



Hereditary Diffuse Gastric Cancer Syndrome: Information for families with a pathogenic variant in the *CDH1* gene

*The purpose of this handout is to give you detailed information about your genetic test result which you may read and discuss with your medical providers. Researchers will continue to study the *CDH1* gene, so please check in with your medical providers once a year to learn of any new information that may be important for you and your family members. (Please see the last page for a glossary of medical terms which are underlined in this document.)*

You have a pathogenic variant in the *CDH1* gene. This means you have Hereditary Diffuse Gastric Cancer syndrome.

What is hereditary cancer?

- Cancer is a common disease. One out of every 3 people in the United States will develop some type of cancer in his or her lifetime.
- About 5-10% of cancers (up to 1 in 10) are hereditary. A hereditary cancer occurs when a person is born with a pathogenic variant (also known as a mutation) in a gene that increases the chance to develop certain types of cancer. A pathogenic variant can be passed on from one generation to the next.
- Typically, families with a *CDH1* pathogenic variant have one or more of the following features:
 - Diffuse gastric cancer
 - Lobular breast cancer in women
 - Individuals with more than one cancer diagnosis (for example, two lobular breast cancers or diffuse gastric cancer and lobular breast cancer)
 - Multiple family members with *CDH1*-related cancers
 - *CDH1*-related cancers in several generations of a family
 - Some families may have a history of cleft lip/cleft palate and diffuse gastric cancer

What is a pathogenic variant?

- DNA is our genetic material which is passed on from parent to child. It contains the instructions for how our bodies develop, grow, and function. A gene is a small piece of DNA which has a specific job to do in the body. Some genes determine features like eye color or height, while other genes are involved with our health.
- We all have variations in our genes that make us different from one another. Most of these variations do not change the way our genes work. However, some variations do prevent a gene from working correctly. This type of variation is called a pathogenic variant or mutation.

Why does having this pathogenic variant cause an increased risk for cancer?

- The job of the *CDH1* gene is to prevent cancer. It is called a tumor suppressor gene. When working correctly, tumor suppressor genes help to prevent cancer by controlling the growth and division of cells.
- People born with a *CDH1* pathogenic variant have only one working copy of the *CDH1* gene, so their risk for cancer is higher than average.

What are the cancer risks linked to this pathogenic variant?

- People born with a *CDH1* pathogenic variant (who have HDGC syndrome) have higher risks for certain types of cancer which are outlined in the table below.

Table: **Lifetime Cancer Risk (chance to get cancer at any time during life)**

	People who have a <i>CDH1</i> gene pathogenic variant
Diffuse gastric cancer, male	42-70%
Diffuse gastric cancer, female	33-83%
Lobular breast cancer, female	39-60%
Colon cancer	Insufficient evidence

Adapted from IGCLC recommendations, 2020 and National Comprehensive Cancer Network Gastric Guideline, Version 1.2020
 *These risks are based on people who did not have regular screening and/or other treatments such as risk-reducing surgery.

- The numbers above are shown as a range. This is because not all families/individuals have the exact same degree of risk. Risks may be affected by the environmental factors, lifestyle, personal medical history, family cancer history, and other genetic or unknown factors.

Is it possible to fix the pathogenic variant?

Unfortunately, it is not yet possible to fix a pathogenic variant in the *CDH1* gene. However, it is possible to change your medical care and certain things in your lifestyle. Your provider(s) will work with you to discuss these options and create a medical care plan that is right for you.

What are the medical care recommendations?

The medical care recommendations for people with a *CDH1* pathogenic variant are divided into three categories: **surveillance**, **surgery**, and **medications**.

Surveillance:

The purpose of surveillance (also referred to as ‘screening’) is to diagnose cancer at as early a stage as possible. Although scientists and physicians can’t prevent a cancer from developing, early detection is important. When a cancer is detected early, it is more likely to be treated successfully. There are very good surveillance methods for some, but not for all types of cancer. **Specifically, please see information below regarding surgical prevention of diffuse gastric cancer versus surveillance.**

The table below outlines surveillance recommendations for individuals with a *CDH1* pathogenic variant. *Please note that these are general guidelines. Specific guidelines for individual patients and families may differ.*

Cancer type	Surveillance recommendations
Diffuse gastric cancer	No proven benefit to screening. Upper endoscopy with multiple random biopsies every 6-12 months until gastrectomy.
Breast cancer (females)	Breast awareness, beginning at age 18. Clinical breast exams at least twice a year, beginning at age 30. Mammograms with consideration of tomosynthesis yearly, beginning at age 30. Breast MRIs with contrast yearly, beginning at age 30
Colon cancer	Based on personal and family history, consider colonoscopy every 3-5 years, beginning at age 40.

Adapted from IGCLC recommendations, 2015 and National Comprehensive Cancer Network Gastric Guideline, Version 1.2020

Risk-reducing surgery options:

The goal of risk-reducing surgery is to reduce the risk of cancer by removing healthy tissue before cancer develops. This is also called prophylactic surgery. Risk-reducing surgery does not eliminate the chance to get cancer, but it does greatly lower the chance.

- **Prophylactic total gastrectomy (PTG):** Screening has not been proven to detect diffuse gastric cancer when it is curable; therefore, preventive surgery is strongly recommended for individuals who carry a *CDH1* pathogenic variant. PTG removes the entire stomach, attaching the esophagus directly to the small bowel, and should be performed by a specially trained surgeon. PTG nearly eliminates the chance for gastric cancer. However, this is a very significant operation, so it is important to thoroughly discuss the risks and benefits with specially trained medical providers.

Medications (Chemoprevention):

In some cases, medication may be prescribed to lower the chance of developing cancer.

- Currently there are no medications to help reduce the risk of diffuse gastric cancer. However, *H. Pylori* is a bacterial infection that has been associated with gastric cancer. Patients who are at risk for gastric cancer should talk to their physicians about the possibility of an *H. Pylori* infection and get appropriate treatment if needed.

Who should I see for my medical care?

It is important to find health care providers you trust for long-term follow-up care. Your primary care providers may be able to provide some of this care. In some cases, you may need to see specially trained medical providers. We are happy to provide you with referrals to specialists at Mass General as needed.

How can I live a healthy lifestyle to lower my risk of developing cancer?

Everyone should follow a healthy lifestyle, but this may be even more important for someone with an increased risk of cancer. According to the American Cancer Society, a healthy lifestyle includes:

- Avoiding tobacco.
- Maintaining a healthy weight.
- Participating in regular physical activity.
- Keeping a healthy diet with plenty of fruits and vegetables.
- Limiting yourself to no more than 1-2 alcoholic drinks per day.
- Protecting your skin and eyes from the sun.
- Knowing your own body and medical history, your family history, and your risks.
- Having regular check-ups and cancer screening tests.

What are the chances that my family members also have the pathogenic variant?

- **Your children:** Each of your children has a 50% chance to inherit the normal (working) copy of the *CDH1* gene and a 50% chance to inherit the *CDH1* pathogenic variant (the non-working copy).
 - The recommended age at which to offer testing to relatives at risk is not well established. Rare cases of advanced diffuse gastric cancer have been reported in HDGC families before the age of 18, but the overall risk of diffuse gastric cancer before the age of 20 is low. Expert opinion suggests consideration of genetic testing can begin at the age of consent (16-18 years). Timing of genetic testing of minors deserves thoughtful consideration of the psychological, emotional, and physical health of the individual and their family. It is a complex decision and the risks and benefits should be thoroughly discussed with our expert health care team.
- **Your siblings and other relatives:** In most cases, brothers and sisters of a person with an *CDH1* pathogenic variant have a 50% chance to have the same pathogenic variant. Additionally, other family members (such as parents, cousins, aunts, uncles) may also be at risk to have the pathogenic variant.
- **Family planning:** People with *CDH1* pathogenic variants may have concerns about passing a *CDH1* pathogenic variant to a child. There are reproductive options that can be used to lower the chance of passing a *CDH1* pathogenic variant to a child. If you are interested in learning more about these options, please contact your genetic counselor for a referral.

The letter you received from your genetic counselor will give more specific recommendations about which relatives are candidates for genetic testing. However, please feel free to contact us with any further questions.

Where can I find additional information?

Feel free to contact us if you have any questions or would like additional resources. Some people find it useful to speak with other people with *CDH1* pathogenic variants who have similar concerns. We would be happy to arrange this for you if you are interested.

The following is a list of additional sources of information:

Center for Cancer Risk Assessment
Mass General Cancer Center
www.massgeneral.org/ccra
(617) 724-1971

American Cancer Society
www.cancer.org
(800) 227-2345

Facing Our Risk of Cancer Empowered (FORCE)
www.facingourrisk.org
(866) 288-RISK

No Stomach for Cancer
www.nostomachforcancer.org
(855) 355-0241

Glossary of cancer genetics terms:

- **Cell:** The basic structural and functional unit of any living thing. Each cell is a small container of chemicals and water wrapped in a membrane. The human body is made up of 100 trillion cells forming all parts of the body such as the organs, bones, and blood.
- **DNA:** Deoxyribonucleic acid, or DNA, is the genetic material that is passed on from parent to child, which gives the instructions for how our bodies develop, grow, and function on a daily basis.
- **Early detection:** The process of finding cancer when it is just starting to develop.
- **Gene:** A gene is a small piece of DNA that gives instructions for a specific trait.
- **Inherited trait:** A character or feature that is passed on from a parent to a child.
- **Lifetime cancer risk:** The chance that a person will develop cancer in his or her life. This is sometimes defined as the chance of developing cancer by the age of 75 or 80.
- **Pathogenic variant:** A change in a gene that prevents it from working correctly. Also called mutation.
- **Risk-reducing surgery:** Surgery to remove healthy tissue or organs before cancer develops. Also called prophylactic surgery.
- **Surveillance:** Screening tests or procedures to look for early signs of cancer development or cancer returning (recurrence).
- **Syndrome:** A set of signs and symptoms that appear together and characterize a disease or medical condition.
- **Tumor suppressor gene:** When working correctly, tumor suppressor genes prevent cancers from developing by controlling the growth of cells.