



**ORDERING PHYSICIAN:**

**Dr. Tom Hanks**  
10 Parker Avenue  
New York, NY

**TEST: Prostate Cancer**

**CLIENT:**

**Peter Sample**  
Sex: Male DOB: 01-02-1980  
Barcode: 9876789806781384

**REPORT DATE: 02-02-2015**

**CONFIDENTIAL**

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**A PATHOGENIC MUTATION WAS IDENTIFIED IN BRCA1**

This positive test means that you have a significantly greater risk of developing prostate cancer than that of the average US man. **This result does not mean that you have a diagnosis of cancer or that you will definitely develop cancer in your lifetime.**

**Variant Details:**

**BRCA1 c.181T>G (p.Cys61Gly)**

**Pathogenic Alternate name(s): C61G, chr17.GRCh37:g.41258504A>C**

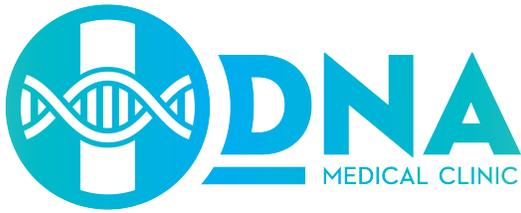
**Transcript: ENST00000357654**

**Zygoty: Heterozygous**

**This is an established founder mutation in a population with the disease, with both in-vitro and in-vivo studies supporting a deleterious effect of the variant and reputable external databases also consistently report this variant as pathogenic. Variant occurs in a critical amino acid of a well established protein functional domain.**

**Other Genes Analyzed: RNASEL, BRCA2 and MSMB**

**No pathogenic genetic variants were identified in the above genes.**



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LAB DIRECTOR: \_\_\_\_\_(XXXX XXXX)

CLIA#XXXXXX      CAP#XXXXXX

**RISK:**

BRCA-1 mutations increase the risk for developing prostate cancer to 25%. BRCA-1 mutations also increase the risk of developing male breast cancer by 20X (2% chance) and pancreatic cancer by 60X (3-6% chance) compared to average US man. Additionally, prostate cancers in BRCA-1 mutation carriers tends to occur at a younger age and may be more aggressive and life threatening

**HOW DOES THIS RESULT IMPACT YOUR FAMILY?**

- This mutation was most likely inherited from either your mother or your father. As such, your relatives on the side of the family from which the mutation was inherited may also have the same mutation.
- Your brother or sister have 50% chance of having inherited this mutation.
- Your children have a 50% chance of inheriting this mutation (irrespective of being male of female).

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PLEASE SPEAK WITH YOUR HEALTH CARE PROVIDER FOR REGULAR SCREENING GUIDELINES.

Disclaimer: Anantlife Canada implements several safeguards to avoid technical errors, such as 2-dimensional barcoding and barcode scanning at several steps throughout the sequencing process. We are not responsible for errors in specimen collection, transportation, and activation or other errors made prior to receipt at our laboratory. Due to the complexity of genetic testing, diagnostic errors, although rare, may occur due to sample mix-up, DNA contamination, or other laboratory operational errors. In addition, poor sample DNA quality and certain characteristics inherent to specific regions of an individual's genomic DNA may limit the accuracy of results in those regions. In the absence of an identified pathogenic or likely pathogenic mutation, several standard risk models may be employed to determine potential risk of prostate cancer and guidelines displayed on this report. All risk estimation is approximate, sometimes cannot be specifically calculated, and is based on previously analyzed cohorts. Additionally, risk estimation may be incorrect if inaccurate personal or family history information is provided. An elevated risk of cancer is not a diagnosis and does not guarantee that a person will develop the disease.

**What happens when a patient tests positive in our prostate cancer test?**

In individuals, who have not taken PSA blood test but are positive in our prostate cancer test, the recommendations are for the individual to undergo a Prostate Specific Antigen (PSA) blood test and baseline digital rectal exam for all men with BRCA mutations, starting at age 40.

In individuals, who have taken the PSA blood test and show elevated PSA levels along with positivity for BRCA mutations in our prostate cancer test, the individual is at a high risk for development of metastatic prostate cancer and hence may require regular screening as well as therapeutic intervention.



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