

Genetic Insights: quick reference guide for healthcare providers

This guide is intended to facilitate a discussion between a provider and their patient.

Genetic Insights test results: **POLE-associated hereditary cancer**

Key results

A pathogenic or likely pathogenic variant associated with an increased risk of colon cancer was found in the *POLE* gene.

Next steps

Clinical recommendations

Genetic Insights is a screening test and is not intended for diagnosis. A follow-up genetic test should be performed in a clinical setting before any other action is taken.

Refer your patient to a genetic counselor specializing in hereditary cancer.

Genetic counselors can provide counseling on the implications of this test result and next steps for your patient.

Resources

Ready to order?

Check with your institution and/or patient's insurance about the preferred testing laboratory. Blueprint Genetics® offers hereditary cancer testing. To confirm this test result, **targeted variant testing** for the variant identified is available. You can order a confirmation test here: [Blueprint Genetics/TVT](#)

Have questions?

Call **1.866.GENE.INFO** (1.866.436.3463) to speak to a specialized Quest genetic counselor or geneticist available to healthcare providers to discuss test selection and results.

Your patient can schedule a 1-on-1 remote genetic counseling session through their online Genetic Insights Cancer Risk Report at no additional cost.

To find a genetic counselor with expertise in hereditary cancer practicing in your patient's area for an in-person session, please visit [FindAGeneticCounselor.NSGC.org](#)

Patient conversation starters:

Patient conversation starters summarize the preceding information in plain language to support meaningful conversations between you and your patient.

[FindAGeneticCounselor.NSGC.org](#)

Your Genetic Insights test is a screening test. The next step is to have your result confirmed with a second genetic test.

It's also important that you talk with a genetic counselor. Genetic counselors are experts in genetics and can help you understand this result and potential next steps.

You can access a genetic counselor through your online Genetic Insights dashboard at no additional cost to you, and we can discuss a referral to a local genetic counselor.

Visit [QuestDiagnostics.com/Genetic-Health-Screening](#) for more information about this test.

What is *POLE*-associated hereditary cancer?

DNA variants in the *POLE* gene are associated with a higher lifetime risk of adenomatous polyps and colon cancer, and possibly additional cancers, often with an earlier age of onset than the general population.^{1,2}

Precise cancer risk estimates still need to be determined, but individuals with a *POLE* DNA variant may have up to a 74% chance of developing colon cancer by age 70 (95% confidence interval, 51.6%-86.1%).^{1,2} This is significantly higher than the typical lifetime risk of approximately 4%.³

However, colon cancer risks may vary based on family history, the specific DNA variant identified, and other factors.

People with a confirmed DNA variant are recommended to consider undergoing more frequent cancer screening, typically starting at earlier ages than in the general population.³

See the Management options section for more detail.

Patient conversation starters:

People with a DNA variant in the *POLE* gene have a higher than typical chance of developing colon cancer. But not everyone with this DNA variant will develop cancer.

People with a DNA variant in the *POLE* gene should have cancer screenings earlier in life and more often than typical. This increases the chance that if cancer develops, it's detected as early as possible.



What this result means for family members

Family members may have the same DNA variant. The DNA variant was most likely inherited from a parent. Full siblings and children have a 50% chance of having this variant.

In people with a confirmed DNA variant on the *POLE* gene, cascade genetic testing for other family members 18 and older may help inform their risks and screening protocols.

A genetic counselor can help determine the most appropriate testing options. Therefore, it is strongly recommended that individuals share these results with their biological relatives.

Patient conversation starters:

DNA variants run in families.

That means the DNA variant in the *POLE* gene can be inherited or passed down from parents to their children. Your close relatives, like your parents, full siblings, and children, have a 50% (or 1 in 2) chance of having the same DNA variant.

Other relatives might also have the same DNA variant. Sharing these results with your family members is important so they can decide if they want to have genetic testing.

Management options

There are options for cancer prevention and early detection for people with *POLE*-associated hereditary cancer. Clinical guidelines from the National Comprehensive Cancer Network® (NCCN®) for adults with this variant and no personal history of an associated cancer include²:

Cancer type	Guidelines for people with a <i>POLE</i> DNA variant	Patient conversation starters:
Colon	<p>Begin colonoscopy at age 25-30 and repeat every 2-3 years if negative</p> <p>If polyps are found, colonoscopy every 1-2 years with consideration of surgery if colon polyp burden becomes unmanageable by colonoscopy</p> <p>Surgical evaluation if appropriate</p>	

See NCCN for complete recommendations. Recommendations may change over time.

If the test result is confirmed, local centers for excellence in hereditary cancer may be considered for further clinical management.

Additional resources

The following patient advocacy groups have additional information and resources about *POLE*-associated hereditary cancer:

Colorectal Cancer Alliance: CCAlliance.org

Fight Colorectal Cancer: FightColorectalCancer.org

Fight Colorectal Cancer: FacingOurRisk.org



References

1. Hamzaoui N, Alarcon F, Leulliot N, et al. Genetic, structural, and functional characterization of *POLE* polymerase proofreading variants allows cancer risk prediction. *Genet Med*. 2020;10.1038/s41436-020-0828-z. doi:10.1038/s41436-020-0828-z
2. National Comprehensive Cancer Network®. Genetic/Familial High-Risk Assessment: Colorectal (Version 2.2022). NCCN Guidelines®. Accessed December 13, 2022. www.nccn.org
3. National Cancer Institute: Surveillance, Epidemiology, and End Results Program. Cancer Stat Facts: Colorectal Cancer. Accessed October 31, 2022. <https://seer.cancer.gov/statfacts/html/colorect.html>

This information is not a substitute for medical advice, diagnosis, or treatment. The diagnosis or treatment of any disease or condition may be based on personal history, family history, symptoms, a physical examination, laboratory test results, and other information considered important by a healthcare provider.

Individuals should talk with a healthcare provider about the meaning of genetic test results and before stopping, starting, or changing any medication or treatment.

Genetic Insights is a test developed and performed by Quest Diagnostics. The test results are not diagnostic and do not determine overall chances of developing a disease or health condition. The tests are not cleared or approved by the US Food and Drug Administration.

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