



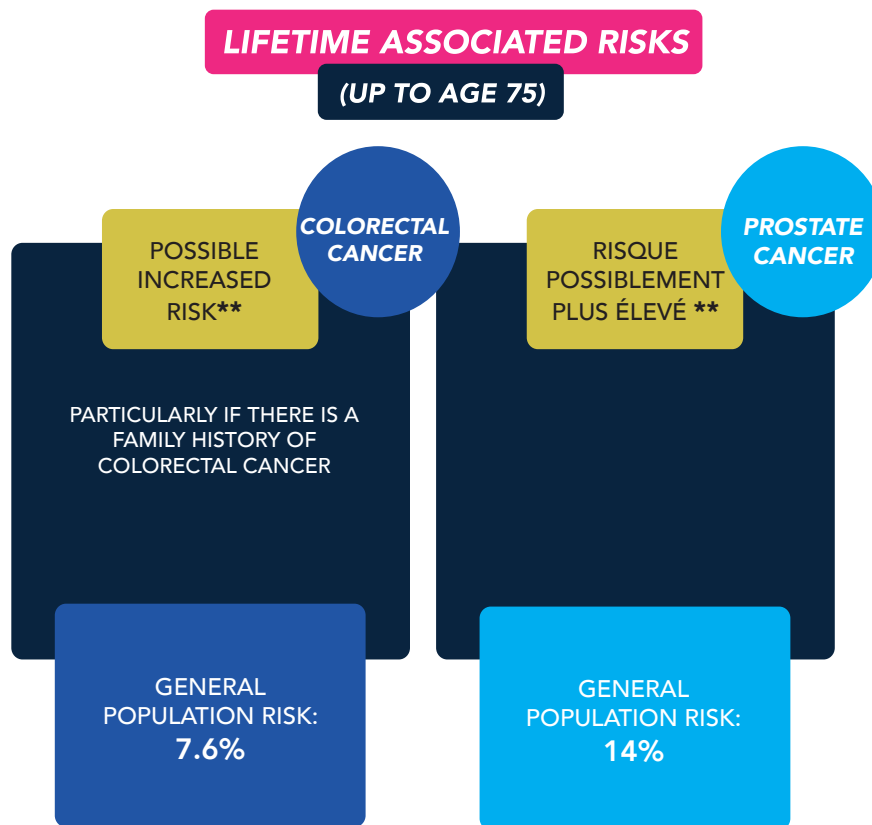
CHEK2 MEN



The medical management guidelines from the National Comprehensive Cancer Network (NCCN) for patients with a CHEK2 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.**



**Currently, there is insufficient data to provide reliable risks estimates. More research is needed to understand the interactions of CHEK2 and the lifetime associated risks of developing colorectal cancer.

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>

Provenzale D et coll. NCCN Clinical Practice Guidelines in Oncology: Genetic/Familial High-Risk Assessment: Colorectal. Version 1.2020 – July 21, 2020. Available at: <http://www.nccn.org>



COLORECTAL CANCER

SCREENING

STARTING AT AGE 40

INDIVIDUAL WITHOUT COLORECTAL CANCER **WITH** A FIRST DEGREE RELATIVE, (PARENT, CHILD OR SIBLING), AFFECTED WITH COLORECTAL CANCER

- COLONOSCOPY EVERY 5 YEARS STARTING AT AGE 40 OR 10 YEARS EARLIER THAN THE YOUNGEST COLORECTAL CANCER DIAGNOSIS IN THE FAMILY

INDIVIDUAL WITHOUT COLORECTAL CANCER **WITHOUT** A FIRST DEGREE RELATIVE (PARENT, CHILD OR SIBLING) AFFECTED WITH COLORECTAL CANCER.

- COLONOSCOPY EVERY 5 YEARS STARTING AT AGE 40

40

PROSTATE CANCER

SCREENING

THERE ARE NO SPECIFIC GUIDELINES AVAILABLE FOR SCREENING FOR PROSTATE CANCER.

FOR PATHOGENIC/LIKELY PATHOGENIC VARIANT CARRIERS WITH A FIRST-DEGREE RELATIVE (PARENT, CHILD OR SIBLING) DIAGNOSED WITH PROSTATE CANCER:

- CONSIDER PROSTATE CANCER SCREENING (RECTAL EXAM OF THE PROSTATE AND PSA BLOOD TEST) EVERY 12 MONTHS.

NOTE : THE ADVANTAGES OF PROSTATE CANCER SCREENING IN MEN WHO CARRY A CHEK2 PATHOGENIC / LIKELY PATHOGENIC VARIANT IS UNCLEAR.