

# Cancer in Bloom Syndrome: What Do We Know From Registry Data?

Alessandra Sugrañes, MD

Memorial Sloan Kettering Cancer Center, Weill  
Cornell Medical College, New York, NY, USA

# Key Points

Bloom Syndrome Registry information

Types of cancer diagnosed

Age when first cancer diagnosed

Survival

# BLOOM SYNDROME REGISTRY

Demographic	Number of patients (%)
Total Members	284 (100%)
Sex	
Male	148 (52%)
Female	136 (48%)
Number living	150 (53%)
Number who developed cancer	147 (52%)
Hematological cancer	68 (24%)
Solid tumor	99 (35%)
Genotype	
Homozygous	104 (37%)
Compound Heterozygous	56 (20%)
Only 1 allele detected (Affected)	9 (3%)

# Cancers seen in the BSR

As of March 2019, 147 (52%) registry participants had developed 235 cancers

Of the 235 cancers, 34% were hematologic, and 66% were solid tumors

Cancer Type	Frequency (% of total cases)	Median age of diagnosis (yrs)	Mean age of diagnosis (yrs)	Range (yrs)
Leukemia	40 (17%)	18	18	2-40
Lymphoma	39 (17%)	21	22	4-49
Colorectal	29 (12%)	36	35	16-49
Skin	25 (11%)	35	32	18-53
Breast	24 (10%)	26	29	10-47
Head and neck	24 (10%)	36	37	26-48
Stomach/esophagus	15 (6%)	32	33	15-48
Genitourinary	15 (6%)	22	21	19-23
Wilms tumor	8 (3%)	3	3	1-8
Lung	4 (2%)	37	36	32-40
All others	12 (5%)			

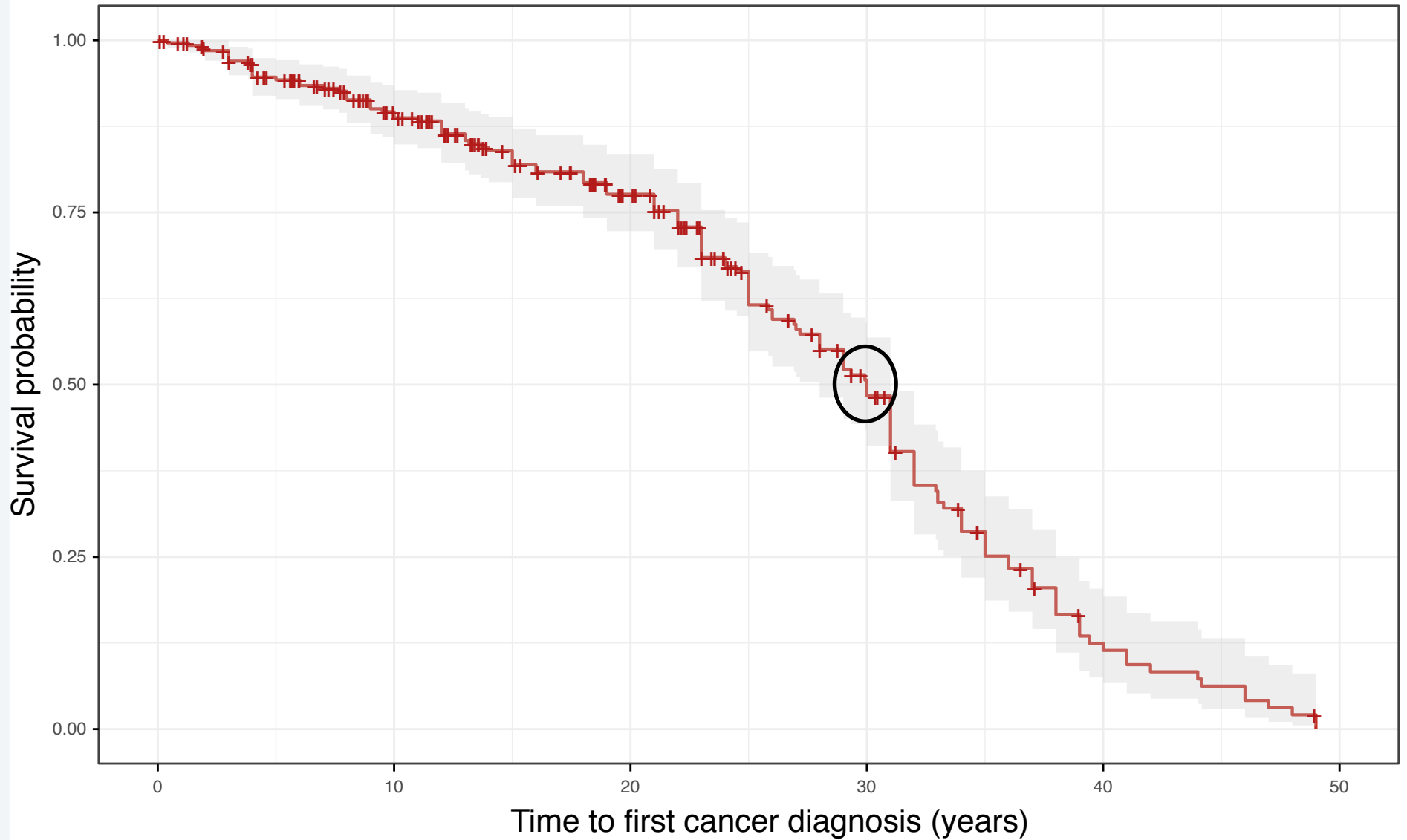
# Who is being included

All registry participants

Only those with a cancer  
diagnosis on or after the  
year 2000

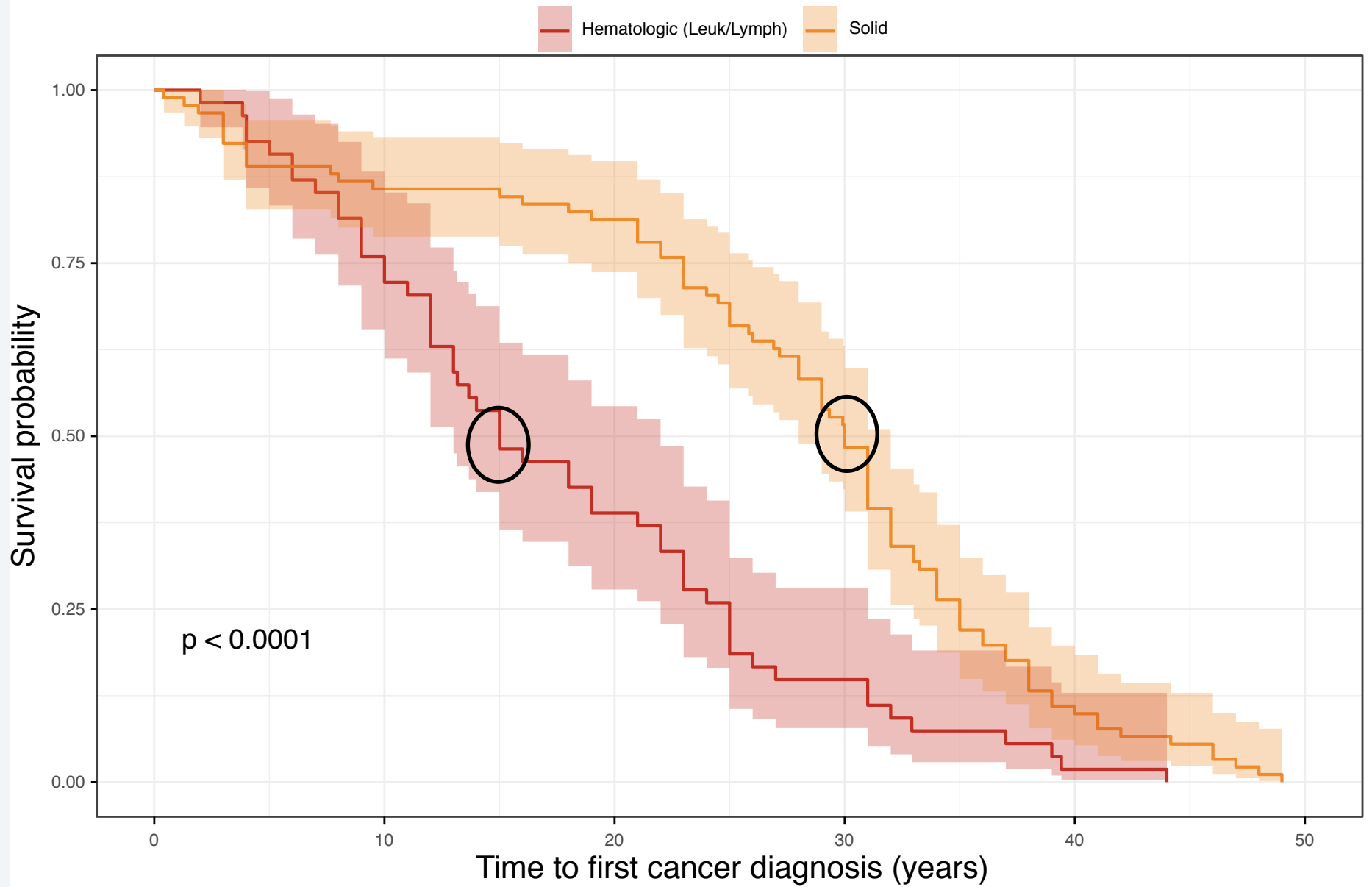
# First Cancer Analysis

# Time to First Cancer Diagnosis



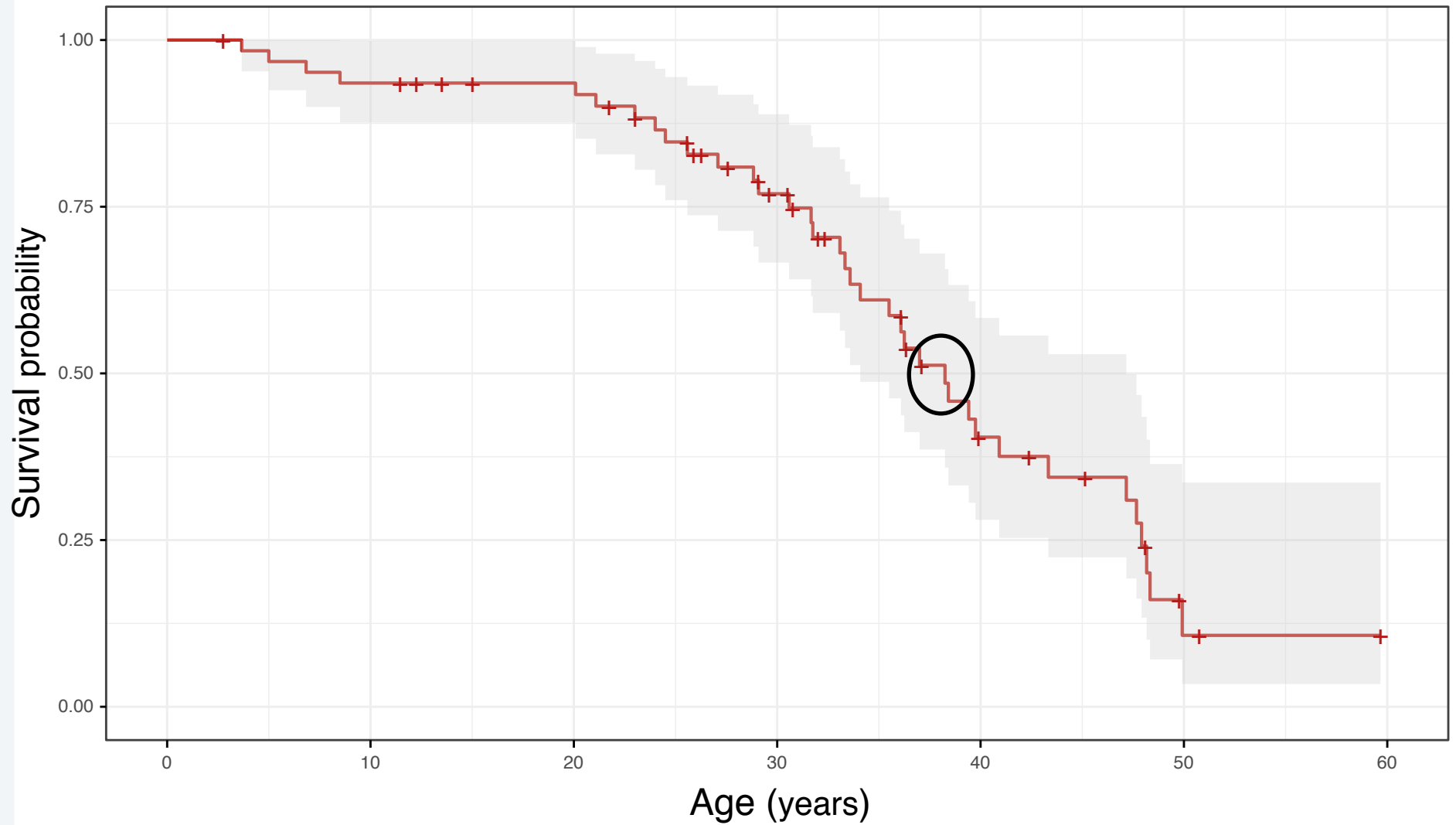


# Time to First Cancer Diagnosis

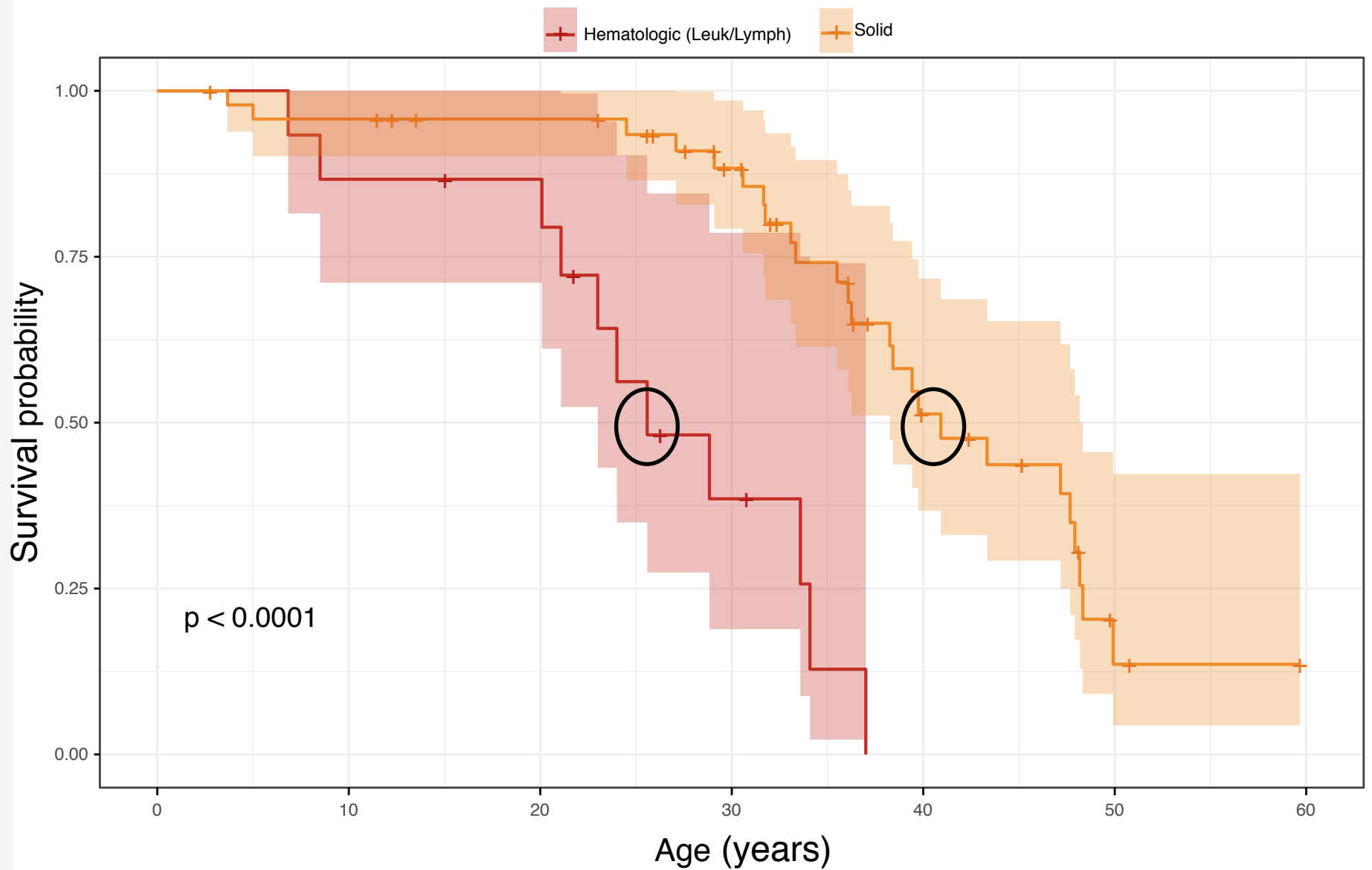


# Survival Analysis

# Cancer-related survival



# Cancer-specific survival



# Discussion

Younger age of diagnosis

Increased frequency

Multiple cancers

No differences based on genotype

# Younger age of Diagnosis

## National Cancer Institute:

- Leukemia: 67
  - ALL: 17
  - AML: 68
- Lymphoma (NHL, HL): 67, 39
- Colorectal: 67
- Breast: 62

## Bloom syndrome:

- Leukemia: 15
  - ALL: 13.7
  - AML: 20
- Lymphoma: 15
- Solid tumors: 30
  - Colorectal: 36
  - Breast: 26

# Cancer frequency: how does it compare to the general population?

SEER Cancer Statistics Review annual age adjusted average rate from 2013-2017

- Leukemia: 14.1 per 100,000 people
- Lymphoma (NHL): 19.6 per 100,000 people
- Colorectal cancer: 38.2 per 100,000 people

Bloom Syndrome cumulative rate by age 40

- Hematologic cancer: 23 per 100 people
- Solid tumors: 29.7 per 100 people

# Multiple cancer types

147 registry participants with cancer:

- 49 (33%) with 2<sup>nd</sup> cancer
- 6 with 3<sup>rd</sup> cancer
- 1 with 4<sup>th</sup> cancer
- 6 with 5<sup>th</sup> cancer
- 3 with 6<sup>th</sup> cancer

Average 6 years between 1<sup>st</sup> and 2<sup>nd</sup> cancers



# Differences based on genotype

## Genotype groups:

- Ashkenazi founder variant  $blm^{Ash}$
- Nonsense variants
- Missense variants

No significant difference between  $blm^{ash}$  and non- $blm^{ash}$  age of first cancer diagnosis or survival

# Conclusions

Personalized treatment regimens

Standardized tumor surveillance

Medical team guidance/teaching

# References

1. Antczak A, Kluzniak W, Wokolorczyk D, Kashyap A, Jakubowska A, Gronwald J, Huzarski T, Byrski T, Deogonekbnik T, Masojc B, *et al.* (2013) A common nonsense mutation of the BLM gene and prostate cancer risk and survival. *Gene* 532:173-176.
2. Arora A, Abdel-Fatah TM, Agarwal D, *et al.* Transcriptomic and protein expression analysis reveals clinicopathological significance of bloom syndrome helicase (BLM) in breast cancer. *Mol Cancer Ther.* 2015Apr;14(4):1057-1065. PubMed PMID: 25673821.
3. Bogdanova, N., Togo, A.V., Ratajska, M. *et al.* Familial Cancer (2015) 14: 145. <https://doi.org/10.1007/s10689-014-9748-x>
4. Cunniff, C., Bassetti, J. A., Ellis, N. A. (2017). Bloom's Syndrome: Clinical Spectrum, Molecular Pathogenesis, and Cancer Predisposition. *Mol Syndromol*, 8(1), 4-12. <http://doi.org/10.1159/000452082>
5. Cleary, S. P., Zhang, W., Di Nicola, N., Aronson, M., Aube, J., Steinman, A., ... Gryfe, R. (2003). Heterozygosity for the BLM(Ash) mutation and cancer risk. *Cancer Research*, 63(8), 1769-1771.
6. De Voer, R. M., Hahn, M.-M., Mensenkamp, A. R., Hoischen, A., Gilissen, C., Henkes, A., ... Kuiper, R. P. (2015). Deleterious Germline BLM Mutations and the Risk for Early-onset Colorectal Cancer. *Scientific Reports*, 5, 14060. <http://doi.org/10.1038/srep14060>
7. Dome, J. S., & Huff, V. (2003). Wilms tumor predisposition. In M. P. Adam, H. H. Ardinger, R. & A. Pagon (Eds.), *GeneReviews*®. Seattle, WA: University of Washington, Seattle. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK1294/>
8. German, J. (1997). Bloom's Syndrome. XX. The First 100 Cancers. *Cancer Genet. Cytogenet.* 93,101-107.
9. Goss, K. h., Risinger, M. A., Kordich, J. J., Sanz, M. M., Straughen, J. E., Slovek, L. E., ... Groden, J. (2002). Enhanced Tumor Formation in Mice Heterozygous for BLM Mutation. *Science*, 297(5589), 2051-2053. <http://doi.org/10.1126/science.1074340>
10. Gruber, S. B., Ellis, N. A., Rennert, G., Offit, K., Scott, K. K., Almog, R., ... Boyd, J. (2002). BLM Heterozygosity and the Risk of Colorectal Cancer. *Science*, 297(5589), 2013. <http://doi.org/10.1126/science.1074399>
11. Hays, L., Frohnmayer, D., Frohnmayer, L., Guinan, E., Kennedy, T., & Larsen, K. (Eds.). (2014). *Fanconi anemia: Guidelines for diagnosis and management* (4th ed.). Eugene, OR: Fanconi Anemia Research Fund.
12. Kohlmann, W., & Gruber, S., B. (1993). Lynch syndrome. In M. P. Adam, H. H. Ardinger, R. A. Pagon, S. E. Wallace, L. J. Bean, H. C. Mefford, ...N. Ledbetter (Eds.), *GeneReviews*. Seattle, WA: University of Washington, Seattle. Retrieved from <http://www.ncbi.nlm.nih.gov/>
13. Koren-Michowitz, M., Friedman, E., Gershoni-Baruch, R., Brok-Simoni, F., Patael, Y., Rechavi, G. and Amariglio, N. (2005), Coinheritance of BRCA1 and BRCA2 mutations with Fanconi anemia and Bloom syndrome mutations in Ashkenazi Jewish population: Possible role in risk modification for cancer development. *Am. J. Hematol.*, 78: 203-206. doi:10.1002/ajh.20310
14. Laitman Y, Boker-Keinan L, Berkenstadt M, Lipshitz I, Weissglas-Volkov D, Ries-Levavi L, *et al.* The risk for developing cancer in Israeli ATM, BLM, and FANCC heterozygous mutation carriers. *Cancer Genet.* 2016;209(3):70-4.
15. Lonn, U., Lonn, S., Nysten, U., Winblad, G. (1990). Increased levels of 5-fluorouracil-induced DNA lesions in Bloom's syndrome. *Int J Cancer*, 15, 494-499.
16. Prokofyeva, D., Bogdanova, N., Dubrowskaja, N. *et al.* *Breast Cancer Res Treat* (2013) 137: 533. <https://doi.org/10.1007/s10549-012-2357-1>
17. Rao, V. K., & Oliveira, J. B. (2011). How I treat autoimmune lymphoproliferative syndrome. *Blood*, 118, 5741-5751
18. Sokolenko A. P., Iyevleva A. G., Preobrazhenskaya E. V., Mitiushkina N. V., Abysheva S. N., Suspitsin, E. N., ... Imyanitov, E. N. (2012). High prevalence and breast cancer predisposing role of the BLM c.1642C>T (Q548X) mutation in Russia. *Int J Cancer*, 130(12), 2867-2873.
19. Sokolenko, A.P., Bogdanova, N., Kluzniak, W. *et al.* *Breast Cancer Res Treat* (2014) 145: 553. <https://doi.org/10.1007/s10549-014-2971-1>
20. Thomas, E. R., Shanley, S., Walker, L., Eeles, R. (2008). Surveillance and treatment of malignancy in Bloom syndrome. *Clin Oncol*, 20(5) 375-379. [Http://doi.org/10.1016/j.clon.2008.01.007](http://doi.org/10.1016/j.clon.2008.01.007).
21. Thomson ER, Doyle MA, Ryland GL, Rowley SM, Choong DYH, *et al.* (2012) Exome Sequencing Identifies Rare Deleterious Mutations in DNA Repair Genes FANCC and BLM as Potential Breast Cancer Susceptibility Alleles. *PLOS Genetics* 8(9): e1002894. <https://doi.org/10.1371/journal.pgen.1002894>
22. Voer, R.M., Hahn, M., Mensenkamp, A.R., Hoischen, A., Gilissen, C., Henkes, A., Spruijt, L., Zelst-Stams, W.A., Kets, C.M., Verwiel, E.T., Nagtegaal, I., Schackert, H.K., Kessel, A.G., Hoogerbrugge, N., Ligtenberg, M.J., & Kuiper, R.P. (2015). Deleterious Germline BLM Mutations and the Risk for Early-onset Colorectal Cancer. *Scientific reports*.
23. Wang, Q., Lv, H., Lv, W. *et al.* *Tumor Biol.* (2015) 36: 2703. <https://doi.org/10.1007/s13277-014-2893-x>
24. Warren M., Chung Y.-J., Howat W. J., *et al.* Irradiated BLM-deficient mice are a highly tumor prone model for analysis of a broad spectrum of hematologic malignancies. *Leukemia Research.* 2010;34(2):210-220. doi: 10.1016/j.leukres.2009.06.007.
25. Zauber, N. P., Sabbath-Solitare, M., Marotta, S., Zauber, A. G., Foulkes, W., Chan, M., Turner, F. and Bishop, D. T. (2005), Clinical and genetic findings in an Ashkenazi Jewish population with colorectal neoplasms. *Cancer*, 104: 719-729. doi:10.1002/cncr.21230
26. *SEER overall incidence rates* Howlader N, Noone AM, Krapcho M, Miller D, Brest A, Yu M, Ruhl J, Tatalovich Z, Mariotto A, Lewis DR, Chen HS, Feuer EJ, Cronin KA (eds). SEER Cancer Statistics Review, 1975-2016, National Cancer Institute. Bethesda, MD, [https://seer.cancer.gov/csr/1975\\_2016/](https://seer.cancer.gov/csr/1975_2016/), based on November 2018 SEER data submission, posted to the SEER web site, April 2019.
27. *SEER overall incidence rates* Howlader N, Noone AM, Krapcho M, Miller D, Brest A, Yu M, Ruhl J, Tatalovich Z, Mariotto A, Lewis DR, Chen HS, Feuer EJ, Cronin KA (eds). SEER Cancer Statistics Review, 1975-2016, National Cancer Institute. Bethesda, MD, [https://seer.cancer.gov/csr/1975\\_2016/](https://seer.cancer.gov/csr/1975_2016/), based on November 2018 SEER data submission, posted to the SEER web site, April 2019 [https://seer.cancer.gov/csr/1975\\_2017/results\\_merged/otp\\_lifetime\\_risk.pdf](https://seer.cancer.gov/csr/1975_2017/results_merged/otp_lifetime_risk.pdf)

# Acknowledgements

People with Bloom syndrome and their families

Clinical and Translational Science Center, Weill Cornell Medicine

National Center for Advancing Translational Sciences of the  
National Institutes of Health, Grant/Award Number: UL1TR000457

New York Community Trust