NGS Panels for Hereditary Cancers

Genetic Testing for an Improved Prognosis
NGS Panels for Hereditary Cancers

Genetic testing for hereditary cancers can provide life-changing results in affected patients and their relatives, accompanied by potential actionable steps. With many different applications of germline genetic testing to detect and care for cancer, we can guide you in selecting the right options to enhance the treatment of your patients suffering from hereditary cancers. Having identified genetic variants associated with oncological diseases in more than 100 different genes, we can provide a comprehensive range to foster cancer diagnosis, prognosis, treatment selection, and monitoring.

CENTOGENE’s NGS panels for hereditary cancers include all relevant clinical genes, as well as genes necessary for differential diagnosis of syndromes with overlapping phenotype – therefore allowing the diagnosis of a disease that otherwise would be missed. This approach maximizes the clinical utility, de-risks panel choice, increases cost-effectiveness, and ultimately simplifies the diagnostic process.

The CENTOGENE Advantage

- Coverage of **all relevant disease-causing genes** and non-coding and coding pathogenic variants
- Powered by CENTOGENE’s Biodatabank, the world’s largest real-world data repository for rare and neurodegenerative diseases
- The most **up-to-date panel gene content** with the latest medical and in-house findings
- High-quality analysis for precise clinical interpretation using advanced bioinformatics and artificial intelligence-powered tools
Key Features and Performance

**Coverage**
- ≥ 99% targeted regions covered at ≥ 20x
- The target region for each gene comprises all exons; +/- 10 bp flanking regions; known pathogenic and likely pathogenic variants described in HGMD® and the CENTOGENE’s Biodatabank, including relevant deep intronic and regulatory variants, which were known at the time of the assay design.

**Genes**
For a complete overview of included genes, please visit: [centogene.com/diagnostics/benefits-of-genetic-testing/medical-reporting](http://centogene.com/diagnostics/benefits-of-genetic-testing/medical-reporting)

**Specificity**
≥ 99.9% guaranteed for all reported variants. Variants with low quality and/or unclear zygosity are confirmed by orthogonal methods (Sanger, MLPA, qPCR)

**CNV Sensitivity**
NGS-based copy number variations (CNV) are detected with a sensitivity of above 90% for all homozygous deletions and heterozygous deletions/duplications spanning at least three consecutive exons. Heterozygous CNVs spanning less than three exons cannot reliably be detected, are therefore excluded from routine analysis, and will only be inspected and reported upon medical or technical indication.

**Reporting**
To find more information about our medical reporting, please refer to our designated NGS Panel webpage: [centogene.com/diagnostics/ngs-panels/oncology](http://centogene.com/diagnostics/ngs-panels/oncology)

**TAT**
15 business days

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**SNVs:** single nucleotide variants; **InDels:** small insertions/deletions; **CNVs:** copy number variations; **MLPA:** Multiplex ligation-dependent probe amplification; **qPCR:** quantitative polymerase chain reaction.
<table>
<thead>
<tr>
<th>Panel</th>
<th>Genes Included</th>
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<tbody>
<tr>
<td>BRCA1, BRCA2*</td>
<td>BRCA1, BRCA2</td>
</tr>
<tr>
<td>CentoBreast</td>
<td>ATM, BARD1, BRCA1, BRCA2, BRIP1, CDH1, CHEK2, DICER1, EPCAM, FANCC, MEN1, MLH1, MRE11, MSH2, MSH6, MUTYH, NBN, PALB2 PMS2, PTEN, RAD50, RAD51C, RAD51D, RECQL, SMARCA4, STK11, TP53, XRCC2</td>
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<tr>
<td>CentoCancer®</td>
<td>APC, ATM, AXIN2, BAP1, BARD1, BLM, BMPR1A, BRCA1, BRCA2, BRIP1, CDH1, CDK4, CDKN2A, CHEK2, DICER1, DIS3L2, EPCAM, FANCC, FH, FLCN, GALNT12, HOXB13, KIT, MC1R, MEN1, MET, MIF, MLH1, MLH3, MRE11, MSH2, MSH3, MSH6, MUTYH, NBN, NF1, NTHL1, PALB2, PMS2, POLD1, POLE, POT1, PRSS1, PTCH1, PTEN, RAD50, RAD51C, RAD51D, RECQL, RET, RNF43, RPS20, SDHA, SDHAF2, SDHB, SDHC, SDHD, SMAD4, SMARCA4, STK11, TP53, TSC1, TSC2, VHL, WT1, XRCC2, XRCC3</td>
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<tr>
<td>CentoCancer® Comprehensive</td>
<td>ABRAXAS1, ACVRL1, AKT1, APC, ATM, AXIN2, BAP1, BARD1, BLM, BMPR1A, BRCA1, BRCA2, BRIP1, BUB1B, CASR, CDC73, CDH1, CDK4, CDKN1B, CDKN1C, CDKN2A, CHEK2, CKB1, CTNNB1, DDB2, DDX41, DICER1, DIS3L2, EGFR, EPCAM, ERCC2, ERCC3, ERCC4, ERCC5, ETV6, EXT1, EXT2, FANCC, FH, FLCN, GALNT12, GATA2, GPC3, GREM1, HNF1A, HNF1B, HOXB13, HRAS, KIF1B, KIT, MAX, MC1R, MEN1, MET, MIF, MLH1, MLH3, MRE11, MSH2, MSH3, MSH6, MUTYH, NBN, NF1, NF2, NTHL1, PALB2, PDGFRA, PHOX2B, PIK3CA, PMS1, PMS2, POLD1, POLE, POLH, POT1, PRKAR1A, PRSS1, PTCH1, PTCH2, PTEN, RAD50, RAD51C, RAD51D, RB1, RECQL, REST, RET, RNF43, RPS20, RUNX1, SAMD9L, SDHA, SDHAF2, SDHB, SDHC, SDHD, SMAD4, SMARCA2, SMARCA4, SMARCB1, SMARCE1, STK11, SUFU, TERT, TGFB2, TMEM127, TP53, TRIP13, TSC1, TSC2, VHL, WRN, WT1, XPA, XPC, XRCC2, XRCC3</td>
</tr>
<tr>
<td>CentoCancer® Pediatric</td>
<td>AIP, ALK, ANKRD26, APC, ASXL1, ATM, BAP1, BLM, BMPR1A, BRAF, BUB1B, CBL, CDC73, CDKN1B, CDKN1C, CEBPA, CREBBP, DDB2, DDX41, DICER1, DIS3L2, DKC1, EP300, EPCAM, ERCC2, ETV6, EXT1, EXT2, EZH2, FANCA, FH, GATA2, GPC3, HRAS, KRAS, LZTR1, MAP2K1, MAP2K2, MAX, MEN1, MLH1, MSH2, MSH6, MUTYH, NBN, NF1, NF2, NHP2, NKKX2-1, NRAS, NSD1, PHOX2B, PMS2, POLH, PRF1, PRKAR1A, PTCH1, PTEN, PTPN11, RAD51C, RAF1, RB1, RECQL4, RET, RIT1, RPL5, RPS7, RUNX1, SAMD9L, SDHA, SDHAF2, SDHB, SDHC, SDHD, SETBP1, SHOC2, SMAD4, SMARCA4, SMARCB1, SMARCE1, SOS1, SOS2, STK11, SUFU, TERC, TERT, TIF2, TMEM127, TP53, TRIM37, TSC1, TSC2, VHL, WRAP53, WRN, WT1, XPA, XPC</td>
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* For our BRCA1, BRCA2 panels, please visit our designated NGS panel webpage: [https://www.centogene.com/diagnostics/ngs-panels/oncology](https://www.centogene.com/diagnostics/ngs-panels/oncology)
All our high quality NGS panels detect single nucleotide variants (SNV), small insertions/deletions (InDels), and NGS-based deletion/duplication (CNV) analysis in one single assay – ultimately providing the most complete NGS panels for the maximum diagnostic yield.

**Deletion/Duplication**

High resolution NGS-based CNV analysis to detect larger deletions and duplications is included in all our panels at no extra cost. Deletion/duplications constitute 5–10% of disease-causing variants. By including CNV analysis in our panels, the potential of providing the most accurate diagnosis increases.

**Improved Interpretation**

CENTOGENE’s Biodatabank, the world’s largest real-world data repository for rare and neurodegenerative diseases enables access to more than 31 million unique variants for best medical interpretation.

**Variant Reclassification Program**

All our panels are automatically entered into our variant reclassification program. This program supports the identification of new genetic evidence, and physicians will be notified free of charge for life.