Description of Analysis

Integrated BRACAnalysis®:
This test comprises both Comprehensive BRACAnalysis® and BRACAnalysis® Rearrangement Test (BART).

Comprehensive BRACAnalysis®:

**BRCA1**: Full sequence determination in both forward and reverse directions of approximately 5,400 base pairs comprising 22 coding exons and approximately 750 adjacent base pairs in the non-coding intervening sequences (introns). Exons 1 and 4, which are non-coding, are not analyzed. The wild-type BRCA1 gene encodes a protein comprised of 1863 amino acids.

**BRCA2**: Full sequence determination in both forward and reverse directions of approximately 10,200 base pairs comprising 26 coding exons and approximately 900 adjacent base pairs in the non-coding intervening sequence (intron). Exon 1, which is non-coding, is not analyzed. The wild-type BRCA2 gene encodes a protein comprised of 3418 amino acids.

The non-coding intronic regions of BRCA1 and BRCA2 that are analyzed do not extend more than 20 base pairs proximal to the 5' end and 10 base pairs distal to the 3' end of each exon.

This analysis may also include detection of the following five specific large genomic rearrangements of the BRCA1 gene (5-site rearrangement panel): a 3.8-kb deletion of exon 13 and a 510-bp deletion of exon 22 described in individuals of Dutch ancestry (Petrij-Bosch, A et al., BRCA1 genomic deletions are major founder mutations in Dutch breast cancer patients. Nat Gen 1997; 17:341-345), a 6-kb duplication of exon 13 described in individuals of European (particularly British) ancestry (The BRCA1 Exon 13 Duplication Screening Group. The Exon 13 duplication in the BRCA1 gene is a founder mutation present in geographically diverse population. Am J Hum Gen 2000; 67:207-212), a 7.1-kb deletion of exons 8 and 9 described in individuals of European ancestry (Rohls EM et al., An Alu-mediated 7.1 kb deletion of BRCA1 exons 8 and 9 in breast and ovarian cancer families that results in alternative splicing of exon 10. Genes Chr & Cancer 2000; 28:300-307), and a 26-kb deletion of exons 14-20 (Myriad).

**BRACAnalysis® Rearrangement Test (BART)**: All coding exons of BRCA1/BRCA2, limited flanking intron regions, and their respective promoters are examined for evidence of deletions and duplications by either multiplex quantitative PCR analysis or microarray comparative genomic hybridization analysis (microarray-CGH).

**Single Site BRACAnalysis®**: DNA sequence analysis for a specified variant in BRCA1 and/or BRCA2. Analysis for one of the five BRCA1 large genomic rearrangements described above may include analysis for all five rearrangements. When the single site mutation is a BRCA1/BRCA2 deletion or duplication mutation other than the five common BRCA1 large genomic rearrangements described, multiplex quantitative PCR or microarray comparative genomic hybridization analysis (i.e. BRACAnalysis Rearrangement Test) of all coding exons, limited flanking intron regions and the promoter regions of BRCA1/BRCA2 is performed to assess large rearrangements. In some cases, long range PCR analysis and/or sequencing of the resulting PCR product is used to detect specific, previously reported insertions.

**Multisite 3 BRACAnalysis®**: DNA sequence analysis of specific portions of BRCA1 exon 2, BRCA1 exon 20 and BRCA2 exon 11 designed to detect the mutations 187delAG and 5385insC in BRCA1 and 6174delT in BRCA2.

Description of Method:

Patient samples are assigned a unique bar-code for robotic specimen tracking. DNA is extracted and purified from peripheral blood samples or buccal mouthwash samples, submitted for molecular testing.

Sequence analysis: Aliquots of patient DNA are each subjected to polymerase chain reaction (PCR) amplification (35 reactions for BRCA1, 47 reactions for BRCA2). The amplified products are each directly sequenced in forward and reverse directions using fluorescent dye-labeled sequencing primers. Chromatographic tracings of each amplicon are analyzed by a proprietary computer-based review followed by visual inspection and confirmation. Genetic variants are detected by comparison with a consensus wild-type sequence constructed for each gene. All potential clinically significant variants are independently confirmed by repeated PCR amplification of the indicated gene region(s) and sequence determination as above.

5-site Rearrangement Panel: The five specific BRCA1 rearrangements described above are detected by recombination-specific PCR using primers specific for the normal gene as well as for the rearrangement.

**Full Gene BRCA1/BRCA2 Large Rearrangement Analysis (BRACAnalysis Rearrangement Test)**: Genomic DNA from patients is analyzed by either multiplex quantitative PCR or microarray-CGH analysis to determine copy number abnormalities indicative of deletion or duplication mutations across the BRCA1 and BRCA2 genes. For multiplex quantitative PCR, twelve fluorescently labeled multiplex PCR reactions are designed to interrogate all exons and the respective promoters of BRCA1 and BRCA2, with a minimum of two amplicons per target region. Proprietary software analysis is used to normalize the copy number of individual amplicons in the BRCA1 gene against BRCA2, plus three control genes.

For microarray-CGH analysis, approximately 1700 probes have been designed to interrogate all coding exons, limited flanking intron regions, and the respective promoters of BRCA1 and BRCA2. Each probe is analyzed using proprietary software that compares the ratio of bound patient DNA to that of a reference DNA to indicate regions of altered copy number. The microarray design includes probes to detect deletions and duplications in multiple genes tested by MGL; however, a data masking feature is used to limit the analysis only to specific genes for which testing has been requested.

Patient samples positive for deletions or duplications are confirmed by repeat multiplex quantitative PCR or microarray analysis of the BRCA1/BRCA2 genes. For multiplex quantitative PCR, rearrangement positive samples are further assessed for sequence polymorphisms affecting the PCR primer binding sites, to minimize the possibility of false positive results.

Performance Characteristics:

Analytical specificity: The incidence of a false report of a genetic variant or mutation resulting from technical error is considered negligible because of independent confirmation of all genetic variants (see above). The incidence of a false report of a genetic variant or mutation resulting from errors in specimen handling and tracking is estimated from validation studies to be less than one percent (<1%). No
false positive results were obtained through the large rearrangement testing process using microarray-CGH on a set of 313 individual samples that were previously examined for deletions and duplications in BRCA1 and BRCA2 by multiplex quantitative PCR.

Analytical sensitivity: Failure to detect a genetic variant or mutation in the analyzed DNA regions may result from errors in specimen handling and tracking, amplification and sequencing reactions, or computer-assisted analysis and data review. The rate of such errors is estimated from validation studies to be less than one percent (<1%). The analytical sensitivity of DNA sequencing performed in both directions is estimated to be >99%. In addition, all samples that were previously examined by alternative methods to be positive for deletions or duplications in BRCA1/BRCA2 were correctly identified by the full gene large rearrangement analysis by multiplex quantitative PCR (BRACAnalysis Rearrangement Test).

The large rearrangement testing process using microarray-CGH correctly identified all 37 positives among 313 samples that were previously examined for deletions and duplications in BRCA1 and BRCA2 by multiplex quantitative PCR. Furthermore, these validation studies correctly identified two instances of an Alu insertion specific to the Portuguese population (156_157insAlu), among the 313 samples previously tested for large rearrangements.

Overall test accuracy: For a patient with at least a 10% probability of a positive test based on a personal or family history of cancer, the chance of an incorrect test result is less than 1%.

Limitations of method: There may be limited portions of either BRCA1 or BRCA2 for which sequence determination can be performed only in the forward or reverse direction. Unequal allele amplification may result from rare polymorphisms under primer sites. Comprehensive BRACAnalysis includes testing for only the five specific large genomic rearrangements specified above. The BRACAnalysis Rearrangement Test described above using either multiplex quantitative PCR or microarray-CGH will detect deletion and duplication rearrangements involving the promoter and coding exons of BRCA1/BRCA2, but will not detect some types of errors in RNA transcript processing, regulatory mutations, or balanced rearrangements (i.e. inversions). The Portuguese founder mutation in BRCA2, 156_157insAlu, can be detected by multiplex quantitative PCR and microarray-CGH; however, other insertions that do not result in duplications will generally not be detected.

Among patients who underwent BRACAnalysis Rearrangement Testing, the proportion of clinically significant defects in BRCA1 and BRCA2 attributable to genomic rearrangements identified specifically by the BRACAnalysis Rearrangement Test is estimated to be 5-8% (Judkins, T. et al., Clinical Significance of Large Rearrangements in BRCA1 and BRCA2 Cancer 2012; 118(21):5210-5216).

Description of Nomenclature:

All mutations and genetic variants are named according to the convention of Beaudet and Tsui. (Beaudet AL, Tsui LC. A suggested nomenclature for designating mutations. Hum Mut 1993; 2:245-248). Nucleotide numbering starts at the first transcribed base of BRCA1 and BRCA2 based on GenBank entries U14680 and U43746, respectively. (Under these conventions, the two mutations commonly referred to as “185delAG” and “5382insC” are named 187delAG and 5385insC, respectively.)

Interpretive Criteria:

The classification and interpretation of all variants identified in the assay reflects the current state of scientific understanding at the time the report is issued. In some instances, the classification and interpretation of variants may change as scientific information becomes available.

“Positive for a deleterious mutation”: Includes clinically significant nonsense and frameshift mutations that prematurely truncate the protein. In addition, specific missense mutations and non-coding intervening sequence (IVS) mutations are recognized as deleterious on the basis of data derived from linkage analysis of high risk families, functional assays, statistical analysis, biochemical evidence and/or demonstration of abnormal mRNA transcript processing.

Deletions and duplications of an entire exon(s) identified by the BRACAnalysis Rearrangement Test may also be interpreted to be deleterious. Deleterious large genomic rearrangements include single exon and multi exonic deletions and duplications that are out of frame. In frame deletions/duplications are interpreted on an individual basis and the specific evidence supporting the classification of these mutations is included in the individual patient report.

“Genetic variant, suspected deleterious”: Includes genetic variants for which the available evidence indicates a likelihood, but not proof, that the mutation is deleterious. The specific evidence supporting such an interpretation will be summarized for individual variants on each such report.

“Genetic variant, favor polymorphism”: Includes genetic variants for which available evidence indicates that the variant is highly unlikely to contribute substantially to cancer risk. The specific evidence supporting such an interpretation will be summarized for individual variants on each such report.

“Genetic variant of uncertain significance”: Includes missense mutations and mutations that occur in analyzed intronic regions whose clinical significance has not yet been determined, as well as nonsense and frameshift mutations that occur very close to the normal stop codon, unless otherwise documented (Mazoyer S et al., Nature Genetics 1996; 14:253-254).

“No deleterious mutation detected”: Includes genetic variants for which published data demonstrate absence of substantial clinical significance. Includes truncating mutations in BRCA2 that occur at and distal to amino acid 3326 (Mazoyer S et al., Nature Genetics 1996; 14:253-254). Also includes mutations in the protein-coding region that neither alter the amino acid sequence nor are predicted to significantly affect exon splicing, and base pair alterations in non-coding portions of the gene that have been demonstrated to have no deleterious effect on the length or stability of the mRNA transcript. Data on polymorphic variants are available upon request.

There may be uncommon genetic abnormalities in BRCA1 and BRCA2 that will not be detected by BRACAnalysis (see Limitations of method, above). This analysis, however, is believed to rule out the majority of abnormalities in these genes which are believed to be responsible for most hereditary susceptibility to breast and ovarian cancer.

“Specific variant/mutation not identified”: Indicates that specific and designated mutations or variants are not present in the individual being tested.

Change of mutation/variant classification and issuance of amended reports: Whenever there is a change in the classification of a mutation/variant within a patient’s test result, an amended report will be provided by Myriad Genetic Laboratories.

(please see reverse side for Description of Analysis and Performance Characteristics)