Prevention Matters

| FOX CHASE CANCER CENTER RISK ASSESSMENT PROGRAM PUBLICATION | SPRING/SUMMER 2026 |

What are multi-cancer early detection (MCED) tests, and what should you know before you get one?

Kathryn Tumelty, CRNP, FNP-C, AOCNP, Advanced Practice Clinician

Multi-cancer early detection (MCED) blood tests are an emerging approach to cancer screening that aims to find many types of cancer from a single blood draw, often before symptoms appear. The most well-known examples are Galleri, developed by GRAIL and Cancerguard by Exact Sciences. While the idea is exciting, it's important to understand how these tests work, what they can (and can't) do, and where they currently fit in healthcare.

How do MCED tests work?

Cancer cells behave differently from normal cells. As they grow, they shed fragments of their DNA into the bloodstream. MCED tests analyze a sample of blood to look for these tiny pieces of "cell-free DNA." Using advanced technology and machine learning, the test looks for patterns, such as abnormal chemical tags on DNA that may indicate cancer.

If a cancer signal is detected, the test may also suggest where in the body the cancer originated. This "signal of origin" feature is one of the unique aspects of MCED tests.

Why are these tests important?

Traditional cancer screening usually focuses on one cancer at a time, like mammograms for breast cancer or colonoscopies for colorectal cancer. Many cancers, however, don't have routine screening tests, and they're often diagnosed at later stages when treatment is more difficult.

MCED tests aim to fill this gap by:
- Screening for dozens of cancers at once
- Detecting cancers earlier, when they may be more treatable
- Potentially reducing cancer deaths over time

This broad approach could be especially helpful for cancers like pancreatic or ovarian cancer, which are rarely caught early using current methods.

What are the benefits?

For patients, MCED testing offers several potential advantages:
- Convenience: a single blood draw instead of multiple procedures
- Early detection: finding cancer before symptoms develop
- Wide coverage: screening for cancers that currently lack standard tests

Some studies have shown that tests like Galleri can detect a cancer signal in a portion of people with cancer, often with relatively low false-positive rates (meaning fewer people are incorrectly told they might have cancer).

What are the limitations?

Despite the promise, MCED tests are not perfect, and they are not a replacement for standard screening. The limitations include:
- Not 100% sensitive: a negative result does not guarantee you don't have cancer
- Follow-up required: a positive result does not confirm cancer—it means more testing (like imaging or biopsies) is needed
- Cost and access: these tests are often not covered by insurance and can be expensive (over $900)
- Uncertain impact on outcomes: researchers are still studying whether using these tests actually reduce cancer deaths in the long run

There's also the possibility of overdiagnosis, where very slow-growing cancers that might never cause harm are detected, potentially leading to unnecessary treatment.

Who should consider these tests?

Right now, MCED tests are generally aimed at adults, often those over 50 or with higher risk factors for cancer (such as family history or smoking) and done annually. However, they are not yet recommended as routine screening by most major medical organizations.

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If you're considering an MCED test, it's best to discuss it with your healthcare provider. They can help you weigh the benefits and limitations based on your personal risk.

Where does this fit in the future?

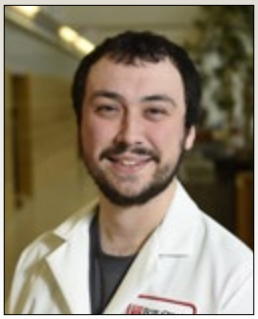
MCED testing is still evolving. Large clinical trials are underway to better understand how these tests perform in real-world populations and whether they improve survival.

In the future, MCED tests could become a standard part of routine healthcare, complementing, not replacing existing screening tools. For now, experts emphasize that people should continue recommended screenings.

Multi-cancer early detection blood tests like Galleri and Cancerguard represent a promising step toward earlier and broader cancer detection. They offer a glimpse of a future where a simple blood test could help identify cancers before they become life-threatening. However, they are still new, and their role in routine care is not fully established.

For now, they are best viewed as an additional tool-one that may be useful for some individuals but should be used thoughtfully and alongside traditional screening methods.

WELCOME TO THE TEAM!



Austin Eastmure, MS, LCGC, Genetic Counselor

I'm very grateful to be part of Fox Chase's Risk Assessment Program in my new role as a Genetic Counselor, and I'm looking forward to having the opportunity to support patients and families navigating their cancer risk. I'm originally from the Philadelphia area but have spent the past few years in New York training with my Genetic Counseling program at Columbia University. It was there that I developed a strong interest in cancer genetics and found it was an area where I can have actionable results on patient care. I strive to provide patient-centered care and communicate with patients on their own terms. Outside of work, I enjoy traveling, watching Survivor, and exploring the food scene around the city.

Marie Droual, MS, LCGC, Genetic Counselor

In my first few months here, it has become apparent how much respect and appreciation the patients at Fox Chase have for the providers and employees at the center. I am honored to be a part of this team providing care for patients and their families. I am joining the Risk Assessment Program at Fox Chase as a genetic counselor.

I got my bachelor's in molecular and cell biology at UC Berkeley. I chose to pursue a career in genetic counseling because I wanted to educate and empower patients with knowledge about genetic conditions, while also counseling and supporting patients through the emotions that come with a new diagnosis. I completed my master's in genetic counseling at Columbia University. Here at Fox Chase, I am excited to serve patients who come to the clinical genetics department alongside the other genetic counselors, advanced care providers, researchers, and administrative staff. In my free time, I enjoy being outdoors, working in my garden or on long walks.

Evan Lewis, MS, LCGC, Genetic Counselor

I am pleased to be part of the Risk Assessment Program at Fox Chase. I am originally from Albuquerque, New Mexico and received my BS in genetics from Arizona State University before going on to Stanford University for my graduate training in genetic counseling. My goal as a genetic counselor is to provide patients with both education and support, engaging in a process of shared decision making and guide them towards a better understanding of their genetic risks. I am passionate about connecting with patients on a human level and helping them navigate their complex health journeys, cooperating to develop a plan for genetic assessment for patients and their families. In my free time I enjoy drawing and painting, as well as hiking, camping, and spending time with my friends. I am grateful for the opportunity to provide person-centered care to the patients of Fox Chase.

Results from a phase Ib/II clinical trial of the Nous-209 neoantigen vaccine for cancer prevention in Lynch Syndrome carriers.

A new study published in Nature Medicine highlights encouraging early results for a vaccine called Nous-209, designed to help intercept cancer in people with Lynch Syndrome. Michael Hall, MD, MS served as the study site investigator at Fox Chase Cancer Center, one of four cancer centers who participated in the clinical trial. The study was led nationally by Dr. Eduardo Vilar-Sanchez.

Lynch Syndrome is a common inherited condition that affects about 1 in 300 people and greatly increases the lifetime risk of developing cancers such as colorectal and endometrial cancer. These cancers tend to develop because certain DNA repair genes don't work properly, leading to the buildup of abnormal proteins called frameshift peptides (FSPs) that the immune system can potentially recognize as warning signals.

What Is the Nous-209 vaccine?
Unlike traditional vaccines that target infections, Nous-209 is designed to train the immune system to recognize and eliminate precancerous or early cancer cells before a tumor forms. It works by delivering 209 shared frameshift peptide neoantigens that commonly appear in Lynch Syndrome-associated precancers and cancers. These serve as "practice targets," helping the immune system learn what harmful early-stage cancer cells look like. The vaccine is given in two phases: an initial "prime" dose and a "boost" dose administered 8 weeks afterward.

The main goals of the current study were to confirm the vaccine's safety and to measure how well it stimulated an immune response in participants.

Who participated in the study?
A total of 45 healthy participants with Lynch Syndrome were enrolled between November 2022 and November 2023 across four cancer centers in the United States. All participants received two doses of vaccine and underwent a baseline colonoscopy, followed by a repeat colonoscopy one year later at the end of the study.

All participants carried a pathogenic mutation in Lynch Syndrome genes with the majority in MSH2 (47%), while the remainder were in MSH6 (24%), MLH1 (18%) and PMS2 (11%). The median age was 50 years (range, 24–71) and 42% of participants (19/45) were cancer survivors.

Is the vaccine safe?
Safety was one of the strongest findings:

- No serious side effects related to the vaccine were seen.
- The most common reactions were injection-site soreness and fatigue, similar to what many people experience after standard vaccines.
- No severe (grade 3) injection-site reactions occurred.

These results are especially reassuring because people with Lynch Syndrome already undergo frequent medical care, colonoscopies, and monitoring. A preventive approach that is easy to tolerate could help reduce the burden of lifelong surveillance

How well did the vaccine work?
The immune responses were strong and very promising:

- 100% of the participants who could be evaluated developed a measurable immune response.
- The vaccine activated both CD4+ and CD8+ T cells, which are key players in identifying and removing abnormal cells.
- The responses were not only strong but also long-lasting, remaining detectable in 85% of participants after one year.
- Over 100 different frameshift peptides targets were identified as capable of triggering productive immune responses.

These results suggest that Nous-209 may prepare the immune system to recognize the earliest signs of cancer development, potentially stopping cancer before it forms or at its very earliest emergence.

Why this matters for patients
For people with Lynch Syndrome, current preventive care often involves frequent colonoscopies, lifelong cancer screening, and sometimes preventive surgeries.
While effective, these approaches can be stressful and life-altering. A safe vaccine that offers immune protection could become a new option that works with the body to reduce cancer risk.

What comes next?
These early results support moving forward with larger clinical trials to understand how well Nous-209 can actually prevent cancer or precancerous growths over time. But for now, the findings offer tangible hope that immune-based prevention might soon become part of Lynch Syndrome care.

Full article: https://www.nature.com/articles/s41591-025-04182-9

A HEARTFELT THANK YOU

to all Fox Chase participants who took part in this important clinical trial. Your contribution to research is truly invaluable and helps advance scientific understanding and improve care for future patients with Lynch syndrome.

Menopausal Hormone Therapy (MHT) and Breast Cancer Risk

Kathy Henderson, MSN, ANP-BC, AGN-BC, Nurse Practitioner

The average age of menopause in women is 51 years (no menstrual cycles for 12 months). Many women will develop peri-menopausal symptoms during age 40s due to erratic hormone production leading to low estrogen. The most common symptoms are VMS (vasomotor symptoms) of hot flashes and night sweats occurring in ~ 60-80% of women lasting 7-10 years. VMS may cause sleep disruption, mood swings, and concentration/memory difficulties.

Approximately 5% of women experience natural early menopause between ages 40-45 and 1% with premature menopause under age 40 due to primary ovarian insufficiency, preventative removal of ovaries (BSO) for BRCA mutations, or chemotherapy/radiation.

Types of systemic MHT (into bloodstream)

- Estrogen-only therapy - used in women after hysterectomy (surgical removal of uterus)
- Combination therapy with estrogen and progestogen - used in women with uterus
  - Progestogen (as a pill or IUD) protects uterine lining from overgrowth of cells (hyperplasia) that can lead to cancer
- Older forms of MHT were conjugated estrogen and synthetic progesterone (used in the WHI trial)
- Current MHT (bio-identical products) consists of transdermal estrogen (absorbed into skin with patches or gel, less blood clot/cardiovascular risk) and micronized progestogen (less breast cancer risk than older products)
- It seems that progestogen impacts breast cancer risk more than estrogen

The Women's Health Initiative (WHI) enrolled 27,347 post-menopausal women (average age 63) at 40 US centers from 1993-1998 into 2 randomized clinical trials. This was the first trial to show that conjugated estrogen-progestogen (prempro) for 5+ years caused more breast cancer cases than women not taking MHT. Breast cancer risk with combined MHT can last up to 10 years after stopping therapy. Women taking conjugated estrogen-only (premarin) for 7+ years showed fewer breast cancer cases compared with women not taking MHT.

Breast cancer risk with combination MHT is similar to risk associated with early puberty (under age 12), obesity, high fat diet, and alcohol intake.

Other factors with higher breast cancer risk are family history of breast cancer in first-degree relative, late menopause (over age 55), late first pregnancy (over age 30), no child births, extremely dense breasts, high-risk breast lesions LCIS or atypical hyperplasia, and genetic mutations.

Who should use systemic MHT?

- To treat moderate-severe VMS interfering with quality of life
- Best candidates are women under age 60, less than 10 years after onset of menopause, not high risk for breast cancer or cardiovascular disease
- There may be more risk than benefit in women starting MHT after age 60 or more than 10 years after menopause
- MHT is not recommended to prevent chronic diseases of coronary heart disease or dementia. Some MHT are approved to prevent osteoporosis.
- MHT should be avoided in women with history of breast cancer (may increase risk of recurrence), blood clots, stroke/TIA or heart attack, abnormal vaginal bleeding, or active liver disease

Vaginal estrogen is used to treat vaginal atrophy/dryness, discomfort during intercourse, and recurrent UTIs

- Stays mostly in vaginal tissue (only small amount goes into bloodstream),
- Current evidence does not show an increased risk in breast or uterine cancers, heart disease, or blood clots
- Considered safe in women with history of breast cancer if non-hormonal topical moisturizers are ineffective

Premature menopause in BRCA mutations

- Women with BRCA mutations have preventative removal of ovaries (BSO) at age 35-45
- Premature menopause negatively impacts cardiovascular and bone health, quality of life, and brain function
- Estrogen-only therapy is preferred in BRCA mutations after BSO, but can only be given after hysterectomy
- If the uterus is not removed, then use combination MHT and minimize progestogen tablets or use progestin IUD with estrogen patch or gel (3-5 years)
- BSO is also recommended in BRIP1, PALB2, RAD51C, RAD51D mutations at a later age (45-50 years)
- Lynch syndrome (MLH1, MSH2, MSH6) typically undergo hysterectomy with BSO starting at age 40. Therefore, estrogen-only MHT may be considered

MHT requires an individualized approach based on each woman's VMS, age of menopause, current age, medical conditions, and breast cancer risk. More safety data is needed for MHT in women over age 65 or taking MHT longer than 5 years.

When Genetic Testing Finds More Than One Cancer Risk Gene

The Risk Assessment Program team recently published findings from a research study titled ***"Risks and Implications of Multiple Actionable Pathogenic Germline Variants Discovered by Panel-Based Cancer Predisposition Testing"*** in Cancer Prevention. This research examined data of individuals who underwent genetic testing for inherited cancer risk and were found to carry more than one cancer-related genetic change that can increase the risk of developing cancer. These genetic changes are referred to as *pathogenic germline variants (PGVs)*.

As multigene panel testing has become more accessible and affordable, it is now easier to analyze many cancer-related genes at the same time. The study goal was to better understand how often people carry more than one pathogenic germline variant and how these findings may change their medical care, such as cancer screening, prevention, or treatment recommendation.

Patients were identified through the Fox Chase Cancer Center (FCCC) Risk Assessment Program (RAP) and the study included everyone who joined the RAP Registry and had multigene panel testing between 2014 and 2024. Out of almost 8,000 people tested, 64 patients (0.8%) from 58 families had more than one *pathogenic germline variant.*

Why this research is important
Sometimes, when a family already knows about a single genetic change in a family, relatives are tested only for that one gene. This study shows that single-gene testing can miss additional important risks. Multigene panel testing provides a more complete picture and may uncover risks that would otherwise go unnoticed.

Even though having multiple PGVs is rare, over half of these patients (52%) needed changes in their medical care based on their results. Finding an additional PGV can change:

- Screening recommendations (for example, starting colonoscopies earlier or adding breast MRIs)
- Risk-reducing surgeries (such as preventive removal of ovaries in BRCA1/2 carriers)
- Treatment options, including:
  - PARP inhibitors for BRCA-related cancers
  - Immunotherapy for cancers linked to Lynch syndrome

Findings

- 66% of patients with multiple pathogenic variants had a personal history of cancer with an average age of onset of 53 years, and 12.5% had multiple primary cancers, meaning separate cancers in different organs.
- 5% of all patients with PGV in BRCA1/2 also had an additional PGV, while 7% of patients with Lynch syndrome also carried an additional PGV.
- Ten patients from nine unrelated families had both a PGV in BRCA1/2 as well as a PGV in a Lynch syndrome gene.
- People with Ashkenazi Jewish ancestry were more likely to have multiple PGVs, partly due to known "founder mutations" in this population.

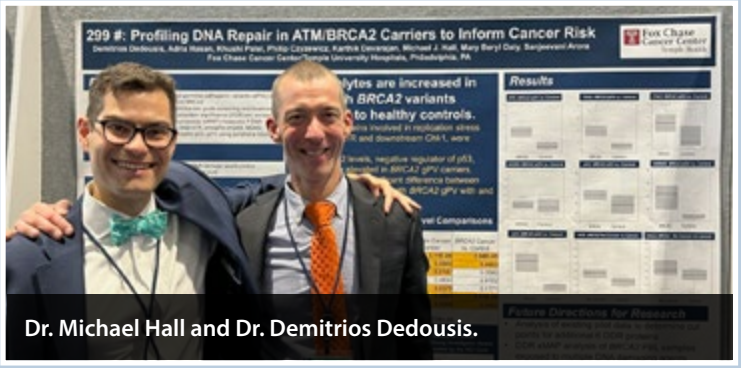
What does this mean for patients and families
Finding multiple pathogenic variants is rare but can be very meaningful when it does happen.

- Multigene panel testing can lead to more accurate risk assessment and better-tailored screening and prevention plans.
- Genetic counseling is especially important to help patients understand complex results.
- Family members may benefit from testing once multiple risks are identified.

The study strongly supports using multigene panel testing rather than testing only one gene, especially in families with known hereditary cancer risks.

If you previously had single-site or limited genetic testing, you may now be eligible for updated testing using a comprehensive multigene panel for hereditary cancer risk. If you have any questions or would like more information, please feel free to call us at 877-627-9684.

Read full article: **https://pubmed.ncbi.nlm.nih.gov/41100774/**



Dr. Michael Hall and Dr. Demitrios Dedousis.

Another research study, titled "Profiling DNA Repair in ATM/BRCA2 Carriers to Better Understand Cancer Risk," conducted by the Risk Assessment Program in collaboration with Dr. Sanjee Arora's laboratory at Fox Chase, was presented at the 2025 American Society of Clinical Oncology (ASCO) Annual Meeting.

We are deeply grateful to the individuals who generously donated blood samples for this study and for future research.

MAN 2 MAN

Prostate Cancer Screening for Men with BRCA1 or BRCA2 Gene Changes-Summary of the IMPACT Study (5-Year Outcomes)

Maria Kadlec, BSN,RN, Nurse Navigator

Why is this prostate cancer study important?

Most men are not routinely screened for prostate cancer because the PSA blood test can sometimes find slow-growing cancers that may never cause harm.

However, men who carry certain inherited gene changes, called BRCA1 or BRCA2, have a higher risk of developing prostate cancer, and their cancers are often more aggressive.

Design of the clinical study

- 65 centers (INCLUDING FOX CHASE CANCER CENTER) across 20 countries
- 3,063 participants
- Median age: 54 years
- 97% White European ancestry
- Annual PSA screening for 5 years
- Biopsy recommended if PSA above 3.0 ng/mL
- Clinically significant prostate cancer defined as:
- (Gleason score 7) or higher

What are BRCA1 and BRCA2?

BRCA1 and BRCA2 are genes in everyone's DNA.
If someone inherits a harmful change (mutation) in one of these genes:

- The risk of several cancers increases
- This includes prostate cancer in men

Men with:

- BRCA2 mutations have a clearly higher risk of prostate cancer
- BRCA1 mutations may also have increased risk, especially for more aggressive disease

What did this study look at?

An international study followed men with BRCA1 or BRCA2 mutations for 5 years. They had a PSA blood test once a year and a prostate biopsy if PSA was above 3.0. The goal was to see whether yearly PSA testing could safely detect prostate cancer early.

What did they find?

For Men with BRCA2 mutations compared to men without the mutation:

- More were diagnosed with prostate cancer
- They were diagnosed at a younger age
- Their cancers were more likely to be aggressive
- Many had higher-risk disease

Conclusion: Annual PSA screening clearly benefits men with BRCA2 mutations.

For Men with BRCA1 Mutations

- Overall cancer rates were similar to men without the mutation
- But when cancer did occur, it was more likely to be aggressive
- Screening helped find these cancers early

Conclusion: Annual PSA screening should strongly be considered.

What does this mean for you?

- If you carry BRCA2 mutation you should have yearly PSA screening starting at age 40
- If you carry BRCA1 mutation -yearly screening with PSA is strongly recommended or should be seriously considered.

Why this matters?

PSA screening in men with BRCA1 or BRCA2 mutations:

- The risk of aggressive cancer is higher
- Early detection may save lives
- The benefits appear to outweigh the risks

Read full article: https://pubmed.ncbi.nlm.nih.gov/41714267/

MAY IS SKIN CANCER AWARENESS MONTH

Understand Your Likelihood of Developing Skin Cancer

A risk factor is anything that increases your likelihood of developing a disease like skin cancer. Fortunately, many skin cancer risk factors can be addressed by you. Protect yourself by understanding your skin cancer risk factors and equip yourself with knowledge to make informed decisions about your skin health.

Factors that increase your skin cancer risk	Factors that can help decrease your cancer risk
Unprotected Exposure to UVA & UVB Rays	Daily use of a broad spectrum sunscreen with an SPF 30+
Sunburns	Use of sun protective clothing, UV-blocking sunglasses and wide-brimmed hats
Skin Type	Seeking the shade whenever possible
Indoor tanning	Protective window film in your car and home
Genetics	Annual skin exams with your physician
Atypical Moles	Monthly self-exams
Organ Transplant	A healthy diet
Red Hair	**www.skincancer.org/risk-factors/**
Working Outdoors	

What Is Resistant Starch and Why Does It Matter?

Resistant starch is a type of carbohydrate found in certain foods that is not fully digested in the small intestine. Instead, it travels to the colon, where it helps feed the "good" bacteria in your gut. Because of this, resistant starch is considered a prebiotic, meaning it supports gut health.

Research suggests resistant starch may offer important health benefits. A study published in 2022 found that people with Lynch syndrome who consumed about 30 grams of resistant starch daily for two years had a lower risk of cancers of the upper digestive system (such as the stomach, small intestine, bile ducts, and pancreas).

While the supplement used in the study is not available in the U.S., resistant starch can be added to your diet through common foods and simple preparation methods.

Foods That Contain Resistant Starch

- Beans and legumes (lentils, chickpeas, black beans)
- Oats, especially when soaked overnight
- Green (unripe) bananas and plantains
- Potatoes, rice, and pasta, especially when cooked, cooled, and sometimes reheated
- Whole grains like barley and rye bread

How food is prepared matters. For example, cooking and then cooling foods like potatoes, rice, pasta, and beans can increase their resistant starch content.

Tips for Adding Resistant Starch Safely

- Increase resistant starch gradually to avoid bloating or discomfort.
- Drink plenty of fluids (about 64 ounces per day) to support digestion.
- Reaching 30 grams per day through food alone can be challenging; some people may use green banana or plantain flour as a supplement.
- Start small (3–5 grams per day) and slowly increase over time.

Resistant starch can be a simple, food-based way to support gut health and may play a role in long-term disease prevention.

Scan QR code for the patient-friendly brochure with detailed food lists and sample meal plans is included below. This resource was created by a multidisciplinary team of health professionals from the University of Colorado Anschutz Medical Campus.

Scan or CLICK HERE





Peach of a Carrot Zucchini Smoothie

This healthy, fruit and veggie packed smoothie will remind you of carrot zucchini bread, with a hint of peach to sweeten it up the natural way. Smoothies are a great way to include more healthful servings of veggies in your diet—with fruit acting as a natural sweetener. Use up a bumper crop of zucchini or yellow summer squash in this smoothie, which will appeal to everyone in your family.

Ingredients:

- 1 medium peach, unpeeled, halved and pitted*
- 1 small carrot, unpeeled and chopped into quarters
- 1/2 small zucchini or yellow summer squash, unpeeled and chopped into quarters
- 2 Tbsp. pumpkin seeds, unsalted
- 1/2 tsp. cinnamon
- 1/2 cup milk**
- 1/2 tsp. vanilla extract
- 5 ice cubes

Makes 1 serving. Per serving: 240 calories, 10 g total fat (3 g saturated fat, 0 g trans fat), 10 mg cholesterol, 30 g carbohydrates, 11 g protein, 3 g dietary fiber, 100 mg sodium, 23 g sugar, 0 g added sugar.

Directions:

1. Place peach, carrot and squash in the container of a blender.
2. Add pumpkin seeds, cinnamon, milk, vanilla extract and ice cubes to blender.
3. Cover and process a few seconds until smooth and creamy.
4. Pour into a glass and enjoy immediately, or chill until serving time.

**May use unsweetened canned or frozen peaches*
***May substitute milk with nondairy alternative*

Source: https://www.aicr.org/cancer-prevention/recipes/peach-of-a-carrot-zucchini-smoothie/

Prevention *Matters*

The Department of Clinical Genetics offers one of the most comprehensive risk assessment programs in the Philadelphia region. It encompasses all of Fox Chase Cancer Center's clinical services for people at risk for cancer, as well as innovative research in the areas of cancer prevention and genetics.

CONTACT THE RISK ASSESSMENT PROGRAM:
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rapinfo@fccc.edu

Mary Daly, MD, PhD
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Fox Chase Cancer Center
Temple Health

Fox Chase Team to Take Part in Komen MORE THAN PINK Walk

Date: Saturday, May 30, 2026 08:00 am to 11:00 am
Location: Marine Parade Grounds at the Navy Yard
Philadelphia, PA

There is no registration fee to participate, but fundraising is encouraged.

Sign up here: foxchase.org/events/fox-chase-team-take-part-komen-more-pink-walk

Together Facing Sarcoma 2026

Date: Wednesday, July 15, 2026 05:30 pm to 08:00 pm
Location: Fox Chase Cancer Center
Cafeteria-Center Building
333 Cottman Avenue, Philadelphia, PA 19111

This is a free event, but registration is required. If you have any questions, please call 215-728-2745

Sign up here: donate.foxchase.org/TogetherFacingSarcoma

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