



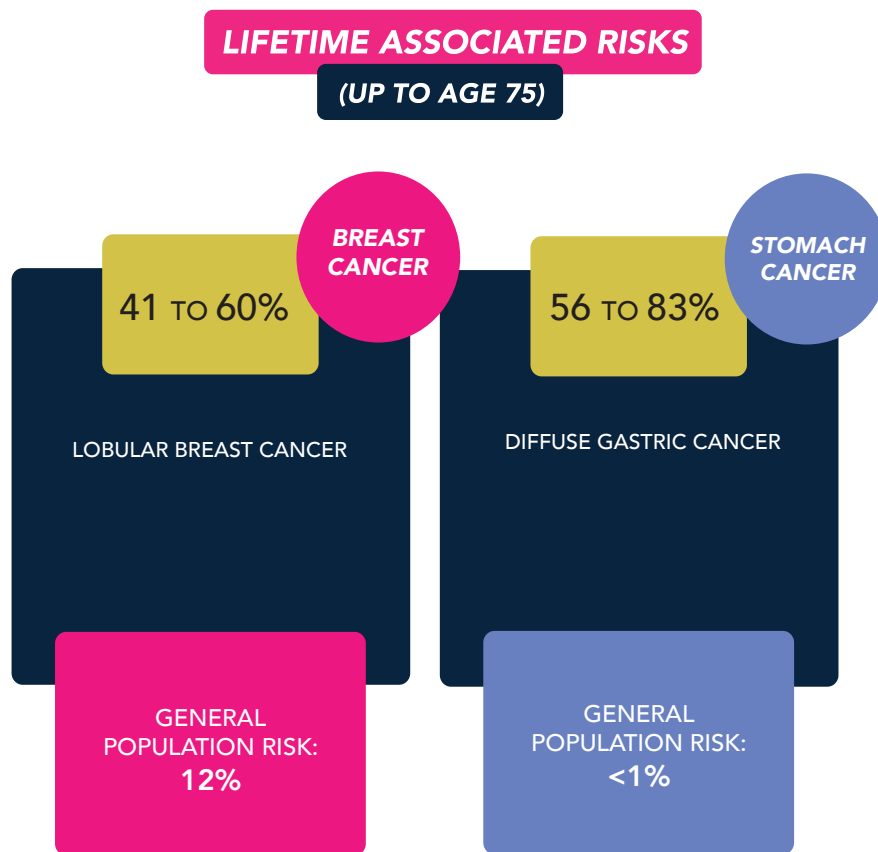
CDH1 WOMEN



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.**



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>



CDH1 WOMEN



BREAST CANCER

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 RANDOM BIOPSIES

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

STARTING AT AGE 75

- MANAGEMENT SHOULD BE DETERMINED ON AN INDIVIDUAL BASIS

18

75

30

STARTING AT AGE 30

- MAMMOGRAM WITH CONSIDERATION OF TOMOSYNTHESIS EVERY 12 MONTHS
- CONSIDER BREAST MRI WITH CONTRAST EVERY 12 MONTHS

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.

BREAST CANCER

RISK REDUCTION

SURGERY

REGARDING THE CDH1 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.