

# Germline testing in non-small cell lung cancer: Real-world impact of the discovery of germline pathogenic variants (PGV) in the INHERITY LC study

JC. Laguna<sup>1</sup>, R. Lastra<sup>2</sup>, B. Pastor<sup>1</sup>, O. Higuera Gomez<sup>3</sup>, M. Zurera Berjaga<sup>4</sup>, A. Moratiel Pellitero<sup>2</sup>, S. Menao-Guillen<sup>2</sup>, M. Arruebo<sup>2</sup>, M. Potrony<sup>5</sup>, X. Sole<sup>6</sup>, A. Arcocha<sup>1</sup>, L. Moreno<sup>7</sup>, L. Gutiérrez Sainz<sup>3</sup>, C. Teixido<sup>8</sup>, N. Viñolas<sup>1</sup>, J. De-Castro<sup>3</sup>, D. Isla Casado<sup>2</sup>, L. Mezquita<sup>1</sup>

1. Medical Oncology Department, Hospital Clinic Barcelona, Spain; 2. Medical Oncology Department, Hospital Clínico Lozano Blesa, Spain; 3. Medical Oncology Department, Hospital Universitario La Paz, Spain; 4. Medical Oncology Department, Hospital 12 Octubre, Spain; 5. Department of Biochemistry & Molecular Genetics, Hospital Clinic Barcelona, Spain; 6. Molecular Biology CORE, Hospital Clinic Barcelona, Spain; 7. Gastroenterology Department, Hospital Clinic Barcelona, Spain; 8. Pathology Department, Hospital Clinic de Barcelona, Spain

laguna@clinic.cat

@jc\_laguna\_

Poster N#178P

## BACKGROUND

- Recent data establish that the **prevalence of pathogenic germline variants (PGV)** in cancer predisposing genes among patients with lung cancer ranges between **4-15%**<sup>1-4</sup>
- The **INHERITY LC (ILC) study** found a **PGV prevalence of 11%** (16/148), particularly in genes involved in **DNA repair**, in patients with non-small cell lung cancer (NSCLC) prospectively enrolled<sup>5</sup>.
- In contrast to other solid tumors with established criteria for study at **Genetic Counseling Units (GCU)**, patients with lung cancer do not have specific criteria for GCU study, and its impact is unknown.

### OBJECTIVE:

We aim to report the real-world impact of the discovery of PGVs in patients with NSCLC and their families

## METHODS

- The **ILC study** (ICAPEM) enrolled a total of 148 patients with NSCLC with any of selection criteria collected in **table 1**. This is an **Ancillary study** assessing a total of **16 patients with NSCLC harboring PGVs** in cancer predisposition genes detected by germline testing in the ILC study.
- Germline genetic testing was performed by **next-generation sequencing (NGS)** using a 61-gene panel (Hereditary Cancer Solution, Sophia Genetics).
- Demographic clinical data, personal/family history of cancer, as well as the clinical/molecular data of NSCLC were collected from medical records
- Assessment in a GCU was collected for PGV-carriers after germline testing. **Post-GCU study decisions**, including cancer screening, and risk reduction strategies in patients; cascade study and PGVs identified in their relatives, were analyzed.

1) **familiar history of lung cancer:** 1st-degree relative, or 2 or more 2nd-degree relatives with NSCLC regardless of age

2) **age and negative or low tobacco exposure:** diagnose  $\leq 45$  yo. or  $\leq 60$  yo. with PY  $\leq 15$

3) **presence of somatic actionable mutations in the tumor biopsy**

Table 1. Selection criteria of ILC study. PY: pack-year, yo: year-old

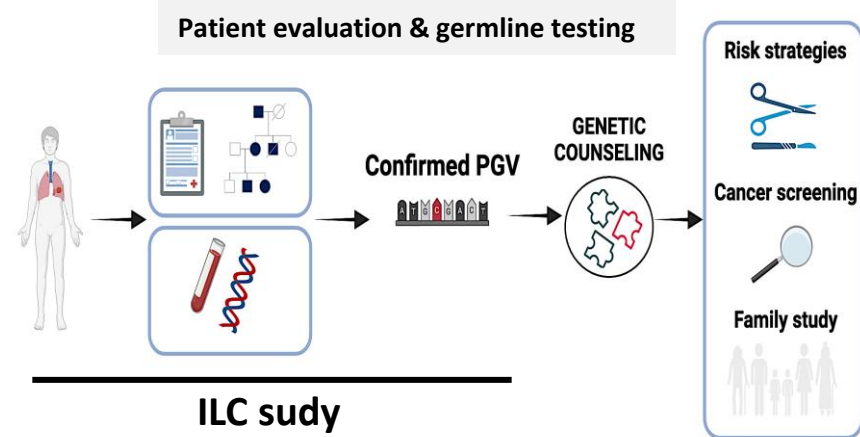


Figure 1. INHERITY LC (ILC) study design and impact of GCU study. Figure adapted from Laguna et al, BJC 2024.

## Study population with PGV

Baseline characteristics (%)		
Age	Median, range	60 (31-79)
Gender	Male	6 (38)
	Female	10 (62)
Smoking status	Ever-smokers	11 (69)
	Non-smokers	5 (31)
Histology	Adenocarcinoma	11 (69)
	Squamous	4 (25)
	Others	1 (6)
Stage	Stage IV	11 (69)
	Non stage IV	5 (31)
PDL1 status	$\leq 1\%$	5 (31)
	1-50%	4 (25)
	$\geq 50\%$	6 (37)
	No data	1 (6)
Molecular status	Driver*	9 (56)
	No Driver	6 (27)
	Missing	1 (6)

Table 2. Baseline characteristics (N=16)

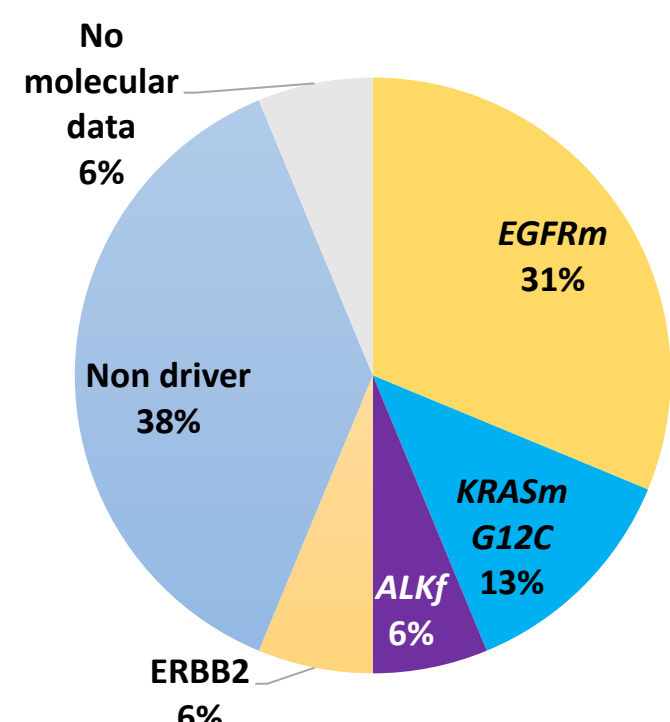
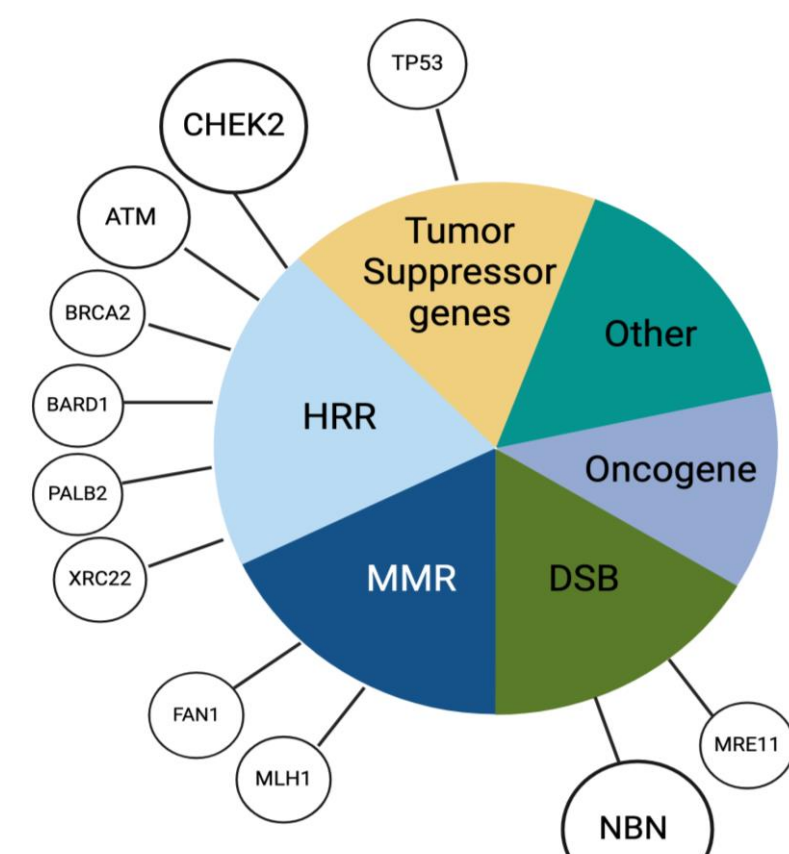


Figure 2. Distribution of the study population by molecular status.

\*Driver population was defined as somatic mutations (m) in EGFR/KRAS/BRAF/MET/ERBB2, fusions (f) in ALK/ROS1/RET/NTRK1-3 and amplifications (a) in ERBB2/MET

## Genes & Pathways altered in PGV-carriers



\*HRR, MMR and DSB are included in the DNA repair pathway

The PGV detected affected genes mainly related with **DNA repair**, followed by Tumor Suppressor genes

### DNA repair genes:

- HRR: 56%
- DSB: 25%
- MMR: 13%

### Tumor Suppressor Genes: 6%

Figure 3. Distribution of PGV in cancer predisposition genes by pathway. Circle size depend on the number of PGV detected. DSB: Double-Strand breaks repair, HRR: Homologous Recombination, MMR: Mismatch Repair.

## RESULTS

## GCU study & Patient Impact

### GCU study

14 patients (88%) didn't met criteria for study in a GCU

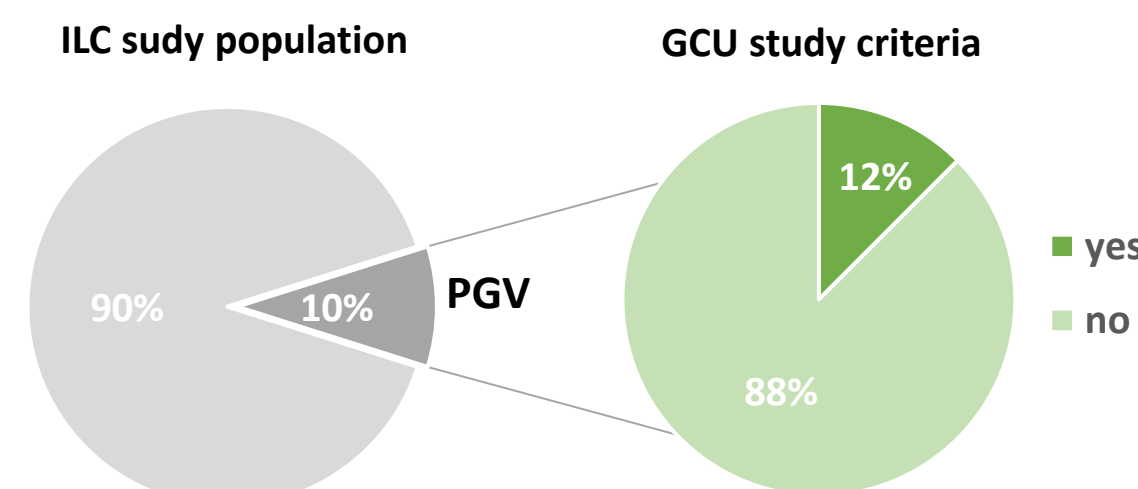


Figure 4. Proportion of patients with PGV with GCU study criteria.

- After detecting the PGV in the ILC, **all the patients were derived to a GCU** but 3 patients were not studied because of patient death

### Cancer prevention measures in patients after GCU study

- In **7 patients (44%)** cancer screening for solid tumors has been initiated while in 6 (37%) was not initiated because of death for cancer progression

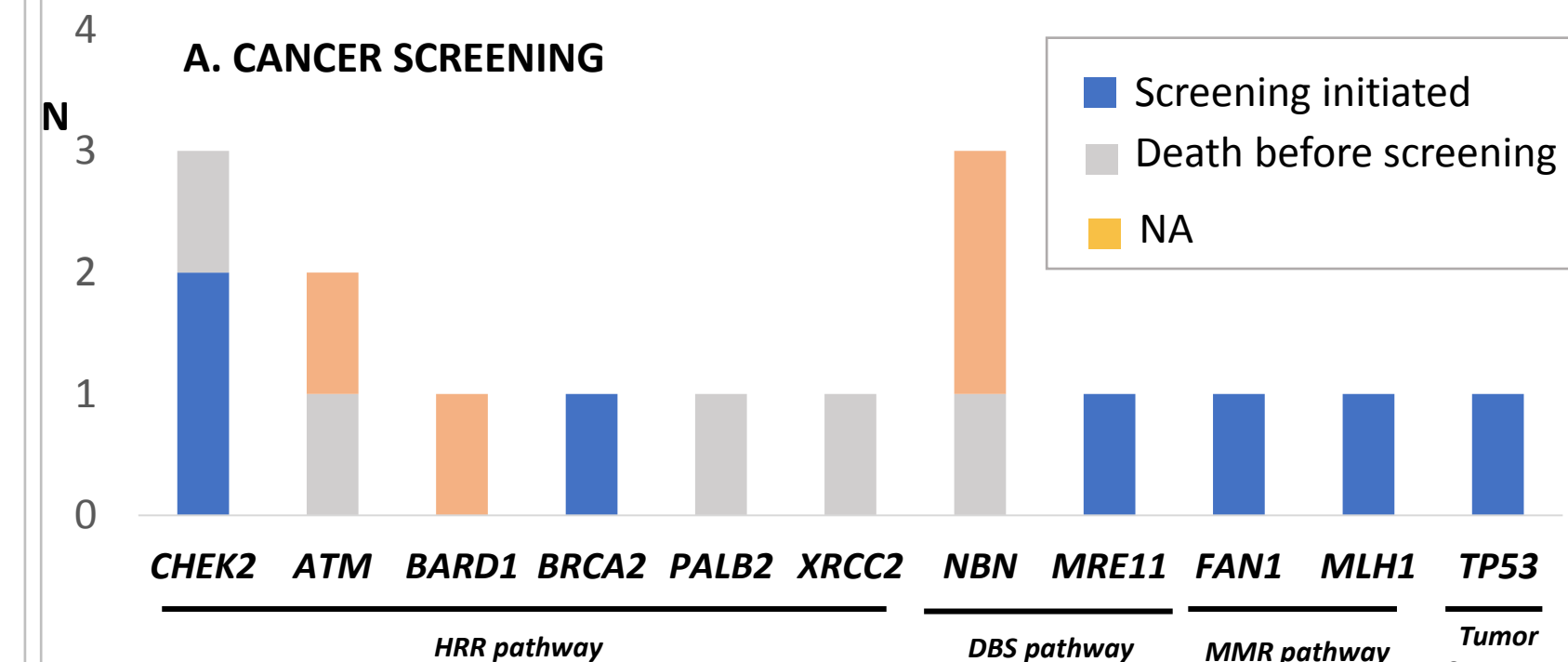


Figure 5. Cancer screening in patients after PGV detection

### B. RISK REDUCTION

- In one patient with an **EGFR** mutated lung adenocarcinoma harboring a PGV in **MLH1**, a prophylactic hysterectomy was performed.

## Family impact

- In **10 families (63%)** genetic cascade study was recommended performing germline testing in 27 healthy relatives.
- Of them, in **12 individuals** a PGV was detected

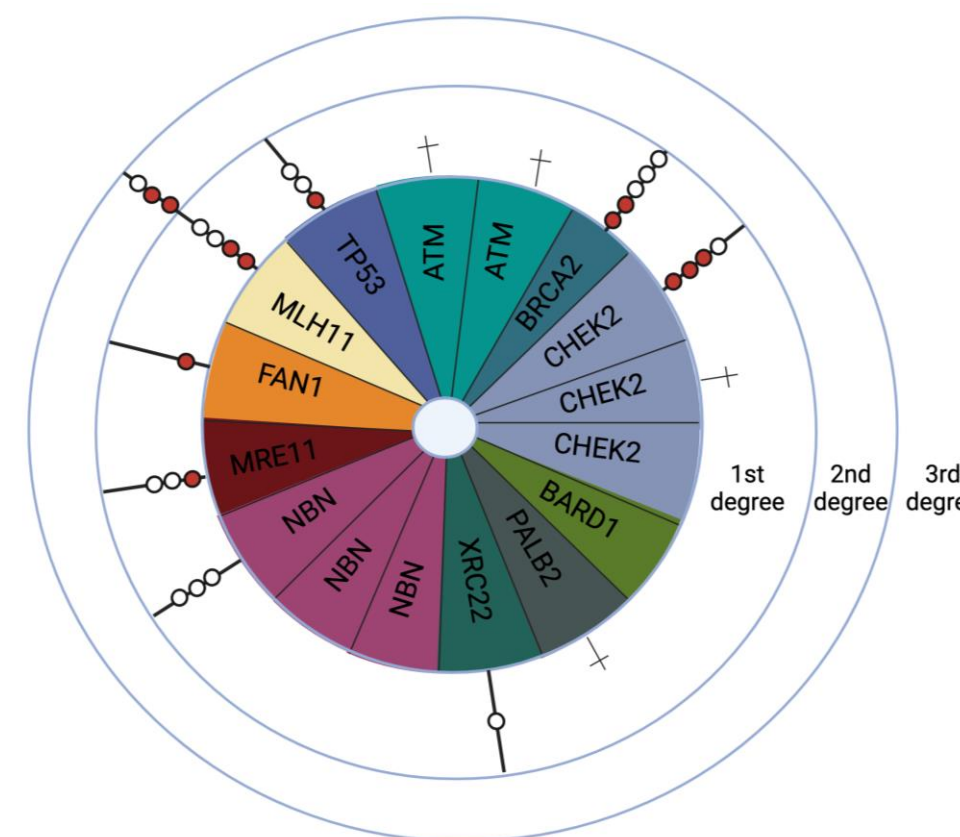
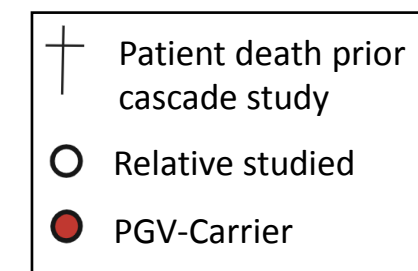


Figure 6. Cascade study in PGV-carriers. Relatives studied are represented by degree relationship.

## CONCLUSIONS

- In this real-world cohort, **most of the carriers identified did not met criteria for genetic testing** according to the current guidelines.
- The discovery of PGVs in NSCLC led to **assessment and follow-up by GCU for both patients and their relatives** for cancer screening.
- Specific criteria for genetic testing in patients with NSCLC are needed

### REFERENCES:

- Mukherjee S et al. Cancer Epidemiol Bio Prev. 2022
- Sorscher S et al. JCO 2023.
- Mezquita et al. JTO 2023
- Peng W. Nat Commun 2022
- Zurera et al. Annals Oncol 2022

DISCLOSURES: JCL has no disclosures to declare