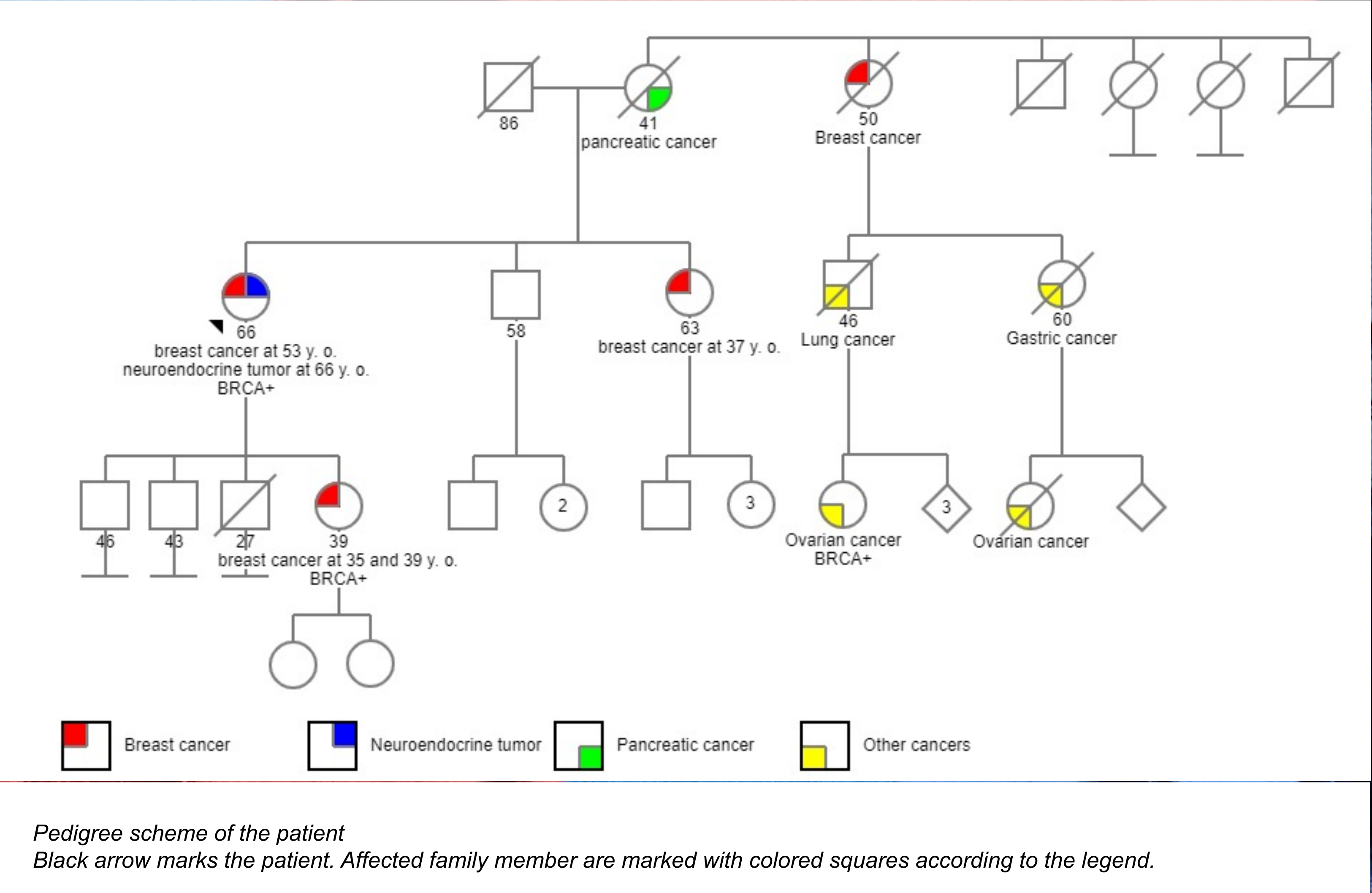
<sup>1</sup>Lithuanian University of Health sciences, Medical academy, Department of Genetics and Molecular Medicine, <sup>2</sup>Hospital of Lithuanian University of Health Sciences Kauno klinikos, Department of Genetics and Molecular Medicine, <sup>3</sup>Hospital of Lithuanian University of Health Sciences Kauno klinikos, Department of Oncology and Hematology, <sup>4</sup>Lithuanian University of Health Sciences, Institute of Cardiology

# Case Report

66 years of age female patient was referred to a clinical geneticist due to a family history of cancer: the patient has a daughter with the BRCA1 mutation and 2 primary breast cancers at 35 and 39 years of age, also the patients sister had breast cancer at 37, mother had pancreatic cancer at 38, mother's sister had breast cancer at 50 and her pedigrees also *BRCA1/2* spectrum cancers (ovarian, gastric, lung cancers).

Patient herself was diagnosed with invasive ductal breast cancer at 52 years of age. She was treated with chemotherapy and mastectomy. At 66 years of age she was diagnosed with a gastrointestinal intermediate grade neuroendocrine tumour as there were several nodes detected during the patients liver ultrasound and computer tomography which were later confirmed by performing a biopsy.

A targeted genetic test for familial *BRCA1* gene variant NM\_007294.4:c.5173\_5176delGAAA was performed which was positive. This variant causes a frameshift and is expected to cause loss of protein function by nonsense mediated decay or by truncating the protein. This variant has multiple entries in ClinVar database as pathogenic and is also reported in various affected patient cases.



## DNA repair genes

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- Adapted from Deleesign Graph

Adapted from Deesign Graphics on Iconscout

Expanding neuroendocrine tumor patient genetic testing to also test for pathogenic variants in DNA repair mechanism genes may be needed

*BRCA1*, neuroendocrine tumors, breast cancer

*BRCA1* gene pathogenic variants are well known to increase the risk of various cancers such as breast, ovarian, prostate, pancreatic, skin and others. In our patient's family the *BRCA1* variant discussed earlier is highly penetrant as multiple family members are affected. Our patient's case is unique as not only breast cancer but also a neuroendocrine tumor has developed. *Larouche V. et al. (2019)* study found 26 cases of such co-occurrence of breast cancer and neuroendocrine tumors, of which 9 were genetically studied but no *BRCA1/2* genes mutations were found. However, *PALB2*, *APC*, and *NTHL1* genes pathogenic variants were detected. *Scarpa E. et al. (2017)* studied pancreatic neuroendocrine tumors and on rare cases found *BRCA2* germline pathogenic variants and pathogenic variants in other DNA repair genes such as *MUTYH* and *CHEK2*. In two published cases (*Erdrich J. et al. 2018; Zhu M. et al 2020*) there were *BRCA1* germline frameshift variants. This shows an increasing amount of evidence that pathogenic variants in DNA repair mechanism genes are important in neuroendocrine tumors development. *BRCA1* pathogenic variants are very rare in neuroendocrine tumor patients and there is a possibility that these variants occurrence is not increased in neuroendocrine tumor patients.

*Different genes are reported from various mechanisms of DNA repair in neuroendocrine tumor cases. As each group of mechanism involves numerous genes, it is possible that in near future we can find more associated gene's mutations*