Beaumont genetics team presents at National Hereditary Colon Cancer meeting

In October, 2010 the Beaumont Cancer Genetics Program team presented three posters at the Collaborative Group of the Americas on Inherited Colorectal Cancer meeting in Dallas. These posters add to the current knowledge about the unusual presentation of hereditary colorectal cancers. They enhance our understanding of hereditary colorectal cancer by delineating the complexity and the unique clinical and molecular presentation that can occur with Lynch syndrome.

The posters presented include:

- Tumor screening: The Cancer Genetics Program at Beaumont has the ability to explain novel uncertain Lynch syndrome mutations by using a tumor screening (known as microsatellite instability) and immunohistochrometry. (For more information on this tumor screening, visit http://cancer.beaumonthospitals.com/genetics and navigate to newsletter section) We will have someone upload pdfs of all of our past newsletters.

- Atypical presentation of LS: The poster summarized a case report demonstrating an atypical presentation of LS

- Severe presentation of LS: The final poster presented a case report of a more severe presentation of LS secondary to an American Founder mutation, which is caused by a deletion of exons 1 through 6 in the MSH2 gene.

All of the posters are available to view at http://cancer.beaumonthospitals.com. For more information, call the Beaumont Cancer Genetics Program at 248-551-3388.
Patient perspective with colon cancer genetic testing

The following is a testimonial written by Benjamin Verdezoto. He comments on his experience with genetic testing for hereditary colorectal cancer.

I was only three years old when my mother passed away. I really have no memory of her, but it was explained to me that she was diagnosed with cervical cancer. She was only 35, and she left behind a husband and three young boys. We felt a huge loss at the time, and we were faced with hardships that a single parent household would bring. But we accepted it, we dealt with it, and (though she is forever in our minds) we thought nothing more of it. This was back in 1975.

Fast forward to present day. I am now 38, I am blessed with a beautiful wife, three young children, and have a fourth one on the way. I developed a change in bowel habits and I decided to see a gastroenterologist. The doctor decided a colonoscopy was in order, and I was beyond willing - I needed to know what was going on inside of me! But then came the first devastating blow to my once normal life. The doctor found a tumor! He quickly referred me to colorectal surgeon who was prepared to discuss my situation and my options.

I was completely out of my realm of knowledge, and I felt very vulnerable. Fortunately, I quickly became comfortable with my physician, and I completely trusted him to guide me through a time when I was in complete darkness. We decided to have the section of colon removed and biopsied. Then came the next blow - the biopsy results came back positive for Stage III colon cancer. I couldn’t believe it. Whenever I heard the word cancer, I would always associate it to imminent death. I instantly thought of my family, about how much I would miss them, and about how they would manage without me. This brought me to tears. Though I completely found myself heavily into the depression stage of grief, I was surprised that I was neither in denial nor angry with anyone - not God, and especially not my mother! In fact, I was inspired and proud that I would be faced with a challenge that was also presented to her... and I was determined to make her proud!

The oncologist started a six month treatment of FOLFOX chemotherapy. With work generously allowing me to take a leave of absence, I knew I was given a free pass to focus on myself and on getting better. Even though I knew it was going to be a struggle and that I wouldn’t like it, I was going to deal with it! The ultimate goal was my family! I was not going to let them down.

At the recommendations of my doctors, I also pursued an angle that was also less obvious to me - genetics. I met with a genetic counselor from the Beaumont Cancer Genetics Program where I obtained information about inherited colon cancer syndromes. Based on my young age, the advanced stage of my cancer, and my mother’s young age at passing, there was a pattern that they recognized and didn’t take lightly. It turns out they were right. My tests came back positive for Lynch Syndrome, the most common cause of hereditary colon cancer, and soon we learned my older brother was positive as well. It was a final blow in a series of bad news, but I was at least happy to know there was an explanation for what was happening.

Recognize March as National Colorectal Cancer Awareness Month by knowing which patients you should refer to Beaumont’s Cancer Genetics Program for a hereditary colorectal cancer evaluation. Patients with the following indications should be referred:

- colorectal (CRC) cancer or endometrial cancer diagnosed < age 50
- two or more CRC in an individual or a family
- CRC in a family with a history of other cancers (i.e. endometrial, ovarian, stomach, uroepithelial, or CNS)
- Characteristic Molecular Signature (i.e. MSI-H and/or IHC abnormal)*
- >5-10 adenomas seen in one individual
- individual with multiple gastrointestinal hamartomatous polyps or hyperplastic polyps
- individual from a family with a known hereditary cancer syndrome

* Evaluation of Genomic Applications in Practice and Prevention, or EGAPP, recommendations state that all colorectal adenocarcinomas regardless of age should have tumor screening for Lynch syndrome.
Exceptional Gift from Hagenlocker Family Establishes Cancer Genetics Research Fund

Sylvia and Ed Hagenlocker share a passion for fighting cancer. For years, the couple has volunteered with area hospice programs, and given their support to Beaumont’s Drive to Beat Breast Cancer golf event and Sharing & Caring breast cancer program. Sylvia is also a Beaumont Hospital Trustee.

Now, through a generous gift, they have established the Hagenlocker Cancer Genetics Research and Program Support Fund to further leading-edge research and cancer genetics counseling at Beaumont.

The timing of the gift is exceptional, according to Dr. Dana Zakalik, an oncologist and director of Beaumont’s Cancer Genetics Program. “This comes at a perfect time when we’re experiencing tremendous growth in the field of genetics and our own clinical and research activities,” she says. “Their generous donation will help us expand both our research and clinical programs to provide sophisticated screening and prevention services to people who may be at high risk for developing cancer.”

The gift builds on the Hagenlockers’ past interest in cancer care, Sylvia notes. “Many people don’t realize how much research Beaumont actually does. We hope to encourage more people to get genetic counseling because it can actually save their lives and with Dr. Zakalik’s enthusiasm, we know this program will continue to thrive.”

Ed and Sylvia Hagenlocker

The Cancer Genetics Program conducts groundbreaking research in cancer genetics and offers cancer screening and genetics counseling to individuals with strong family or personal histories of cancer. Through testing for susceptible genes, Beaumont genetics counselors can recommend specific steps for detecting or preventing certain cancers.

“Ed and Sylvia are a warm-hearted, visionary couple who want to support the innovative things happening here at Beaumont,” says Dr. Zakalik. “They have a personal interest in using technology and research to lessen the burden of cancer, and we’re excited they have decided to support our program.”

For the Hagenlockers, the gift benefits a futuristic program that is having an impact right now. “So many services deal with cancer after the fact and that is necessary, but the Cancer Genetics Program provides screening and education to help people prevent cancer or get it diagnosed earlier,” says Ed. “We hope others will join in supporting such a proactive, leading-edge program.”

The Beaumont Cancer Genetics Program

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https://cancer.beaumonthospitals.com/genetics

To learn more about the Beaumont Cancer Genetics Program or to schedule an appointment at Royal Oak or Troy, call 248-551-3388 or fax at 248-551-8437

Mailing address:
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For information regarding clinical trials, contact:
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Warning: Not All Lynch Syndrome Genetic Tests Are Created Equal

More laboratories across the nation are expanding their genetic testing panels to include Lynch syndrome (LS), but not all are equally comprehensive. There are four mismatch repair genes (MLH1, MSH2, MSH6, PMS2) that can be mutated leading to the development of LS. More recently an upstream component of the MSH2 gene, called EPCAM, was discovered to be associated with LS. This area of medicine has become increasingly more complex, thus making full genetic counseling very important. As laboratories increasingly promote their genetic tests directly to the public and health care professionals, it is becoming more apparent that some families may still at risk for LS due to suboptimal testing. If you have any questions about your patients’ genetic testing, please contact the Beaumont Cancer Genetics Program at 248-551-3384.

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Today, I am happy to say I am cancer free. And with the continued help of my physicians and regular screenings, I have a better chance of seeing my children grow up and have children of their own. I also know that they will need regular screenings too, but at least they can have the forewarning that I unfortunately did not have because of the knowledge I gained about the hereditary basis of my colon cancer.