



CDH1 MEN



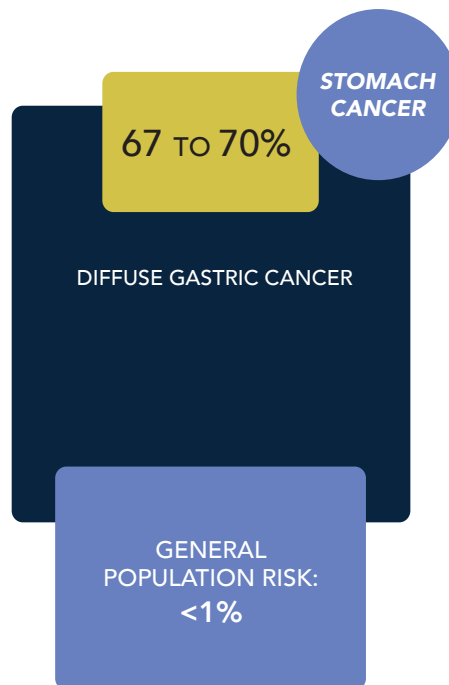
The medical management guidelines from the National Comprehensive Cancer Network (NCCN) for patients with a CDH1 pathogenic / likely pathogenic variant are listed in this document.

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.**

LIFETIME ASSOCIATED RISKS

(UP TO AGE 75)



OTHER TYPES OF CANCER

Preliminary evidence suggests a possible increased risk for other types of cancer. However, specific risks have not been established and more research is needed to confirm these findings.

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>

Kaurah P, Huntsman DG. Hereditary Diffuse Gastric Cancer. 2002 Nov 4 [Updated 2018 Mar 22]. In: Adam MP, Ardinger HH, Pagon RA, et al., editors. GeneReviews® [Internet]. Seattle (WA): University of Washington, Seattle; 1993-2019. Available at: <https://www.ncbi.nlm.nih.gov/books/NBK1139/>

Ajani J A et coll. NCCN Clinical Practice Guidelines in Oncology: Gastric Cancer. V 3.2020. August 14, 2020 Disponible au : <http://www.nccn.org>



STOMACH CANCER

SCREENING

STARTING AT AGE 18

OR EARLIER ACCORDING TO FAMILY HISTORY OF GASTRIC CANCER PRIOR TO AGE 25

- UPPER ENDOSCOPY EVERY 6 TO 12 MONTHS WITH MULTIPLE BIOPSIES

IMPORTANT : THE EFFECTIVENESS OF THIS SCREENING METHOD HAS NOT BEEN RECOGNIZED FOR THE DETECTION OF EARLY GASTRIC CANCER

18

STOMACH CANCER

RISK REDUCTION

SURGERY

BETWEEN AGES 18 AND 40 :

OR EARLIER ACCORDING TO FAMILY HISTORY OF GASTRIC CANCER PRIOR TO AGE 25

- PROPHYLACTIC TOTAL GASTRECTOMY (REMOVAL OF THE STOMACH BEFORE CANCER DEVELOPS) IS RECOMMENDED.
- A BASELINE ENDOSCOPY WITH MULTIPLE BIOPSIES IS INDICATED PRIOR TO SURGERY.
- A D2 LYMPH NODE DISSECTION IS NOT NECESSARY FOR PROPHYLACTIC TOTAL GASTRECTOMY.

IMPORTANT : THE HISTOLOGY ANALYSIS OF THE BIOPSIES SHOULD BE THOROUGH TO RULE OUT THE PRESENCE OF MACROSCOPIC TUMOR FOCI OR OTHER FACTORS THAT MAY MODIFIED THE SURGERY.