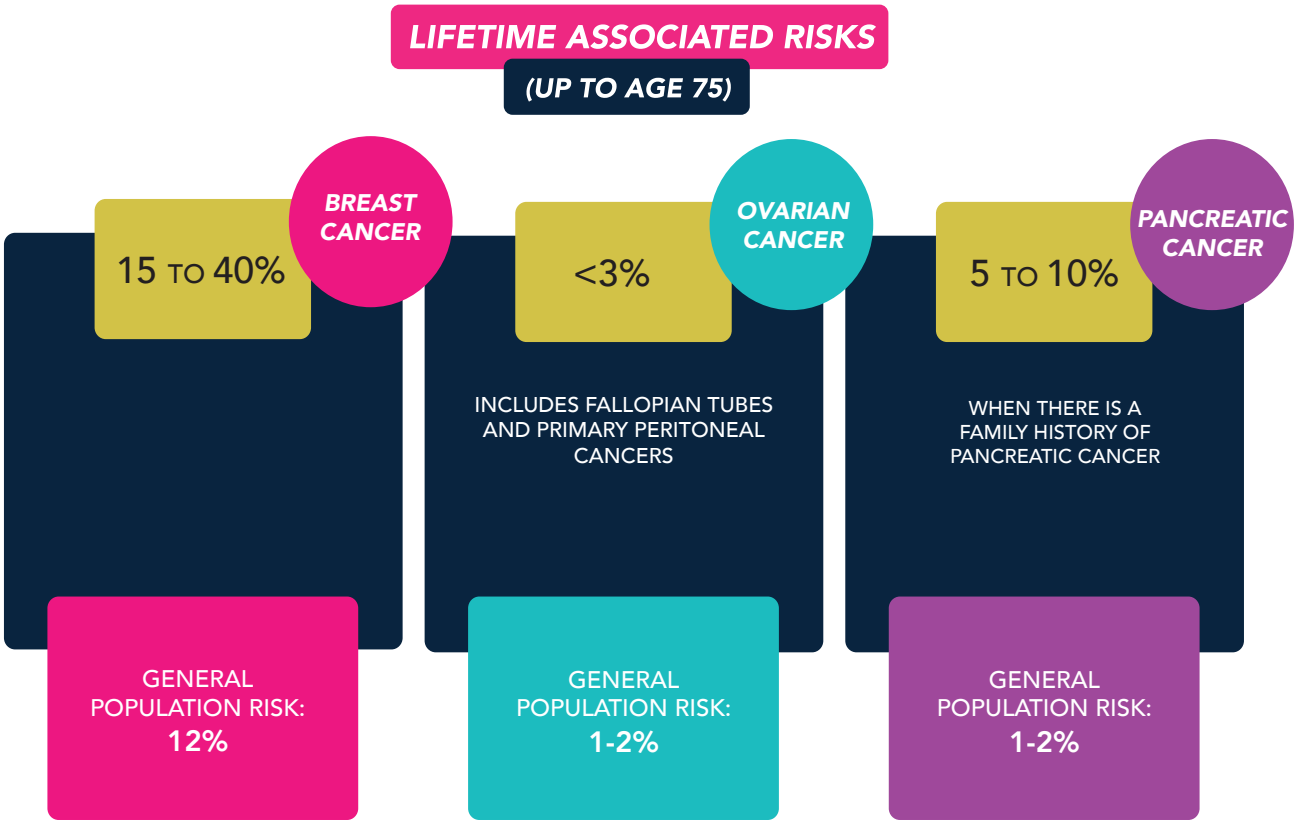
ATM WOMEN

The medical management guidelines from the National Comprehensive Cancer Network (NCCN) for patients with an ATM pathogenic / likely pathogenic variant are listed in this document.

This overview is for informational purposes and does not constitute a personalised recommendation. Recommended options may vary based on your personal and family history. Access to some options may also vary from one medical center to another. The specific references should be consulted for more details before developing a treatment plan.

In addition, the information available on hereditary cancer susceptibility genes is constantly evolving and it is recommended to check this information annually as the management guidelines may change in the future.



References:

Daly M et coll. NCCN Clinical Practice Guidelines in Oncology: Genetic/Familial High-Risk Assessment: Breast, Ovarian and Pancreatic. Version 2.2021. November 20, 2020. http://www.nccn.org

Gatti R, Perlman S. Ataxia Telangiectasia. 1999 Mar 19 [Updated 2016 Oct 27]. In : Pagon RA, Adam MP, Ardinger HH, et al., editors. GeneReviews® [Internet]. Seattle (WA) : University of Washington, Seattle; 1993-2017. https://www.ncbi.nlm.nih.gov/books/NBK26468

Quebec Breast Cancer Foundation

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ATM WOMEN

**** Genetic testing for the ATM gene is recommended for the spouse of an individual with an ATM pathogenic/likely pathogenic variant to assess the risk of ataxia-telangiectasia in this couple's children.**

When both parents carry an ATM pathogenic/likely pathogenic variant, their children have a 25% risk of inheriting both ATM pathogenic/likely pathogenic variants, which is associated with a rare genetic disease called ataxia-telangiectasia. This condition is associated with an increased risk of childhood cancers as well as disorder of the nervous and immune systems.

BREAST CANCER

SCREENING

STARTING AT AGE 40
OR EARLIER ACCORDING TO THE FAMILY HISTORY OF BREAST CANCER.

- CLINICAL BREAST EXAM BY A PHYSICIAN EVERY 6 TO 12 MONTHS.
- MAMMOGRAM WITH CONSIDERATION OF TOMOSYNTHESIS EVERY 12 MONTHS.
- CONSIDER BREAST MAGNETIC RESONANCE IMAGING (MRI) WITH CONTRAST EVERY 12 MONTHS.

40

75

STARTING AT AGE 75
- MANAGEMENT SHOULD BE DETERMINED ON AN INDIVIDUAL BASIS

BREAST CANCER

RISK REDUCTION

SURGERY

REGARDING THE ATM GENE, THERE IS CURRENTLY INSUFFICIENT EVIDENCE TO RECOMMEND A PROPHYLACTIC BILATERAL MASTECTOMY (REMOVAL OF THE BREASTS BEFORE CANCER DEVELOPS).

THIS OPTION MAY BE CONSIDERED BASED ON THE FAMILY HISTORY OF BREAST CANCER.

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OVARIAN CANCER

SCREENING

CURRENT KNOWLEDGE IS INSUFFICIENT TO ESTABLISH SPECIFIC GUIDELINES FOR SCREENING FOR THE RISK OF OVARIAN CANCER ASSOCIATED WITH THE ATM GENE.

- IT IS SUGGESTED TO FOLLOW THE RECOMMENDATIONS FOR PREVENTION AND SCREENING FOR THE GENERAL POPULATION.
- **FOR INDIVIDUALS WITH A FAMILY HISTORY OF OVARIAN CANCER**, SCREENING RECOMMENDATIONS SHOULD BE INITIATED AT A YOUNGER AGE.
  - ◊ CONSIDER TRANSVAGINAL ULTRASOUND AND CA-125 MEASUREMENT EVERY 6 MONTHS.

RISK REDUCTION

REGARDING THE ATM GENE, THERE IS CURRENTLY INSUFFICIENT EVIDENCE TO RECOMMEND A PROPHYLACTIC BILATERAL SALPINGO-OOPHORECTOMY, (REMOVAL OF THE FALLOPIAN TUBES AND OVARIES BEFORE CANCER DEVELOPS).

THIS OPTION MAY BE CONSIDERED BASED ON THE FAMILY HISTORY OF OVARIAN CANCER.

PANCREATIC CANCER

SCREENING

CURRENTLY, SCREENING FOR PANCREATIC CANCER IS NOT RECOMMENDED IN ABSENCE OF A FAMILY HISTORY OF PANCREATIC CANCER.

FOR PATHOGENIC/LIKELY PATHOGENIC VARIANT CARRIERS **WITH ≥1 FIRST-DEGREE RELATIVE** (PARENT, CHILD OR SIBLING) OR SECOND-DEGREE RELATIVE (GRAND-PARENT, AUNT OR UNCLE, NIECE OR NEPHEW) (ON THE SAME SIDE OF THE FAMILY) DIAGNOSED WITH PANCREATIC CANCER:

STARTING AT AGE 50
OR 10 YEARS BEFORE THE EARLIEST PANCREATIC CANCER IN THE FAMILY

- CONSIDER SCREENING WITH MRI/MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP) AND/OR ENDOSCOPIC ULTRASONOGRAPHY (EUS), IN AN EXPERIENCED CENTER, IDEALLY UNDER RESEARCH PROTOCOL.

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