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## Hereditary Predisposition and Clinical Presentation of Patients with Pheochromocytomas and Paragangliomas: Insights from a Large Clinical Cohort

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### BACKGROUND

Approximately 30–40% of paragangliomas (PGL) and pheochromocytomas (PCC) harbor an underlying hereditary cause. Early identification of at-risk individuals is imperative given the early-onset, aggressiveness of tumors, and other tumor/cancer risks associated with hereditary PGLs/PCCs. This study analyzes the clinical presentations and genetic histories of patients with PGL/PCC and/or hereditary risk to contribute to the expanding knowledge in this rare population.

### METHODS

Retrospective chart review identified two cohorts of patients seen in cancer genetics clinics at an academic medical center and a safety-net hospital between August 2016 and December 2022. Cohort 1 consisted of patients with likely pathogenic/pathogenic variants (LPV/PV) in hereditary PGL/PCC predisposition genes (*FH*, *MAX*, *MEN1*, *NF1*, *RET*, *SDHA*, *SDHAF2*, *SDHB*, *SDHC*, *SDHD*, *TMEM127*, *VHL*). Cohort 2 consisted of patients with a personal history of a PGL/PCC. Demographics, personal/family history, and genetic testing outcomes were analyzed.

### RESULTS

A total of 560 patients met study criteria (Cohort 1, n=364; Cohort 2, n=269). In Cohort 1, 77 (21.1%) patients had an incidental LPV/PV in a PGL/PCC gene. Nearly half (n=36, 46.8%) were in SDHx genes, with a majority in *SDHA* (n=21). In Cohort 2, 86 patients tested positive for 87 LPV/PV in a hereditary cancer predisposition gene). The SDHx genes were most likely to have a LPV/PV identified (*SDHB* n=24, *SDHD* n=23, *SDHA*=7). Patients at the safety-net hospital most frequently had an LPV/PV in syndromic genes (*VHL*, *NF1* and *FH*) compared to patients at the academic medical center.

### CONCLUSIONS

Multigene panels identify patients at risk for hereditary PGL/PCC, many of whom are incidentally found. While *SDHA* LPV/PVs were the most frequent incidental finding, they were less common in patients with PGL/PCC, indicating the need for longitudinal studies to better understand the prevalence and penetrance of these tumors.

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