

UPDATE SWISS GUIDELINES FOR GENETIC COUNSELLING AND TESTING FOR PREDISPOSITION TO BREAST, OVARIAN, PROSTATE AND PANCREATIC CANCER 2025

WOMEN WITH A PERSONAL HISTORY OF BREAST CANCER OR DCIS AND ONE OF THE FOLLOWING	
Age at diagnosis ≤ 40 y (any case) or ≤ 50 y at oncogeneticist's discretion	
Triple negative (ER, PR and HER2 negative) BC ≤ 60 y or older at oncogeneticist's discretion	
Bilateral BC or second separate primary	 if the first cancer was diagnosed ≤ 50 y with ≥ 1 close relative with BC (if only one relative affected, then age at diagnosis ≤ 50 y)
Age at diagnosis ≤ 50 y	 with 1 close relative with BC ≤ 50 y limited family history
Diagnosed at any age	 with ≥ 2 close relatives with BC or Prostate CA a close male relative with BC with ≥ 1 close relative with epithelial OC, Pancreatic CA or metastatic or high-risk Prostate CA (see section Prostate CA below) Ashkenazi Jewish ancestry (see section Ashkenazi Jewish ancestry below)

MEN WITH A PERSONAL HISTORY OF BREAST CANCER

HEREDITARY PREDISPOSITION TO OVARIAN CANCER (including fallopian tube or peritoneal CA)

- Personal history of epithelial OC (including fallopian tube or peritoneal CA) at any age
- Personal history of STIC (serous tubal intraepithelial CA): Consider genetic counselling/testing
- Unaffected with OC with a first- or second-degree relative with epithelial OC (including fallopian tube or peritoneal CA) at any age

ASHKENAZI JEWISH HERITAGE

Search for the 3 founder BRCA1 and BRCA2 P/LP variants may be considered regardless of personal or family history

RISK ACCORDING TO CALCULATIONS OF RISK MODELS

Individuals affected or unaffected with BC or OC not meeting the criteria above with a probability > 5% of a P/LP variant based on prior probability models (eg, Tyrer-Cuzick, CanRisk)

PANCREATIC CANCER	
Exocrine Pancreatic CA (adenocarcinoma) at	
any age	
Unaffected individuals with	 1 first-degree relative with ≥ 1 or more close relative with Pancreatic CA ≥ 3 individuals with Pancreatic CA (same side of the family)

PROSTATE CANCER

- Metastatic Prostate CA at any age
- High-risk localised or locally advanced Prostate CA (PSA >20ng/mL or ISUP Grade Group 4 or 5 or ≥ T2c or N1) irrespective of the family history
- Localised Prostate CA (any grade) with ≥ 3 close relatives with BC, OC or Prostate CA

TREATMENT INDICATIONS

- PARP inhibitors for BC and OC in the early and metastatic setting
- PARP inhibitors in Prostate CA and Pancreatic CA in the metastatic setting



FAMILY HISTORY ONLY

Testing of individuals (affected or unaffected by CA themselves) with ≥ 1 close relative with BC, OC and/or Prostate CA fulfilling one of the above criteria

CARRIER TESTING

Testing of an individual from a family with a known P/LP variant in a gene conferring high or moderate risk for CA

TUMOR PATHOGENIC VARIANT

Germline confirmation of a P/LP variant of a gene conferring a high or moderate CA risk detected by tumor profiling

FURTHER RECOMMENDATIONS

- Hereditary Colorectal CA (Lynch syndrome, polyposis syndromes), Renal cell CA, Urothelial CA,
 Paraganglioma, Pheochromocytoma and Neuroendocrine tumors: See current version of the NCCN Guidelines
- Patients with hereditary Renal cell CA, Urothelial CA, Paraganglioma, Pheochromocytoma and Neuroendocrine tumors should preferably be referred to experts/centers with solid experience in these issues

Abbreviations:

BC, breast cancer; CA, cancer; DCIS, ductal carcinoma in situ; ER, estrogen receptor; HER2, human epidermal growth factor receptor 2; LP, likely pathogenic; P, pathogenic; PR, progesterone receptor; OC, ovarian cancer; y, years

Definitions:

- Ashkenazi Jewish founder P/LP variants: BRCA1: c.68_69delAG, c.5266dupC; BRCA2: c.5946delT
- Ashkenazi Jewish heritage: At least one parent or grandparent of Ashkenazi Jewish ancestry
- Close relative: First- or second-degree relative on the same side of the family. First-degree relatives: Mother/father, sister/brother, daughter/son. Second-degree relatives: Grandparents, aunt/uncle, niece/nephew, grandchildren
- Limited family history: ≤ 2 female close relatives having lived beyond age 45 y in either lineage

References:

- Chappuis P. et al. Genetic predisposition to breast and ovarian cancer. Schw. Ärztezeitung 2017
- Stoll S et al. Update Swiss guideline for counselling and testing for predisposition to breast, ovarian, pancreatic and prostate cancerSwiss Med Wkly. 2021;151:w30038
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