# Importance of Diagnosis in Breast Cancer with Non-BRCA Pathogenic Germline Variants of Cancer Susceptibility Genes using High-Throughput Sequencing Analysis 

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#### Abstract

Objectives: The aim was to point out the importance of the diagnosis rate of breast cancer ( BC ) by analyzing the cancer predisposition genes except $B R C A 1 / 2$ with multigene testing. Methods: In this study, 232 non-BRCA cases with BC and/or BC family history (FH) were analyzed using the next-generation sequencing method. Results: Twenty-two different pathogenic/likely pathogenic variants were determined in 24 (10.34\%) of cases, and these variants were detected in the CHEK2 (7/24, 29.1\%), ATM (5/24, 20.8\%), MUTYH (3/24, 12.5\%), BLM ( $2 / 24,8.3 \%$ ), WRN (2/24, 8.3\%), TP53 (1/24, 4.1\%), BRIP1 (1/24, 4.1\%), MSH2 (1/24, 4.1\%), NBN (1/24, 4.1\%), and PTEN (1/24, 4.1\%) genes including three novel variants which were identified in the BLM, ATM, and MSH2 (3/22, 13.6\%) genes. Fourteen of 24 (58.3\%) cases had BC diagnosis, and 10 of 24 (41.6\%) cases had a FH of BC. Conclusion: Among non-BRCA BC and/or BC FH cases, cancer susceptibility gene frequency was $10.34 \%$ in this study. CHEK2 and ATM genes had relatively high mutation rates.


Keywords: Breast cancer, Cancer susceptibility, Non-BRCA1/2, Targeted gene analysis

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Epidemiological studies have shown that family history (FH) is the most important risk factor in breast cancers (BCs). ${ }^{[1]}$ Although the majority of $B C$ is sporadic cases, familial $B C$ occurs at a rate of $5 \%-10 \%$ with hereditary causes. ${ }^{[2]}$ Hereditary BCs occur 5-15 years earlier than sporadic cases. Many genes are involved in the development of $B C$, but mutations of some genes that are responsible for hereditary $B C s$, especially those that function in the maintenance of genome stability, have been shown. ${ }^{[3]}$ BRCA1 and BRCA2 genes have been found as susceptibility genes for $B C$ with
high penetration, which are observed in hereditary BC. ${ }^{[4]}$ Women who include germ cell mutations in these genes have a high risk of developing $B C$ at some time in their lives. Germ cell mutations in the BRCA1 and BRCA2 genes have been shown in many studies as high-risk factors for $B C .{ }^{[5]}$ These two genes, which still carry the most severe mutations for familial $B C$, are at the forefront of mutation analysis in BC risk determination. Apart from these two genes, it is known that there are other genes that cause breast and ovarian cancer. ${ }^{[6]}$ The new genes detected in

[^0]these studies have also been associated with BC and have been added to clinical $B C$ research as new mutations. First of all, CDH1, PTEN, STK11, and TP53 gene mutations were among these genes, and later genes such as ATM, BARD1, CHEK2, and PALB2 with functions similar to BRCA1 and $B R C A 2$ were started to be analyzed. In addition to all these, candidate genes thought to play a role in BC (e.g., CDKN2A, MEN1, MLH1, MSH2, MSH6, and MUTYH) were added to increase the number of mutations examined. ${ }^{[7]}$
With rapidly developing technology in recent years, new generation devices have been produced, and many pan-el-based genes have begun to be analyzed simultaneously with the next-generation sequencing (NGS) method. The ultimate goal of panel-based genetic tests is to provide the highest level of care and treatment approaches that can be given to cancer patients and their relatives. ${ }^{[8]}$ This situation aims to prevent cancer formation among unaffected family members, especially in the evaluation of contralateral $B C$ risk and evaluation of other cancers with a high probability of occurrence (e.g., ovarian, colorectal, pancreatic cancers). To date, however, the prevalence of germline pathogenic/ likely pathogenic variants in non-BRCA genes is partially investigated in breast/ovarian cancer, and available data about these genetic risk factors in cancer are still poor. The aim of the current study was to present the prevalence of non-BRCA1/2 genes in breast/ovarian cancer cases from Istanbul, Turkey, and evaluate the clinical utility of multigene panels.

## Methods

## Study Population

The patient files of 254 cases with breast/over cancer and/ or hereditary breast/over cancer history (from October 15, 2018, to December 31, 2020) were reviewed in the medical genetics department. Twenty-two cases had a BRCA1/ BRCA2 pathogenic variant and were excluded. The remaining 232 patients were included in our study. Clinical information was obtained through the patient's clinical chart. For the FH, data were obtained from pedigrees. The genetic testing was applied according to the American National Comprehensive Cancer Network (NCCN) guidelines.
The cases were evaluated in two different clinical definitions: (1) $B C$ history and (2) BC FH. If the case had not any diagnosis of breast/over cancer, but has one or more first- or second-degree relatives with breast/over cancer, then this case was called "positive FH "). These cases were tested in a medical genetics clinic and had the analysis of germline cancer predisposition genes. After examining file records, FH was reviewed for each case. NCCN guidelines were used
to predict the prognosis of a case carrying a germline mutation of cancer predisposition genes.
This study is approved by the Ethical Committee of our university with decision number 168/2021 and performed in consonance with the principles of the Declaration of Helsinki. The written informed consent forms were obtained from the cases and/or families.

## Targeted NGS Panel and NGS Data Analysis

Two 2 mL of peripheral blood samples of patients were collected to EDTA-containing tubes. Genomic DNA was isolated using MagPurix ${ }^{\text {B }}$ Blood DNA Extraction Kit (Zinexts, New Taipei, Taiwan). Quality control of the isolated DNA samples was checked using SpectraMax i3x (Molecular Devices, California, USA). Samples that have an A260/280 value between 1.8 and 2.0 were included. Low-quality samples were reextracted from stored blood samples.
Fastq generation was performed on Illumina Nextseq 500 platform (Illumina, Inc., San Diego, CA, USA). Libraries covering the target genes were prepared according to the TruSight Cancer Panel protocol (Illumina, Inc., San Diego, CA, USA). Following the target enrichment process, libraries were sequenced on the Illumina Nextseq 500 platform (Illumina, Inc., San Diego, CA, USA).
TruSight ${ }^{\oplus}$ Cancer Sequencing Panel (Illumina, Inc., San Diego, CA, USA) and a custom panel ( 23 genes) were used according to the manufacturer's instructions for NGS. Targeted gene panel 1 included $A T M, B L M, B R C A 1, B R C A 2, B R I P 1$, CDH1, CHEK2, EPCAM, FANCC, MEN1, MLH1, MSH2, MSH6, MUTYH, NBN, PALB2, PMS2, PTEN, RAD51C, RAD51D, STK11, TP53, and XRCC2 (23 genes) genes, and panel 2 included AIP, ALK, APC, ATM, BAP1, BLM, BMPR1A, BRCA1, BRCA2, BRIP1, BUB1B, CDC73, CDH1, CDK4, CDKN1C, CDKN2A, CEBPA, CEP57, CHEK2, CYLD, DDB2, DICER1, DIS3L2, EGFR, EPCAM, ERCC2, ERCC3, ERCC4, ERCC5, EXT1, EXT2, EZH2, FANCA, FANCB, FANCC, FANCD2, FANCE, FANCF, FANCG, FANCI, FANCL, FANCM, FH, FLCN, GATA2, GPC3, HNF1A, HRAS, KIT, MAX, MEN1, MET, MLH1, MSH2, MSH6, MUTYH, NBN, NF1, NF2, NSD1, PALB2, PHOX2B, PMS1, PMS2, PRF1, PRKAR1A, PTCH1, PTEN, RAD51C, RAD51D, RB1, RECQL4, RET, RHBDF2, RUNX1, SBDS, SDHAF2, SDHB, SDHC, SDHD, SLX4, SMAD4, SMARCB1, STK11, SUFU, TMEM127, TP53, TSC1, TSC2, VHL, WRN, WT1, XPA, and XPC (94 genes) genes.
All variants classified according to our pipeline as likely pathogenic or pathogenic were confirmed by conventional capillary Sanger sequencing. For this, the genomic DNAs were amplified by PCR, purified with the enzyme Exosap-IT (USB) and Big Dye $X$ terminator kit (Applied Biosystems), and sequenced bidirectionally using the 3500XL platform (Applied Biosystems).

## NGS Data Analysis

Alignment to the reference genomes (hg19 for humans) was performed using Burrows-Wheeler Aligner. The identified variants were functionally annotated using ANNOVAR. Variants were visually examined using Integrative Genomics Viewer 2.8.13 (https://software.broadinstitute.org/ software/igv/). Recommendations of the Human Genome Variation Society ${ }^{[9]}$ were followed to describe the novel variants, and ACMG's $2015^{[10]}$ guidelines were followed for the classification of all the variants. ClinVar ${ }^{[1]]}$ and literature studies are considered for collecting information about known variations.

## Results

A total of 232 cases with breast/ovarian cancer and/or breast/ovarian cancer FH, who satisfied the NCCN testing criteria for the multigene panel and excluded BRCA1/2 pathogenic/likely pathogenic variants, were included in this study. Among these 232 patients with breast and/or ovarian cancer, $44.82 \%$ (104/232) had their primary cancer diagnosis at age 45 years or younger. Of these 232 patients, 122 (52.58\%) had at least one first-degree relative affected with breast or ovarian cancer. Most of the tested individuals were female, comprising $99.1 \%$ (230/232) of the total. The majority of the breast tumors were invasive ductal carcinomas with a range of $83.1 \%$ (193/232). HER2, estrogen, and progesterone receptor status were available for a subgroup of $127 / 232$ ( $54.7 \%$ ) of BC patients, of which 27/148 (18.2\%) had triple-negative $B C$ (TNBC). Among the mutation-positive cases, $62.5 \%$ (15/24) had been evaluated for $B C$ history, $37.5 \%$ (9/24) had been evaluated for having BC FH.
The median age at diagnosis was 39 years (range 27-70 years) among 24 cases who had germline mutations. Among these 24 patients ( $24 / 232,10.34 \%$ ) with 22 different pathogenic/likely pathogenic germline variants, the major mutant non-BRCA genes were CHEK2 ( $\mathrm{n}=7$ ), ATM ( $\mathrm{n}=5$ ), and MUTYH ( $n=3$ ). Other pathogenic/likely pathogenic variants were in the BLM ( $\mathrm{n}=2$ ), WRN ( $\mathrm{n}=2$ sisters), TP53 $(\mathrm{n}=1$ ), BRIP1 ( $\mathrm{n}=1$ ), MSH2 ( $\mathrm{n}=1$ ), NBN ( $\mathrm{n}=1$ ), and PTEN ( $\mathrm{n}=1$ ) genes. We identified three novel pathogenic/likely pathogenic variants that were never reported before, including BLM c.572_573delGA, ATM c. $7629+1 \mathrm{G}>\mathrm{T}$, and MSH2 c.908A>G (Table 1). Cases 20 and 23, who have the same variant in CHEK2 gene, were not related. Fourteen of 24 ( $58.3 \%$ ) cases had BC diagnosis, 10 of 24 ( $41.6 \%$ ) cases had a FH of BC. CHEK2 mutated four patients had BC diagnosis, and 3 cases had a FH of BC. ATM mutated 4 patients had BC diagnosis and 1 case had a FH of BC . MUTYH mutated 1 patient had $B C$ diagnosis and 2 cases had a $F H$ of $B C$. The distribution of $B C$ diagnosis and positive $F H$ of $B C$ were not significantly
different in gene mutations.
Besides breast/ovarian cancer, lung cancer ( $n=3$, three families), colon cancer ( $n=2$, two families), brain cancer ( $n=3$, three families), osteosarcoma ( $n=1,1$ family), thyroid cancer ( $\mathrm{n}=1,1$ family), gastric cancer ( $\mathrm{n}=1,1$ family), bladder cancer ( $n=1,1$ family), liver cancer ( $n=1,1$ family), leukemia ( $\mathrm{n}=1,1$ family) lymphoma ( $\mathrm{n}=1,1$ family), and endometrium cancer ( $\mathrm{n}=1,1$ family) were also observed.

## Discussion

The present study demonstrated that about $10.3 \%$ of Turkish breast/over cancer patients who were previously tested BRCA-negative could have been diagnosed as mutated with multigene testing. Our study contributed also to the knowledge of pathogenic/likely pathogenic germline variants in multiple cancer susceptibility genes in the Turkish population. In total, 232 consecutive individuals with personal or FH of breast and/or ovarian without pathogenic/ likely pathogenic variants in BRCA1 and BRCA2 genes were analyzed (Table 2).
$B C$ is the most common type of cancer and the most common mortal malign disease in women, and its incidence increases with age. It is in the first place among cancers seen in women with a rate of $24.1 \%$. ${ }^{[12]}$ Positive FH is an important risk factor for BC . It is stated that a person with a first-degree relative with $B C$ has a 1.8 -fold risk of developing $B C$, and in the presence of two first-degree relatives, this risk increases 2.9 -fold. If the relative with $B C$ is diagnosed before the age of 30 years, the risk increases 2.9 times, and if diagnosed after the age of 60 years, the risk increases 1.5 times. ${ }^{[13]}$ In the current study, $54.16 \%$ (13/24) had BC FH, and $37.5 \%$ (9/24) had other cancer family histories of our cases. The incidence of $B C$ under 40 years of age in Turkey is reported as $20 \% .{ }^{[14]}$ A study from Turkey reported that $31 \%$ of $B C$ is seen in women between the ages of 40 and 50 years and $20.2 \%$ in women under the age of 40 years. ${ }^{[14]}$ In our study, the percentage of primary cancer diagnosis under 45 years was $44.82 \%$ and under 40 years was $59 \%$. A high percentage of our cases had been diagnosed at a younger age. In an invasive BC cohort study, including 54 555 cases, the mean age was 49.5 years for patients with a single primary breast tumor. ${ }^{[15]}$
In hereditary $B C, B R C A 1$ and $B R C A 2$ genes, which encode proteins involved in maintaining genome continuity and DNA repair mechanisms, are indicated as susceptibility genes to $B C$ with high penetration. It is stated that the risk of developing $B C$ varies between $45 \%$ and $65 \%$ in cases with germline mutations in these genes by the age of 70 years. ${ }^{[16]}$ It has been known that there are $B C$ susceptibility genes except $B R C A 1 / 2$. In the current study, we identified non-

| Case/gender/age | Test indication | Affected family member | Gene | Variant | Protein | Pathogenicity | dbSNP | Gene panel* |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1/F/31 | Unilateral BC (right) | Mother - lung cancer; father -colon cancer; two sisters - breast cancer | WRN | (NM_000553.6):c.3493C>T | p.(Gln1165Ter) | $\begin{gathered} \text { Pathogenic } \\ \text { (PVS1, PM2, PP3, PP5) } \end{gathered}$ | rs121908447 | 2 |
| 2/F/34 | Positive FH | Mother - lung cancer; father - colon cancer; three sisters - breast cancer | WRN | (NM_000553.6):c.3493C>T | p.(Gln1165Ter) | Pathogenic (PVS1, PM2, PP3, PP5) | rs121908447 | 2 |
| 3/F/29 | Positive FH | Aunt - breast cancer | CHEK2 | (NM_007194.4):c.422A>C | p.(Lys141Thr) | Likely pathogenic (PM1, PM2, PP2, PP3) | rs786203192 | 2 |
| 4/F/27 | Unilateral BC (left) | Uncle - osteosarcoma; cousin - brain tumor | MUTYH | (NM_001128425.2):c.884C>T | p.(Pro295Leu) | $\begin{gathered} \text { Pathogenic } \\ \text { (PM1, PM2, PP2, PP3, PP5) } \end{gathered}$ | rs374950566 | 2 |
| 5/F/38 | BC | - | BLM | (NM_000057.4):c.1642C>T | p.(Gln548Ter) | Pathogenic (PVS1, PM2, PP3, PP5) | rs200389141 | 1 |
| 6/F/53 | Positive FH | Aunt - breast cancer | NBN | (NM_002485.5):c.2140C>T | p.(Arg714Ter) | Pathogenic (PVS1, PM2, PP3, PP5) | rs730881864 | 1 |
| 7/F/70 | BC | - | CHEK2 | (NM_001005735.2):C.599T>C | p.(lle200Thr) | Pathogenic (PS3, PM1, PM5, PP2, PP5) | rs17879961 | 1 |
| 8/F/49 | Positive FH | Sister - breast cancer | MUTYH | (NM 001128425.2): c.1437_1439delGGA | p.(Glu480del) | $\begin{gathered} \text { Pathogenic } \\ \text { (PS3, PM1, PM2, PM4, PP3, PP5) } \end{gathered}$ | rs587778541 | 1 |
| 9/F/36 | BC | Aunt and aunt's daughter breast cancer; grandmother brain tumor | BLM | (NM_000057.4):c.572_573delGA | p.(Arg191LysfsTer4) | Pathogenic (PVS1, PM2, PP3) | Novel | 1 |
| 10/F/38 | BC | Sister - thyroid cancer; cousin - gastric cancer; aunt lymphoma | ATM | (NM_000051.4):c.7629+1G>T | - | Pathogenic (PVS1, PM2, PP3) | Nnovel | 1 |
| 11/F/38 | Positive FH | Aunt - breast cancer | MUTYH | (NM_001128425.2):c.1187G>A | p.(Gly396Asp) | Pathogenic (PS3, PM1, PM5, PP2, PP3, PP5) | rs36053993 | 1 |
| 12/F/33 | Positive FH | Aunt - breast cancer | ATM | (NM 000051.4): c.5986_5988delGAA | p.(Glu1996del) | Likely pathogenic (PM1, PM2, PM4, PP3) | rs1555111872 | 1 |
| 13/F/54 | Positive FH | Mother - breast cancer | MSH2 | (NM_000251.3):c.908A>G | p.(Asp303Gly) | Likely pathogenic (PM2,PP2,PP3) | Novel | 1 |
| 14/M/38 | $B C$, prostate cancer? | Mother's father - lung cancer | CHEK2 | (NM_007194.4):c.1169A>C | p.(Tyr390Ser) | Likely pathogenic (PM1, PM2, PM5, PP2, PP3) | rs200928781 | 1 |
| 15/F/59 | Positive FH | Cousin - breast cancer | CHEK2 | (NM_007194.4):c.1049delC | p.(Pro350GlnfsTer15) | Pathogenic (PVS1, PM2, PP3, PP5) | rs1601727022 | 1 |
| 16/F/32 | Unilateral BC | - | ATM | (NM_000051.4):c.6082C>T | p.(Gln2028Ter) | $\begin{gathered} \text { Pathogenic } \\ \text { (PVS1, PM2, PP3, PP5) } \end{gathered}$ | rs876659454 | 1 |
| 17/F/34 | BC | - | BRIP1 | (NM_032043.3):c.3072delG | p.(Ser1025HisfsTer34) | Likely pathogenic (PVS1, PM2) | rs1342519012 | 1 |
| 18/F/29 | Unilateral BC | Aunt - brain tumor; mother's mother - liver cancer; father bladder cancer | ATM | (NM_000051.4):c.6154G>A | p.(Glu2052Lys) | Likely pathogenic (HGMD-CM1612882disease causing) | rs202206540 | 2 |
| 19/F/42 | Positive FH | Sister - breast cancer | CHEK2 | (NM_007194.4):c.1232G>A | p.(Trp411Ter) | $\begin{gathered} \text { Pathogenic } \\ \text { (PVS1, PM2, PP3, PP5) } \end{gathered}$ | rs371418985 | 1 |
| 20/F/40 | BC | Mother's mother breast cancer | CHEK2 | (NM_007194.4):c.1427C>T | p.(Thr476Met) | Likely pathogenic <br> (PM1, PM2, PM5, PP2, PP3, PP5) | rs 142763740 | 2 |
| 21/F/45 | BC | Sister - breast cancer | ATM | (NM_000051.4):c.6199-1G>T | - | Pathogenic (PVS1, PM2, PP3, PP5) | rs1591788932 | 1 |


| Case/gender/age | Test indication | Affected family member | Gene | Variant | Protein | Pathogenicity | dbSNP | Gene panel* |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 22/F/39 | Unilateral BC (left) | Father - leukemia | TP53 | (NM_001276760.2):c.257C>T | p.(Thr86Met) | Pathogenic (PM1, PM2, PM5, PP2, PP3) | rs786201057 | 2 |
| 23/F/40 | BC | Mother - ovarian cyst/cancer? | CHEK2 | (NM_007194.4):c.1427C>T | p.(Thr476Met) | Likely pathogenic (PM1, PM2, PM5, PP2, PP3, PP5) | rs142763740 | 1 |
| 24/F/42 | Bilateral BC | Brother-lymphoma; cousin - endometrium cancer | PTEN | (NM_000314.8):c.333G>A | p.(Trp111Ter) | Pathogenic (PVS1, PM2, PP3, PP5) | rs1554898097 | - 1 |

*Panel 1: ATM, BLM, BRCA1, BRCA2, BRIP1, CDH1, CHEK2, EPCAM, FANCC, MEN1, MLH1, MSH2, MSH6, MUTYH, NBN, PALB2, PMS2, PTEN, RAD51C, RAD51D, STK11, TP53, and XRCC2 (23 genes). Panel 2: AIP, ALK, APC, ATM, BAP1, BLM, BMPR1A, BRCA1, BRCA2, BRIP1, BUB1B, CDC73, CDH1, CDK4, CDKN1C, CDKN2A, CEBPA, CEP57, CHEK2, CYLD, DDB2, DICER1, DIS3L2, EGFR, EPCAM, ERCC2, ERCC3, ERCC4, ERCC5, EXT1, EXT2, EZH2, FANCA, FANCB, FANCC, FANCD2, FANCE, FANCF, FANCG, FANCI, FANCL, FANCM, FH, FLCN, GATA2, GPC3, HNF1A, HRAS, KIT, MAX, MEN 1, MET, MLH1, MSH2, MUTYH, NBN, NF1, NF2, NSD1, PALB2, PHOX2B, PMS1, PMS2, PRF1, PRKAR1A, PTCH1, PTEN, RAD51C, RAD51D, RB1, RECQL4, RET, RHBDF2, RUNX1, SBDS, SDHAF2, SDHB, SDHC, SDHD, SLX4, SMAD4, SMARCB1, STK11, SUFU, TMEM127, TP53, TSC1, TSC2, VHL, WRN, WT1, XPA, and XPC (94 genes).

BRCA1/2 twenty-one different pathogenic/likely pathogenic germline variants in cancer susceptibility genes. Similar studies reported different frequencies of non-BRCA1/2 pathogenic germline variants as $10 \%{ }^{[6]} 14 \%{ }^{[6]]} 12.3 \%{ }^{[18]}$ $3.97 \%,{ }^{[19]}$ and $4.9 \%$. ${ }^{[20]}$ Another study including only under 40 years of age and non-BRCA1/2 BC patients reported $11 \%$ pathogenic/likely pathogenic variants in the cancer susceptibility genes. ${ }^{[21]}$ With the rate of $10.34 \%$, our study showed a similar rate for non-BRCA1/2 pathogenic variants compared with other populations.
We analyzed cancer susceptibility genes with two different targeted gene panels ( 23 genes and 94 genes panels). In a study, whole exome sequencing (WES) was applied to identify new breast and/or ovarian cancer predisposition genes in 52 non-BRCA1/BRCA2/TP53 mutation carrier women at high risk for hereditary breast and ovarian cancer. ${ }^{[22]}$ The pathogenic variants were identified in CHEK2, MUTYH, PMS2, RAD51C, FAN1, POLQ, RAD54L, DROSHA, and SLC34A2 genes. ${ }^{[22]}$ The largest gene panel included 94 genes in our study and we identified the pathogenic variants in CHECK2, ATM, MUTYH, BLM, WRN, TP53, BRIP1, MSH2, and NBN genes with three novel variants. This result may be due to the relatively high case number of our study ( 232 cases) compared with this study ( 52 cases). The most frequent pathogenic variants were in CHEK2 gene in both our study and this WES study. With larger gene panels or with whole exome sequencing, new cancer susceptibility genes will be identifiable.
The most frequent non-BRCA1/2 cancer susceptibility genes were MUTYH and PTCH1 in China, ${ }^{[6]}$ CHEK2, ATM, and PALB2 in Germany, ${ }^{[23]}$ CHEK2 and ATM genes in the USA. ${ }^{[21]}$ Our study, presenting Turkey population frequencies, identified the most frequent non-BRCA1/2 pathogenic variants in CHEK2, ATM, and MUTYH, showing similarities and differences with these studies. A study from China evaluating germline variants of 16 DNA repair genes (ATM, BLM, CHEK2, FANCC, MER11A, MLH1, MSH2, MSH6, MUTYH, NBN, PALB2, PMS2, RAD50, RAD51C, RAD51D, and TP53) determined $3.4 \%$ frequency. ${ }^{[24]}$ The most frequent mutations were in PALB2, TP53, ATM, and RAD51D genes ${ }^{[24]}$ different from our study except ATM frequency. In Cyprus, the frequency of non-BRCA cancer susceptibility genes was reported as $4.9 \%$ in TNBC patients with the most frequent mutated gene PALB2. ${ }^{[20]}$
The most frequent pathogenic variants were in the CHEK2 gene in our study similar to Felicio et al.'s study. ${ }^{[22]}$ CHEK2 protein is a serine/threonine kinase and is a transmission protein in the DNA damage checkpoint pathway. ${ }^{[25]}$ DNA repair begins as a result of CHEK2 protein phosphorylating the BRCA1 protein serine 988 (S988) amino acid.
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Gene panel*Breast and uterine cancer in her aunt's daughter
Lung small cell cancer in father; postmenopausal breast cancer in her uncle's daughter
No family history
Brother - breast cancer
No family history
Mother - breast cancer; mother's aunt breast cancer Mother - invasive breast cancer
Test indication
Familial breast cancer
Risk of breast and ovarıa Hereditary breast cancer Hereditary breast cancer Hereditary breast cancer Hereditary breast cancer Hereditary breast cancer Hereditary breast cancer Hereditary breast cancer Hereditary breast cancer Hereditary breast cancer
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Familial breast cancer Familial breast cancer Familial breast cancer Hereditary breast cancer Familial breast cancer Malıgnant mass in right breast Hereditary breast cancer Hereditary breast cancer Hereditary breast cancer Familial breast cancer Hereditary breast cancer Familial breast cancer Familial breast cancer Breast cancer
Invasive ductal carcinoma Familial breast cancer Familial breast cancer
Familial breast cancer - right breast cancer
Familial breast cancer - early breast cancer Familial breast cancer Familial breast cancer
 Familial breast cancer Familial breast cancer

## 1023480

 1023486 1023485 1024363 1024404

Gene panel*


Affected family member Sister and aunt's daughter - breast cancer
Sister - breast cancer; brother - lung cancer
Aunt - breast cancer
2 aunts, sister, and uncle's daughter - breast cancer
Father - colon cancer; sister - breast cancer
Mother - breast cancer
Mother - breast cancer
Mother and aunt - breast cancer
Sister - breast cancer Sister - breast cancer
Grandfather and mothe

Grandfather and mother - breast cancer
No family history
No family history
Grandfather, moth
Grandfather, mother, and aunt - breast cancer
No family history No family history
2 aunts - breast ca

2 aunts - breast cancer
Mother - breast cancer
Breast cancer in daughter of his uncle's son; father - colon cancer; uncle - stomach cancer

Aunt - breast cancer
Mother - breast cancer Mother - breast cancer Mother - breast cancer No family history
Mother's sister and father's sister - breast cancer
No family history No family history
Mother - breast ca Mother - breast cancer
Mother - breast cancer

Breast cancer in two aunt's daughters
Aunt - breast cancer
Aunt - breast cancer
Mother, aunt, and father's sister - breast cancer No family history No family history

Family history of cancer
Aunt - breast cancer
No family history
No family history
Mother - breast cancer
Aunt - breast cancer
Aunt's daughter - breast cancer
No family history
Aunt's daughter - breast cancer

Familial breast cancer Familial breast cancer Familial breast cancer Familial breast cancer Familial breast cancer Familial breast cancer Familial breast cancer Familial breast cancer Familial breast cancer

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 Familial breast cancer


\section*{흫 <br> | Table 2. CONT. |
| :--- | :--- |
| Case $\quad$ Gend |} 1024442

1025022 1025374 1025381 1025547 1025569 1025931 1026059 1026220 1026599 1026732 1026986 슻 1027631 1028633 1028683

1028745 ~ 1028873 1028933 1029113 1029965 1030065 1029487 1029709 1029803 1030130 1030217 n 1030564 030800 1031034 1031239
 1031249 1031320 1031563 응 $\stackrel{\perp}{\infty}$ 1032423

Gene panel* $\square$ No family history
Grandfather - over cancer; mother - uterine cancer No family history
No family history
Aunts - breast cancer
No family history
No family history
Aunt - breast cancer
No family history
No family history sister - breast can No family history
Daughter of father's uncle - breast cancer Aunt - breast cancer Aunt - breast cancer
No family history
Aunt - breast cancer Aunt and grandpa - br Sister - breast cancer Aunt - breast cancer No family history Sister - breast cancer
No family history
Sister - breast cancer
Two sisters - breast cancer
Father - lung and larynx cancer
No family history
Mother - breast cancer; father - lung cancer; brother - colon cancer;
Mother - breast cancer; father - lung cancer; brother - colon cancer; breast cancer suspect in daughter No family history
Mother - breast cancer
Father - pancreas cancer; uncle - lung cancer; grandpa and uncle's
daughter - breast cancer daughter - breast cancer
Sister - breast cancer
Family history of cancer
Test indication
Familial breast cancer Familial breast cancer Familial breast cancer
 Familial breast cancer Familial breast cancer Familial breast cancer Familial breast cancer Familial breast cancer Familial breast cancer Familial breast cancer Familial breast cancer Familial breast cancer Familial breast cancer Familial breast cancer Familial breast cancer Familial breast cancer
 Familial breast cancer Familial breast cancer Familial breast cancer Familial breast cancer Familial breast cancer
Mass in the breast
Familial breast cancer Familial breast cancer Familial breast cancer Familial breast cancer Familial breast cancer Familial breast cancer
Familial breast cancer - mass in the breast
 Familial breast cancer
Familial breast cancer Familial breast cancer

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| :---: |
| $\stackrel{N}{2}$ |
|  | 1033291 1033356 1033430

 1033631 1033642 N్ 1038206 1034096 1033852 1034279 1033889 N 1034264 1034315 1034440 1034316 1034485 | n |
| :--- |
|  |
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|  | 1034731

1034847 1038025

Test indication Familial breast cancer
Familial breast cancer Familial breast cancer Familial breast cancer Familial breast cancer Familial breast cancer Familial breast cancer Familial breast cancer Familial breast cancer
 Familial breast cancer Breast cancer

Familial breast cancer Breast cancer

Familial breast cancer Breast cancer

Familial breast cancer Familial breast cancer Familial breast cancer


 Familial breast cancer

Familial breast cancer Familial breast cancer
 Familial breast cancer Familial breast cancer breast cancer

Familial breast cancer Familial breast cancer Early breast cancer Familial breast cancer
 Familial breast cancer Breast cancer

Familial breast cancer Familial breast cancer Familial breast cancer Breast cancer

$\square$

| Table 2. CONT. |  |  |  |  |  |
| :--- | :---: | :---: | :--- | :--- | :--- |
| Case | Gender | Age | Test indication | Affected family member |  |
| 1039859 | F | 46 | Genetic breast cancer | No family history | 1 |
| 1040055 | F | 33 | Familial breast cancer | Sister, cousin, and mother - breast cancer |  |
| 1040157 | F | 32 | Familial breast cancer | Mother - breast cancer |  |
| 1040160 | F | 47 | Breast cancer | Father - stomach cancer; uncle - lung cancer |  |
| 1040420 | F | 34 | Breast cancer | No family history |  |
| 1040486 | F | 40 | Breast cancer | No family history | 1 |
| 1040676 | F | 46 | Breast cancer | No family history | 1 |
| 1040814 | F | 52 | Familial breast cancer | Sister - breast cancer; father - stomach cancer; mother - over cancer |  |
| 1040825 | F | 36 | Familial breast cancer | Aunt and mother - breast cancer |  |
| 1003405 | F | 47 | Familial breast cancer | No family history | 1 |

*Panel 1: ATM, BLM, BRCA1, BRCA2, BRIP1, CDH1, CHEK2, EPCAM, FANCC, MEN1, MLH1, MSH2, MSH6, MUTYH, NBN, PALB2, PMS2, PTEN, RAD51C, RAD51D, STK11, TP53, and XRCC2 (23 genes)
Panel 2: AIP, ALK, APC, ATM, BAP1, BLM, BMPR1A, BRCA1, BRCA2, BRIP1, BUB1B, CDC73, CDH1, CDK4, CDKN1C, CDKN2A, CEBPA, CEP57, CHEK2, CYLD, DDB2, DICER1, DIS3L2, EGFR, EPCAM, ERCC2, ERCC3,
 TMEM127, TP53, TSC1, TSC2, VHL, WRN, WT1, XPA, and XPC (94 genes)

CHEK2 protein also phosphorylates FOXM1 (forkhead box M1) which is a transcription factor, increasing its stability. FOXM1 transcription factor, on the other hand, increases the expression of BRCA2, which is involved in homologous recombination DNA repair mechanism, and X-ray repair cross-complementing protein 1 (XRCC1) genes, which are involved in the base (cutout) repair mechanism. ${ }^{[26]}$ The most frequent pathogenic variants in CHEK2 gene should not be a surprise for BC in our study due to CHEK2 effects BRCA1/2 mechanisms in different ways.
A rapid evolution occurred for genetic testing in hereditary cancer predisposition. In the past years, the recommended genetic tests were preferred and requested primarily according to the phenotype of the patient, while the current approach is to perform panel-test-based genetic tests. ${ }^{[27]}$ Although the genetic test to be planned is shown as an indication for only one or two mutations based on the criteria specified in the guidelines, this also means testing the presence of many pathogenic variants in many different genes. Indeed, NCCN guidelines recommend a multigene panel assessment for efficiency and cost-effectiveness for individuals with negative BRCA1 and BRCA2 test results and suspected of having one or more inherited syndromes for cancer prevention, surveillance, and management. It should be kept in mind that the ultimate goal of all these expanded, panel-based genetic tests is to provide the highest level of care and treatment approaches that can be given to cancer patients and their relatives. This situation aims to prevent cancer formation among unaffected family members, especially in the evaluation of contralateral BC risk and evaluation of other cancers with a high probability of occurrence (e.g., ovarian, colorectal, pancreatic cancers). In recent years, genetic tests used in the diagnosis of $B C$ have become an indispensable tool in the personalization of the treatment of the disease and in identifying and managing individuals at risk in their families. The multigene targeted panel testing is offered for being cost-effective. ${ }^{[28]}$ In addition, with the correct interpretation of genetic tests and genetic counseling, an important contribution is made to specialists responsible for the treatment of individuals with $B C$.

## Conclusion

In summary, the present study performed a characterization of germline variants identified in cancer susceptibility genes, using two targeted gene panels and bioinformatic analyses in Turkish non-BRCA1/BRCA2 mutation carrier cases with personal and/or familial BC history. Our results suggest that non-BRCA1/2 genes such as CHEK2, ATM, MUTYH, BLM, WRN, TP53, BRIP1, MSH2, and NBN may have a role in BC. Three novel pathogenic/likely pathogenic variants in

BLM, ATM, and MSH2 genes were identified in the current study. This is a cross-sectional study from Istanbul, which is a city demonstrating general Turkey demographic features, which reports the non-BRCA1/2 gene frequencies, and which suggests that targeted gene analysis increases the diagnosis rate in cases with personal and/or FH of BCs.

## Disclosures

Ethics Committee Approval: The study was approved by the Local Ethics Committee.
Peer-review: Externally peer-reviewed.
Conflict of Interest: None declared.
Authorship Contributions: Concept - A.A., S.Y.; Design - A.A., S.Y.; Supervision - A.A., S.S., F.C.G.; Materials - A.A., F.C.G., S.Y.; Data collection \&/or processing - A.A., S.Y., S.S.; Analysis and/or interpretation - A.A., S.S.; Literature search - A.A., SY.; Writing - A.A., S.Y., S.S., F.C.G.; Critical review - A.A., S.Y., S.S., F.C.G.

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