

# Hereditary Cancer Genetic Test Results

*This report is intended to facilitate a discussion between providers and their patients.*

## INFORMATION FOR INDIVIDUALS WITH A PATHOGENIC OR LIKELY PATHOGENIC VARIANT IN THE *SDHC* GENE

### What this result means

Individuals who have a pathogenic or likely pathogenic variant (sometimes called a mutation) in the *SDHC* gene have hereditary paraganglioma-pheochromocytoma (PGL-PCC) syndrome. Individuals with *SDHC*-associated hereditary PGL-PCC syndrome have a higher-than-average chance to develop paragangliomas, primarily of the head and neck. PGL-PCC syndrome can also be associated with gastrointestinal stromal tumors, renal cell carcinoma and/or other renal tumors, and pituitary adenomas. The chance to develop these tumors is increased, but not everyone with a pathogenic or likely pathogenic variant will develop tumors or cancer.

### Cancer risk

The table below lists the features associated with hereditary paraganglioma-pheochromocytoma (PGL-PCC) syndrome. Although many *SDHC* tumors are benign, they can still cause serious health consequences. Individual cancer risks may be higher or lower depending on the specific gene or variant identified in addition to each individual's gender, age, medical history, and family history. Not everyone with a pathogenic or likely pathogenic variant will develop cancer.

Information about cancer risks related to pathogenic variants in *SDHC* may change over time, so it is important for the ordering healthcare provider, genetic counselor, and patient to keep in contact regarding this result.

Feature	Lifetime Risk
Paraganglioma/Pheochromocytoma	Increased
Renal cell carcinoma/renal tumors	Associated with SDH PGL-PCC syndrome
Gastrointestinal stromal tumors	Associated with SDH PGL-PCC syndrome
Pituitary adenoma	Associated with SDH PGL-PCC syndrome

\*Data on file.

## Options for managing cancer risk

Guidelines for cancer prevention and early detection are evolving. A referral to an appropriate specialist may be considered. For more information, see the below “Additional resources” section. Each individual’s gender, age, medical history, family history, quality of life goals, reproductive desires, general health status, and other medical information should be taken into account when developing a medical management plan.

	Considerations for cancer prevention/early detection	Age to begin	Frequency
<b>Paraganglioma/ Pheochromocytoma</b>	Check blood pressure	6-8 years	All visits
	Plasma free metanephrines or 24-hour urine for fractionated metanephrine	6-8 years	Annual and prior to any surgery
	Imaging with whole body MRI. Consider abdominal MRI, skull base and neck MRI, and chest CT if not available.	6-8 years	Every 2 years
	Consider cortical-sparing adrenalectomy	—	—
<b>Kidney</b>	Abdominal MRI or CT with and without contrast	12 years	Every 2-6 years
	Surgical consideration dependent on tumor size and histology. Consult specialist	—	—
<b>Other</b>	See Additional Resources section below		

Source: National Comprehensive Cancer Network Clinical Practice Guidelines in Oncology: Neuroendocrine and Adrenal Tumors. V4.2021. National Comprehensive Cancer Network Clinical Practice Guidelines in Oncology: Kidney Cancer. V4.2022. [www.NCCN.org](http://www.NCCN.org)

## What this result means for family members

Family members may have the same *SDHC* variant that was identified in this individual. Parents, brothers, sisters, and children may each have a 50% chance of having the same variant. Other blood relatives also have an increased risk for the variant. It is important to share these test results with family members to allow each of them to decide if they want to be tested. Some family members may only need testing for this one *SDHC* variant, while other relatives may need a more comprehensive test with multiple genes. A genetic counselor or other healthcare provider can help determine the most appropriate testing options.

## Reproductive information

Individuals interested in family planning should speak to their doctor and/or genetic counselor to discuss reproductive options. This may include discussion of prenatal diagnosis or pre-implantation genetic testing.

### Risk assessment and counseling: an important first step

A genetic counselor or other qualified healthcare professional can help explain test results and what they mean for a patient and family members. A team of specialized Quest genetic counselors or clinical geneticists are available to speak with healthcare providers about test results by calling 1.866.GENE.INFO. Patients can access a directory of independent genetic counselors at [FindAGeneticCounselor.com](https://www.findageneticcounselor.com).





## Creating a plan: a checklist for patients

- Get a copy of your genetic test results.
- Talk with your healthcare provider about what this result means and the things you can do to manage your risk.
- Ask your healthcare provider if additional genetic testing may benefit you.
- Share your test results with your family members and give them a copy. Their healthcare provider will need this information in order to provide them with the most accurate risk assessment.
- Talk with your healthcare provider regularly so that you know about any important changes in genetic testing and cancer screening options. Be sure to let him/her know of any changes in your family history, including family members' genetic test results.
- Consider talking to a genetic counselor about your results.

---

## Research opportunities

Prospective Registry of MultiPlex Testing (PROMPT) [PromptStudy.info](http://PromptStudy.info)

GenomeConnect: The ClinGen Patient Portal  
[GenomeConnect.org](http://GenomeConnect.org)

## Additional resources

National Comprehensive Cancer Network Clinical Practice Guidelines in Oncology (NCCN Guidelines): Neuroendocrine and Adrenal Tumors [NCCN.org](http://NCCN.org)

Endocrine Society Clinical Practice Guidelines  
[endocrine.org/clinical-practice-guidelines](http://endocrine.org/clinical-practice-guidelines)

The Pheo Para Alliance  
[pheopara.org](http://pheopara.org)

Quest Hereditary Cancer Testing Solutions  
[QuestHereditaryCancer.com](http://QuestHereditaryCancer.com)

Genetic Information Nondiscrimination Act (GINA) [GINAhelp.org](http://GINAhelp.org)

National Society of Genetic Counselors  
[FindAGeneticCounselor.com](http://FindAGeneticCounselor.com)

This information is not a substitute for medical advice, diagnosis, or treatment. The diagnosis or treatment of any disease or condition may be based on personal history, family history, symptoms, a physical examination, laboratory test results, and other information considered important by a healthcare provider. Always talk with a healthcare provider about the meaning of genetic test results and before stopping, starting or changing any medication or treatment.

The classification and interpretation of the variant(s) identified reflect the current state of Quest Diagnostics' understanding at the time of this report. Variant classification and interpretation are subject to professional judgment, and may change for a variety of reasons, including but not limited to, updates in classification guidelines and availability of additional scientific and clinical information. This test result should be used in conjunction with the healthcare provider's clinical evaluation. Inquiry regarding potential changes to the classification of the variant is strongly recommended prior to making any clinical decision. For questions regarding variant classification updates, please call Quest Diagnostics at 1.866.GENE.INFO (1.866.436.3463) to speak to a genetic counselor or laboratory director, or visit [QuestDiagnostics.com/VariantIQ](http://QuestDiagnostics.com/VariantIQ).

QuestDiagnostics.com

Quest, Quest Diagnostics, any associated logos, and all associated Quest Diagnostics registered or unregistered trademarks are the property of Quest Diagnostics. All third-party marks—® and ™—are the property of their respective owners. © 2022 Quest Diagnostics Incorporated. All rights reserved. PP9199 3/2022