MYvantage® Hereditary Comprehensive Cancer Panel

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Medical Guideline Disclaimer

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Background

The MYvantage® Hereditary Comprehensive Cancer Panel from Quest Diagnostics ™ provides a comprehensive analysis of 34 hereditary cancer predisposition genes utilizing next-generation (NGS)/massively parallel sequencing (MPS) technologies.

NCCN overview of multigene testing

- The recent introduction of multi-gene testing for hereditary forms of cancer has rapidly altered the clinical approach to testing at-risk patients and their families. Based on next-generation sequencing technology, these tests simultaneously analyze a set of genes that are associated with a specific family cancer phenotype or multiple phenotypes.
- Patients who have a personal or family history suggestive of a single inherited cancer syndrome are most appropriately managed by genetic testing for that specific syndrome. When more than one gene can explain an inherited cancer syndrome, then multi-gene testing may be more efficient and/or cost effective.
- There may be a role for multi-gene testing in individuals who have tested negative (indeterminate) for a single syndrome, but whose personal or family history remains suggestive of an inherited susceptibility.
- As commercially available tests differ in the specific genes analyzed (as well as classification of variants and many other factors), choosing the specific laboratory and test panel is important.
- Multi-gene testing can include “indeterminate” penetrant (moderate-risk) genes. For many of these genes, there are limited data on the degree of cancer risk and there are no clear guidelines on risk management for carriers of pathogenic/likely pathogenic variants. Not all genes included on available multi-gene tests are necessarily clinically actionable.
- As is the case with high-risk genes, it is possible that the risks associated with moderate-risk genes may not be entirely due to that gene alone, but may be influenced by gene/gene or gene/environment interactions. In addition, certain pathogenic variants in a known pathogenic/likely pathogenic variant alone to assign risk for relatives.
In many cases the information from testing for moderate penetrance genes does not change risk management compared to that based on family history alone.

Pathogenic/likely pathogenic variants in many breast cancer susceptibility genes involved in DNA repair may be associated with rare autosomal recessive conditions.

It is for these and other reasons that multi-gene testing is ideally offered in the context of professional genetic expertise for pre-and post-test counseling. (Individuals with the recommended expertise include certified genetic counselors, as well as clinicians who have had extensive training and/or experience in identification and management of hereditary syndromes)

Related Medical Guidelines

BRCA 1 and 2 Genetic Testing (Sequence Analysis/Rearrangement)

Genetic Testing for Colorectal Cancer / Lynch Syndrome

Guideline

MYvantage® testing is considered medically necessary for members with a personal history of one of the following 10 cancer diagnoses:

- Breast
- Colorectal
- Endocrine (multiple endocrine neoplasia [MEN] types 1 or 2)
- Gastric
- Melanoma
- Ovarian
- Pancreatic
- Prostate
- Uterine

A letter of medical necessity must accompany the request.

Limitations/Exclusions

- Testing with MYvantage is not considered medically necessary for any indication other than those listed above.
- Testing with MYvantage is not considered medically necessary for general population screening.

Applicable Procedure Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>81432</td>
<td>Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 10 genes, always including BRCA1, BRCA2, CDH1, MLH1, MSH2, MSH6, PALB2, PTEN, STK11, and TP53</td>
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<tr>
<td>81433</td>
<td>Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); duplication/deletion analysis panel, must include analyses for BRCA1, BRCA2, MLH1, MSH2, and STK11</td>
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<tr>
<td>81435</td>
<td>Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis); genomic sequence analysis panel, must include sequencing of at least 10 genes, including APC, BMPR1A, CDH1, MLH1, MSH2, MSH6, MUTYH, PTEN, SMAD4, and STK11</td>
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<tr>
<td>81436</td>
<td>Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis); duplication/deletion analysis panel, must include analysis of at least 5 genes, including MLH1, MSH2, EPCAM, SMAD4, and STK11</td>
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Applicable Diagnosis Codes

Note: As per coding guidelines, the following codes may not be reported as the principal/first-listed diagnosis.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>Z85.028</td>
<td>Personal history of other malignant neoplasm of stomach</td>
</tr>
<tr>
<td>Z85.038</td>
<td>Personal history of other malignant neoplasm of large intestine</td>
</tr>
<tr>
<td>Z85.07</td>
<td>Personal history of malignant neoplasm of pancreas</td>
</tr>
<tr>
<td>Z85.41</td>
<td>Personal history of malignant neoplasm of cervix uteri</td>
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<tr>
<td>Z85.43</td>
<td>Personal history of malignant neoplasm of ovary</td>
</tr>
<tr>
<td>Z85.46</td>
<td>Personal history of malignant neoplasm of prostate</td>
</tr>
<tr>
<td>Z85.820</td>
<td>Personal history of malignant melanoma of skin</td>
</tr>
<tr>
<td>Z85.858</td>
<td>Personal history of malignant neoplasm of other endocrine glands</td>
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References

