2020-08-17

University Medical Center New Orleans
LCMC Health

AUGUST 17, 2020

JEFFREY BODIN
528 BEAU CHENE DRIVE
MANDEVILLE, LA 70471

Dear Mr. Bodin,

It was a pleasure speaking with you over the phone on June 29, 2020 for your telemedicine genetic counseling appointment through University Medical Center. We reviewed your medical history, your family history, and the genetics of cancer. I spoke to you again on August 14, 2020 about your genetic test results. This letter will summarize our discussions and your genetic test results.

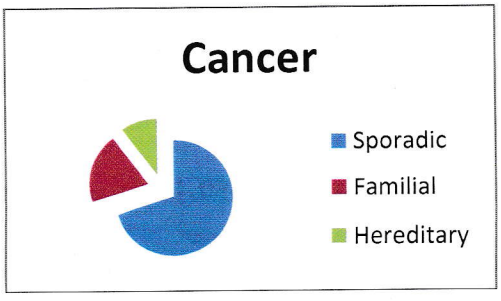
Personal and Family History was reported by you as follows:

You were diagnosed with metastatic melanoma on your left ankle at 10 years-old after undergoing wide excision and sentinel lymph node dissection on March 26, 2008 at MD Anderson in Houston, TX. One left inguinal lymph node was positive for metastatic melanoma, and a pathology consultation from an expert at Memorial Sloan-Kettering Cancer Center (Dr. Busam) stated that "...one may summarize the findings as atypical Spitzoid melanocytic proliferation with microdeposits in one sentinel lymph node." He goes on to say that other possible diagnoses include "atypical Spitz nevus/tumor with lymph node involvement" and "melanoma with sentinel lymph node micro-metastasis." You underwent one month of high-dose IV interferon therapy followed by three months of subcutaneous interferon therapy. You developed a seizure disorder while on interferon therapy, for which you are still monitored by Neurology.

Your maternal grandmother passed away at 54 years-old due to vaginal cancer. Her father (your great-grandfather) was diagnosed with skin cancer multiple times later in his life. He was a farmer and had a history of prolonged sun exposure.

Cancer Genetics

As we discussed, most cancers occur sporadically (by chance) and only a small percentage are hereditary.



University Medical Center New Orleans
LCMC Health

2020-08-17

There are several features, or "red flags" of hereditary cancer, including:

- multiple affected family members in multiple generations
- early age of cancer onset (<50yo)
- an individual with multiple cancer diagnoses
- a personal/family history of rare cancers

Individuals with a personal/family history of any of these may benefit from undergoing genetic testing to determine if a hereditary cause can be identified. Your diagnosis of melanoma at 10 years-old is one of these "red flags", and is the reason you had genetic testing.

Before we went over your genetic test results, we briefly reviewed some basic genetics. DNA is our genetic code and is in every cell in our bodies. It gives our bodies instructions on how to grow and function. DNA is organized into chunks called genes. Everyone has two copies of their genes: one copy is inherited from the mother and one copy is inherited from the father. Genes have all types of functions, and some of them are responsible for protecting our bodies from developing cancer. There are many genes that have been found to increase the risk of cancer. Changes (also called mutations) in these genes cause them to not work normally, and cause an increased lifetime risk of cancer. It is important to identify people who have mutations in these genes, because there may be screening or surgery options that can be offered to them and other family members.

Genetic Test Results

A sample was sent to Invitae on August 4 2020 for Hereditary Melanoma Panel testing, which includes testing of the following 12 genes associated with hereditary melanoma:

BAP1, BRCA1, BRCA2, CDK4, CDKN2A, MC1R, MITF, POT1, PTEN, RB1, TERT, TP53

The results of your testing indicated no clinically actionable changes, or mutations, in these genes. This result is considered a negative genetic test result. However, it means that we are still unable to determine what caused your personal history of cancer. It could be that your history of cancer is because of a mutation that we cannot find with our current genetic testing technology or a change in another gene that is not currently known or tested for. It could also be that your personal history is not due to a hereditary form of cancer.

Given your negative results, the risk of a hereditary form of renal cancer has been significantly reduced. You have had comprehensive genetic testing for hereditary melanoma and no further genetic testing is recommended at this time.

Cancer Risks and Recommendations

Based on your genetic test results, we have no reason to believe that you are at increased risk for other cancers. You should continue to be treated per your physicians based on your history of melanoma and consider the following cancer screening:

- Colon cancer: baseline colonoscopy at age 45-50, follow up as recommended by gastroenterologist.
- Prostate cancer: prostate-specific antigen test and digital rectal exam annual beginning at age 50.

University Medical Center New Orleans
LCMC Health

2020-08-17

Family Members

Your close relatives may be at an increased risk to develop melanoma during their lifetime, given they have a close relative with a diagnosis of melanoma. They may wish to consult with a dermatologist to determine their skin cancer risk and appropriate screening. However, it is not recommended for unaffected family members to have genetic testing at this time, unless there is a strong history of cancer on the other side of their family.

Cancer genetics is a rapidly evolving field and there may be additional information that could be beneficial to you or your family members in the future. We encourage you to keep in touch with us and provide any updates to your personal and family history. Your family members may also contact us for a genetic counseling referral, here at University Medical Center, or anywhere across the country. We hope that this information has been helpful to you. Please do not hesitate to contact me at (504) 568-2668 with any questions or concerns.

Sincerely,

Alix D'Angelo, MGC, LCGC
Instructor, Licensed Genetic Counselor
Department of Genetics
LSU Health New Orleans
University Medical Center