Benjamin, you have a variant in the APC gene that is associated with Familial adenomatous polyposis or Attenuated familial adenomatous polyposis. Read below to understand your result so you can plan your next steps.

OVERVIEW YOUR RISK SCREENING OTHER OPTIONS NEXT STEPS QUESTIONS

YOUR RESULT

APC variant found

DELIVERY DATE

02/10/2019

DOWNLOAD CLINICAL REPORT

DOWNLOAD APC REPORT

What does this mean?

You have a pathogenic variant in the APC gene that is associated with familial adenomatous polyposis (FAP). A milder form of FAP, called attenuated FAP, is also associated with the APC gene. It is important to remember that your test result means you have a higher risk for certain cancers, but does not guarantee you will get them. There are also steps available to help.

Everyone has the APC gene in the cells of their body. APC usually helps stop our cells from dividing or growing too quickly, which is what happens in cancer. Variants in APC -- differences in your DNA's version of the gene -- can disrupt this protective effect, which can increase your risk to develop certain types of cancer (see next section below for more on these risks).

People with FAP also have a risk for many polyps in the colon and digestive system, as well as other medical concerns. People with attenuated FAP have these risks, but to a lesser degree. Determining if someone has attenuated FAP is usually based on their history of polyps, or their family's medical history.

Since APC variants can run in families, your family members may also have it. Once you fully understand your results, refer to the tools below and talk to your genetic counselor or doctor about ways to share this information with your relatives.

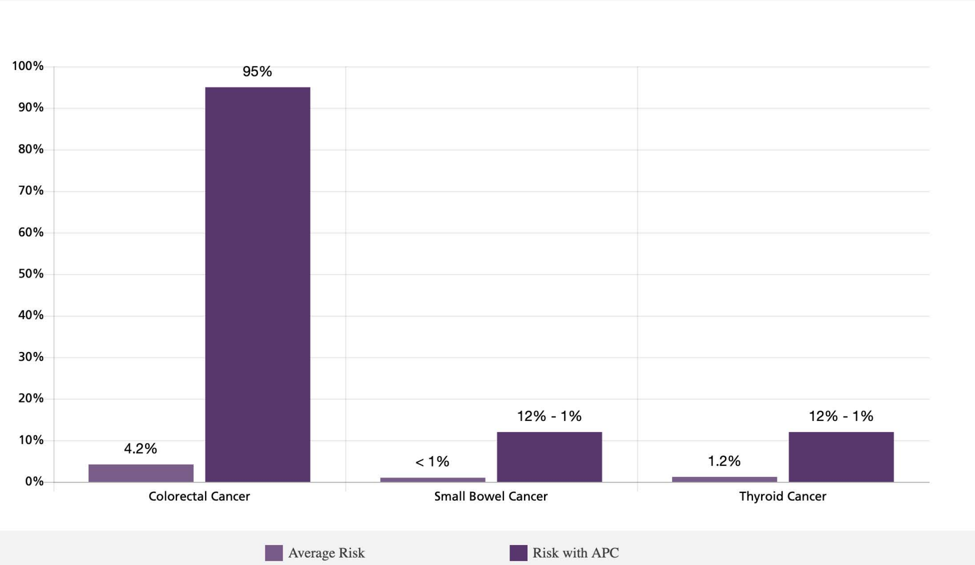
To get more information about your results, you will need to download and view your Clinical Report. Your Clinical Report may have details that will impact the personalized action plan you create with your doctor or genetic counselor. We strongly recommend that you take a copy of your downloaded Clinical Report to discuss with your doctor or genetic counselor.

Risk with Age

As someone with an APC pathogenic or likely pathogenic variant that is associated with familial adenomatous polyposis (FAP), you have a higher risk to develop colorectal cancer, small bowel cancer, thyroid cancer, brain cancer, liver and bile duct cancer, and possibly pancreatic and stomach cancer over your lifetime than the average person. Many factors play into this, including your age, lifestyle, family history, and your environment.

Below you can learn about some of these risks by cancer type over a lifetime. Attenuated FAP is a milder form of FAP. People with attenuated FAP have slightly lower cancer risks that may be diagnosed later than in people with FAP.

Lifetime cancer risks are shown for FAP, for people that have not had colon surgery or other treatment. Cancer risks for attenuated FAP are slightly lower and some are not precisely defined. All cancer risks are still higher than for the average person. Speak to your doctor or genetic counselor to learn more about these differences.



There are more options to reduce your risks

Now that you know your genetic health risk for certain cancers, you can work with your doctor to put a specialized cancer screening plan into action. All these options have pros and cons – one option or plan doesn't work for everyone. Talk with your genetic counselor or doctor to create the plan that works best for you to reduce your risks of getting cancer.

The table below shows published cancer screening recommendations for people with APC variants associated with familial adenomatous polyposis (FAP) and NO symptoms or family history of FAP. Your doctor can tell you if you might have FAP or attenuated FAP, since it's usually based on your symptoms and family history (not based on your genetic test results).

For people with attenuated FAP, cancer screening recommendations are slightly different than what's in the table below. Colonoscopy is recommended to begin in the late teens to age 24, done every 2-3 years until colon surgery is done. Upper endoscopy is recommended to begin after age 25, done every 6 months to 4 years.

There are different recommendations for people who DO have symptoms, have a family history of FAP or attenuated FAP, or have had colon surgery -- those recommendations are not listed here. You'll want to take all this information and discuss it with your doctor to come up with the plan that's right for you.

	10 - 25 YEARS	25+ YEARS
COLONOSCOPY* OR FLEXIBLE SIGMOIDOSCOPY**	yearly	yearly
UPPER ENDOSCOPY***	not required	every 6 months to 4 years

*Exam of the lower digestive system with a tiny camera. Some medical guidelines prefer colonoscopy to flexible sigmoidoscopy. Talk to your doctor about what is right for you.

**Exam of only the lowest part of the lower digestive system with a tiny camera

***Exam of the upper digestive system with a tiny camera. Should include taking random small samples of stomach tissue if needed.

There Are More Options To Reduce Your Risks

Beyond screening, you have other medical options to lower your risk for cancer. These include medical procedures and surgeries that have pros, cons, and timing to consider. Talk with your genetic counselor or doctor to discuss which works best for you to further reduce your risks of getting cancer.

Below you can get familiar with medical options for people with APC pathogenic or likely pathogenic variants associated with FAP. Your doctor can tell you if you might have FAP or attenuated FAP, since it's usually based on your symptoms and family history (not based on your genetic test results).

For people with attenuated FAP, published medical options are slightly different than what's shown below. People with signs of attenuated FAP can consider having preventive colon surgery done when there are too many polyps to remove during a colonoscopy, depending on the situation. In addition, studies have NOT shown enough evidence on whether nonsteroidal anti-inflammatory drugs (NSAIDs) and aspirin are effective in people with attenuated FAP to prevent polyps after they have colon surgery.

Discuss with your doctor what may be right for you.

Preventive Colon Surgery

Preventive surgery (such as preventive colectomy or proctocolectomy) removes part or all of a healthy colon and rectum to proactively reduce the risk of developing colorectal cancer. The exact surgery may vary by person. Experts recommend that people with

Risk-Lowering Medications

Some medications, such as nonsteroidal anti-inflammatory drugs (NSAIDs) and aspirin, may reduce the chance of developing colon polyps in the average person. Studies have not shown enough evidence on whether these are effective in people clear signs of FAP can have this done as early as their 20s, depending on the situation. Talk to your doctor about what may be right for you.

LEARN MORE

with FAP to prevent polyps after they have surgery. Talk to your doctor about what may be right for you.

LEARN MORE

Share Your Results

Now that you know more about your DNA, there are things you can do to protect your health. Here the resources you need to learn more and connect with professionals who can help guide you.

Download your Clinical Report

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Talk to your doctor

LEARN MORE

Talk to a genetic counselor

LEARN MORE

Talk to your family

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Common Questions

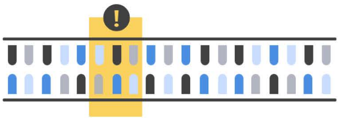
How comprehensive are my results?

What if I have a family history for one of the conditions covered by this test?

How can speaking with a genetic counselor help me and my family?

What does an actionable result mean?

SEE ALL



The genes, variants and conditions included in the GenePrism: Actionable Insights testing experience are scientifically robust and have been clearly associated with each inherited condition included in the test. Leading medical genetics experts have agreed that these genes have important implications for certain inherited conditions for which action can be taken to reduce the overall risk of developing the condition or allow the condition to be detected earlier. The GenePrism: Actionable Insight test does not analyze all of your DNA and does not tell you about all possible health risks that can be linked to variations in your DNA outside these 59 important genes.

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