riscover™
HEREDITARY CANCER

Result Navigator

? Inconclusive (VUS) Test Result

An inconclusive result happens when testing identifies a change in your DNA that is not clearly positive or negative. 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. Inconclusive results can change over time as new evidence becomes available from research. For now, your risk has to be interpreted in the context of your personal and family history.

After an inconclusive 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 Inconclusive (VUS) Results

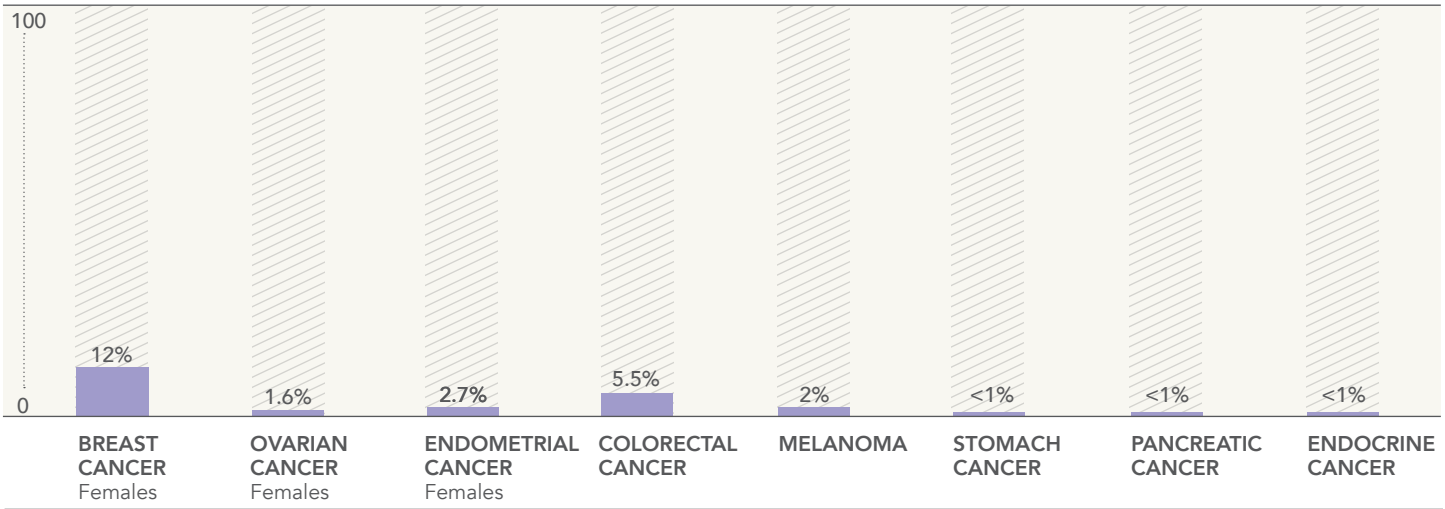
Results are inconclusive when testing finds a change in a tested gene, and it is uncertain whether that variant causes an increased risk for cancer. This type of gene change is called a **variant of uncertain significance, or VUS**. A VUS is not the same as a positive result, and does not indicate an increased risk for cancer. As researchers learn more about these gene variants over time, an inconclusive (VUS) result may be changed to a positive or negative result. Testing other family members can sometimes help interpret inconclusive (VUS) results.

Result interpretation is based on current information from published medical literature and available databases. Medical knowledge is constantly changing, and new information can emerge in the future that can change how results are interpreted. The laboratory may re-evaluate test results and issue new reports if interpretation changes over time. If this happens, revised reports will be sent to the healthcare provider who ordered the test.

Your Risk

An inconclusive result does not mean 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.

LIFETIME CANCER RISKS — General population



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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	A regular physical breast exam performed by your healthcare provider is recommended starting at age 25. If you are at increased risk based on personal and 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, Progenity's 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.

American Cancer Society. Recommendations for cancer early detection. Available at: www.cancer.org.

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