

Israeli Updated GI BRCA Guidelines « Colorectal Cancer

דר נעים אבו פריחה

מרכז רפואי סורוקה, כללית מחוז דרום
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CRC screening group

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Background

- ✓ CRC is a common cancer in Israel
- ✓ 3 of 87 (3.5%) CRC Ashkenazi patients had Ashkenazi mutation
- ✓ Another study; 4/225 patients (1.78%)

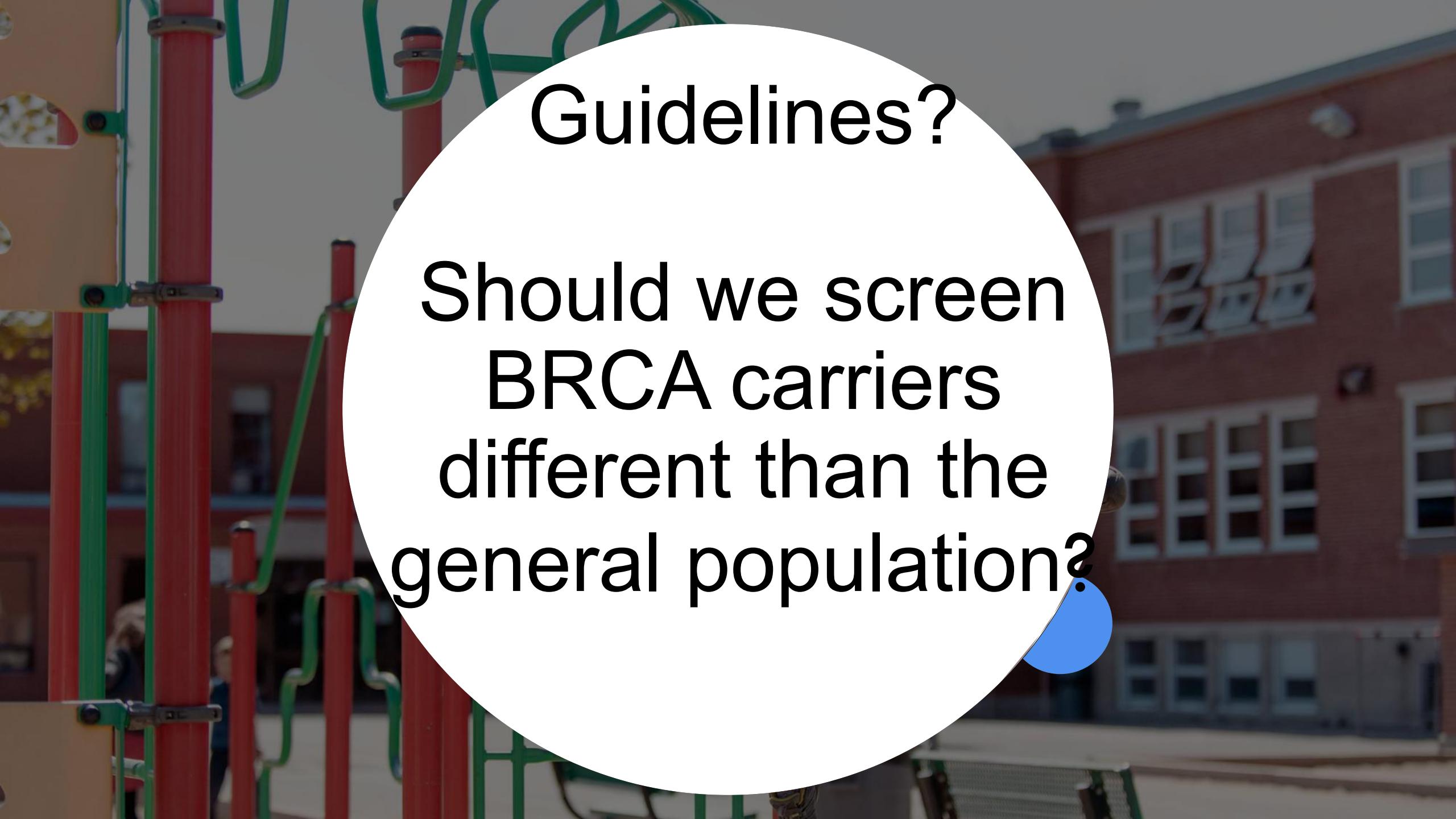
In Israel,

BRCA population screening for all Ashkenazi woman since 2020

Studies regarding CRC among BRCA mutation carriers' are scarce and conflicting

Drucker L, Stackievitz R, Shpitz B, Yarkoni S. Incidence of BRCA1 and BRCA2 mutations in Ashkenazi colorectal cancer patients: preliminary study. *Anticancer Res.* 2000 Jan-Feb;20(1B):559-61. PMID: 10769725.

Chen-Shtoyerman R et al. The frequency of the predominant Jewish mutations in BRCA1 and BRCA2 in unselected Ashkenazi colorectal cancer patients. *Br J Cancer.* 2001 Feb;84(4):475-7.



Guidelines?

Should we screen
BRCA carriers
different than the
general population?

Methodology

Key words – BRCA1, BRCA2, gene, HEREDITARY BREAST AND OVARIAN CANCER together with one of:
colon cancer, colorectal cancer, rectal cancer, colonoscopy

Limiting – HUMAN, English, Case reports, abstracts, starting with studies from 2000

Librarian literature search: Tal Kaminski, Technion medical library

Four data base search- Pubmed, Google Scholar, Embase, cochrain

1400 abstracts were reviewed on Rayyan by two separate independent reviewers

28 papers were reviewed

Results

- 14 observational studies were included
- 2 meta- analysis 2018, 2021
- One AGA clinical practice update 2020

OR for CRC in BRCA mutation carriers

Table 1. Odds Ratios of Colorectal Cancer Risk in *BRCA1* and *BRCA2* Carriers Included in a Meta-Analysis by Oh et al 2018¹⁸

Study first author	Year	Study type (comparison)	Mutation type	Sample size	OR (95% CI)	Obs vs Exp CRCs
<i>BRCA1</i>						
Mersch ¹⁹	2015	Cohort (general population)	NA	613	1.58 (0.44–5.76)	
* Phelan ⁸	2014	Cohort (general population)	NA	5481	0.92 (0.47–1.81)	16 17.4
Thompson ³	2002	Cohort (general population)	NA	2245	1.91 (0.78–4.67)	14
** Kadouri ¹⁶	2007	Cohort (noncarriers)	Ashkenazi Jewish founder	229	1.70 (0.63–4.87)	6 12
*** Brohet ²⁰	2013	Pedigree (general population)	NA	6585	1.76 (1.26–2.48)	93 53
Moran ²¹	2012	Pedigree (general population)	NA	1815	0.87 (0.41–1.83)	
Brose ²²	2002	Pedigree (general population)	NA	483	2.04 (0.93–4.49)	
Ford ²³	1994	Pedigree (general population)	NA	464	3.19 (0.70–14.5)	
Suchy ¹⁰	2010	Case-control	Polish founder	2398 cases; 4570 controls	0.87 (0.41–1.83)	
Niell ¹²	2004	Case-control	Ashkenazi Jewish founder	999 cases; 1028 controls	1.26 (0.52–3.06)	
Overall	—	—	—	—	1.49 (1.19–1.85)	
<i>BRCA2</i>						
Mersch ¹⁹	2015	Cohort (general population)	NA	459	0.54 (0.10–3.02)	
Phelan ⁸	2014	Cohort (general population)	NA	1474	0.82 (0.25–2.68)	
Kadouri ¹⁶	2007	Cohort (noncarriers)	Ashkenazi Jewish founder	100	1.29 (0.28–5.84)	
Moran ²¹	2012	Pedigree (general population)	NA	1526	1.01 (0.43–2.40)	
van Asperen ²⁴	2005	Pedigree (general population)	NA	1811	1.21 (0.63–2.34)	
BCLC ⁴	1999	Pedigree (general population)	NA	3728	1.22 (0.43–3.43)	
Niell ¹²	2004	Case-control	Ashkenazi Jewish founder	999 cases; 1028 controls	1.22 (0.54–2.74)	
Overall	—	—	—	—	1.10 (0.77–1.58)	

*40% carriers prior breast cancer . SIR= 4.76 (2.2-9) for 30-49yrs in *BRCA1* carriers age <50

**HR was 3.9 (1.3-12.1) for all irrespective of timing of breast\OC . HR =4 (1.1-15.2) for prior cancer

*** 20% prior breast/OC. RR for woman 2.2 (1.7-2.83, p<0.001)

⑧ **Cancer Risks Associated With *BRCA1* and *BRCA2* Pathogenic Variants**

The Consortium Data

BRCA1/2 to estimate age-specific relative (RR) and absolute risks

22 first primary cancer types adjusting for family ascertainment.

RR calculated to age specific population incidence.

Results- BRCA1 carriers 8884, Non carriers 5870

BRCA2 carriers 6095, Non carriers 3435

Number of CRC cancers and RR

TABLE 1. No. of First Primary Cancer Cases in the Informative *BRCA1* and *BRCA2* Families

Cancer Site	<i>BRCA1</i> Families, No.						<i>BRCA2</i> Families, No.							
	Total	Males			Females			Total	Males			Females		
		Carriers (n = 1,508)	Noncarriers (n = 1,716)	Untested (n = 44,396)	Carriers (n = 7,376)	Noncarriers (n = 4,154)	Untested (n = 40,801)		Carriers (n = 1,063)	Noncarriers (n = 1,064)	Untested (n = 30,032)	Carriers (n = 5,032)	Noncarriers (n = 2,371)	Untested (n = 28,094)
Bladder	123	6	6	79	1	5	26	72	5	1	48	4	2	12
Brain and CNS	186	5	1	105	1	1	73	156	0	1	82	2	3	68
Breast	9,389	17	3	26	3,648	271	5,424	7,143	82	4	133	2,612	205	4,107
Cervix uteri	187	0	0	0	34	20	133	125	0	0	0	26	10	89
Colon-rectum	726	20	14	360	20	13	299	490	12	8	240	3	10	217

TABLE 2. Primary Cancer RRs and 95% CIs for *BRCA1* and *BRCA2* Carriers From the Main Analysis

Cancer Site	Age, years	<i>BRCA1</i> Carriers		<i>BRCA2</i> Carriers	
		RR (95% CI)	P	RR (95% CI)	P
Bladder	40-79	0.88 (0.33 to 2.36)	.80	1.71 (0.75 to 3.89)	.20
Brain and CNS	20-79	1.15 (0.52 to 2.55)	.73	1.10 (0.42 to 2.87)	.85
Male breast	30-79	4.30 (1.09 to 16.96)	.04	44.03 (21.32 to 90.93)	< .001
Cervix uteri	20-79	1.45 (0.85 to 2.49)	.18	1.61 (0.86 to 3.04)	.14
Colon-rectum	30-79	1.48 (1.01 to 2.16)	.04	1.30 (0.80 to 2.11)	.29

stratified by age: 30-64yr 1.93 (1.23, 3.02)

30-49yr 1.25 (0.51, 3.06) NS

50-64yr 2.34 (1.4, 3.91)

Second primary after **Breast cancer** in BRCA1 and BRCA2



- ✓ 25,811 females and 480 males diagnosed with BC
- ✓ Tested for germline BRCA1/BRCA2 PVs in NHS Clinical Genetics centers in England between
- ✓ Between 1995 and 2019
- ✓ followed until SPC diagnosis, death, migration, contralateral breast/ovarian surgery
- ✓ Standardized incidence ratios (SIRs) using English population incidences, Hazard ratios (HRs) comparing carriers to noncarriers using Cox regression, and Kaplan-Meier 10-year cumulative risks.

Second primary after **Breast cancer** in BRCA1 and BRCA2



- ✓ 1840 BRCA1 carriers
- ✓ 1750 BRCA2 carriers
- ✓ 21,543 non carriers

Allen I et al . Second Primary Cancer Risks After Breast Cancer in *BRCA1* and *BRCA2* Pathogenic Variant Carriers. J Clin Oncol. 2025 Feb 20;43(6):651-661.

Table 2
SIRs for Second Primary Risks in Females Compared with population incidences

SPC Site	<i>BRCA1</i> PV Carriers		<i>BRCA2</i> PV Carriers		<i>BRCA1/BRCA2</i> PV Noncarriers	
	SIR (95% CI)	Observed SPCs, No.	SIR (95% CI)	Observed SPCs, No.	SIR (95% CI)	Observed SPCs, No.
Entire cohort						
Contralateral breast	15.6 (11.8 to 20.2)	57	7.70 (5.45 to 10.6)	38	3.03 (2.67 to 3.43)	257
Ovary	44.0 (31.4 to 59.9)	40	16.8 (10.3 to 26.0)	20	1.22 (0.82 to 1.74)	30
Nonbreast/ovarian	2.18 (1.59 to 2.92)	45	1.68 (1.24 to 2.23)	48	1.26 (1.14 to 1.38)	424
Colorectum	4.80 (2.62 to 8.05)	14	1.40 (0.51 to 3.05)	6	1.23 (0.95 to 1.58)	63

Standardized incidence ratios (SIRs)

Compared to non carriers, *BRCA1* carriers had elevated colorectal (HR, 2.93 [95% CI, 1.53 to 5.62]

Additional studies since last meta analysis

Table 1. Odds Ratios of Colorectal Cancer Risk in *BRCA1* and *BRCA2* Carriers Included in a Meta-Analysis by Oh et al 2018¹⁸

Study first author	Year	Study type (comparison)	Mutation type	Sample size	CRCs OR (95% CI)	Population
<i>BRCA1</i>						
Allen	2024	retrospective cohort (vs non carriers and population incidence)	NA	1840 Female	14(0.8%) SIR, 4.80 [95% CI, 2.62 to 8.05] HR, 2.93 [95% CI, 1.53 to 5.62]	Mostly Women, Male (1.8%) <u>After breast cancer</u> , no data on ethnicity
Li	2022	retrospective cohort family pedigree (vs non carriers=population incidence)	NA	8884 (1508+7376)	40 (20 +20) *RR= total 1.48 (1.01-2.26),p=0.04 RR 30-64yr 1.93 (1.23, 3.02) 50-64yr 2.34 (1.4, 3.91)	Women, male 1 st primary, 4.7% Ashkenazi
<i>BRCA2</i>						
Allen	2024	retrospective cohort (vs non carriers and population incidence)	NA	1750 Female	6 (0.3%) SIR= 1.40 (0.51 to 3.05)	Mostly Women, Male (1.8%) <u>After breast cancer</u> , no data on ethnicity
Li	2022	retrospective cohort family pedigree (vs non carriers=population incidence)	NA	6095 1063+5032	12+3 SIR= RR=1.3 (0.8-2.11),p=0.29	Women, male 1 st primary, 4.7% Ashkenazi

Summary GI CRC groups

BRCA1

- RR, SIR among studies that found an association there is consistent small increased risk of CRC

BRCA2

- no increased risk compared to general population

Limitations:
Family History , retrospective studies, previous screening,
Previous cancer

Recommendations*

BRCA1

**Consider to screen as FDR especially in those with prior cancer
(regarding the age no consensus was achieved between age 40-45)**

BRCA2

Same as general population

*Awaiting final data from prospective studies to be published in 2026



Thank you
for your
attention

