riscover®
HEREDITARY CANCER

Result Navigator

Negative Test Result

Negative test results indicate that testing did not identify a change, or "misspelling," of DNA known or predicted to cause an increased risk for cancer. DNA is the blueprint of life—it carries all of the genetic information needed for our bodies to function. A section of DNA with a specific job is called a gene. Negative results can be reassuring, but your risk has to be interpreted in the context of your personal and family histories.

After a negative test result, there can be questions about what to do next.

This guide is a supplement to Riscover® Hereditary Cancer test results, helping patients and healthcare providers understand the results and together determine the best path forward.

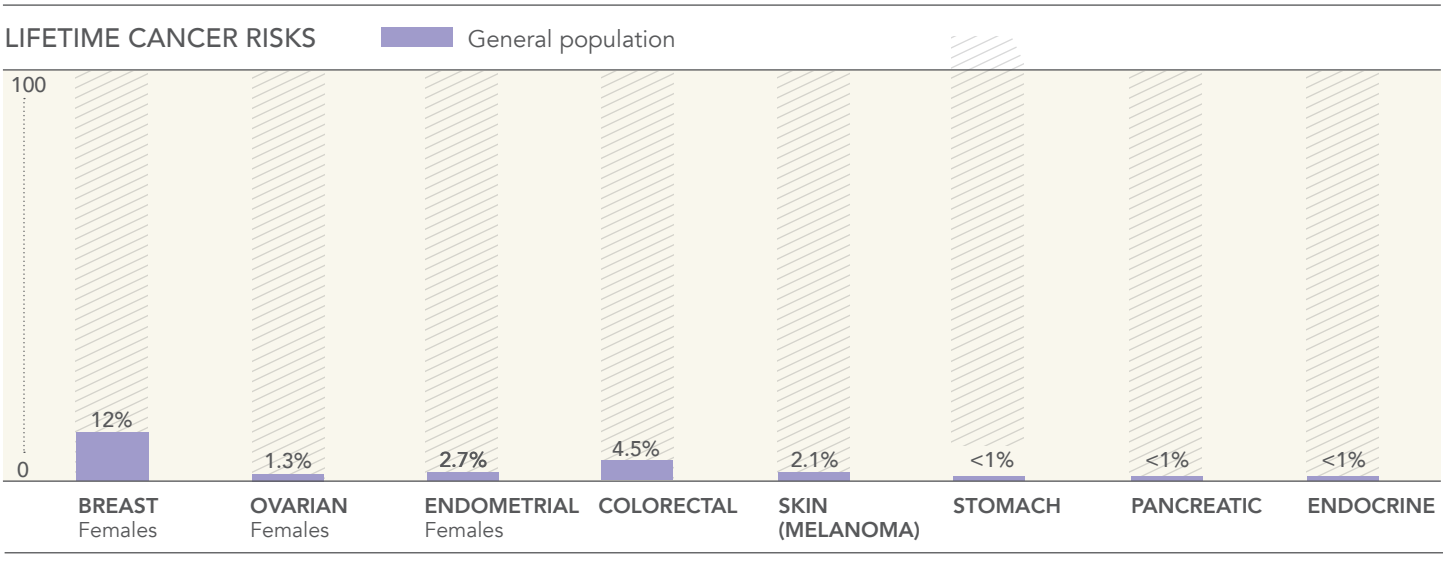
Understanding Negative Results

Results are negative when testing does not find any variants in the tested genes that are currently known to increase the risk for cancer. Results are highly accurate, but no test is perfect. It is possible to have changes in parts of the genes that weren't tested, or in genes that aren't included in this test. Advances in science will result in new knowledge about genes and health. New knowledge can sometimes change the meaning of a result. This test can't detect all genetic changes that could cause cancer or other health problems. Even when your results are negative, your cancer risks can be increased based on your personal and family histories.

Depending on which test you had performed, additional genetic testing may be appropriate for you. Sometimes, it is helpful to test other family members who have had cancer to better understand the meaning of your negative results.

Your Risk

A negative result does not guarantee that you will not develop cancer in your lifetime. Everyone has some risk for cancer. The graphs below show the lifetime risk for certain cancers in the general population. Depending on your personal and family history, your risks could be higher.



Your Screening and Management Options

Everyone needs screening and surveillance for certain cancers. Depending on your personal or family history, your screening plan can vary. The table below summarizes some general guidelines for cancer screening. Consult with your healthcare provider to determine what the right plan is for you.

BREAST CANCER (FEMALES)

Breast self-exams	Report any changes in your breasts to your healthcare provider.
Clinical breast exam	Consider a clinical breast exam performed by your healthcare provider. If you are at increased risk based on personal and/or family history, your healthcare provider may recommend an exam every 6 months.
Mammogram	Annual mammograms are recommended starting at age 40. If you are at increased risk based on personal and family history, your healthcare provider may recommend a mammogram beginning at an earlier age and on a more frequent basis. These are usually performed until age 75, and can be considered on an individual basis after that.
Breast MRI	If you are at increased risk based on personal and family history, your healthcare provider may recommend a breast MRI as part of your screening protocol.
Chemoprevention (i.e., tamoxifen)	If you are at increased risk based on personal and family history, your healthcare provider may prescribe a medication to help prevent breast cancer.

COLORECTAL CANCER

Colonoscopy	A colonoscopy every 10 years is recommended starting at age 50. If you are at increased risk based on personal and family history, your healthcare provider may recommend a colonoscopy beginning at an earlier age and on a more frequent basis.
Other screening and prevention methods	A number of other colorectal cancer screening and prevention methods are available, and may be appropriate based on the risk assessment and clinician discretion.

GYNECOLOGIC CANCER (FEMALES)

Gynecologic exam	Annual exams are recommended starting at age 21, or as recommended by your healthcare provider.
Dysfunctional uterine bleeding warrants evaluation	Seek evaluation with your healthcare provider when present.
Risk-reducing medications (birth control pills)	If you are at increased risk based on personal and family history, your healthcare provider may prescribe medication such as hormonal birth control pills to reduce risk for ovarian cancer.
Transvaginal ultrasound, endometrial sampling, and CA-125	If you are at increased risk based on personal and family history, your healthcare provider may recommend a transvaginal ultrasound to screen for endometrial and ovarian cancer. They may also consider endometrial sampling along with a blood test for cancer antigen (CA-125). Elevated CA-125 levels can be an indicator of ovarian cancer.

Your Expert Team

As you take your next steps, it can help to have a team of experts on your side. This team may include your primary care provider and a number of specialists who will help along the way.

If you haven't already done so, you may wish to speak with a genetic counselor. Genetic counselors are healthcare professionals with specialized training in medical genetics and counseling. They can help you understand your test results, discuss your healthcare plan, and connect to other resources in your area. Your healthcare provider may be able to provide a referral to a local genetic counselor. You can also find a genetic counselor through the National Society of Genetic Counselors at www.nsgc.org.

For questions about your test results, our genetic counseling team is available to help.
To reach a genetic counselor, call +1 855-293-2639 and select option 3.

REFERENCES

National Comprehensive Cancer Network. Available at: www.nccn.org.

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