



STK11 WOMEN



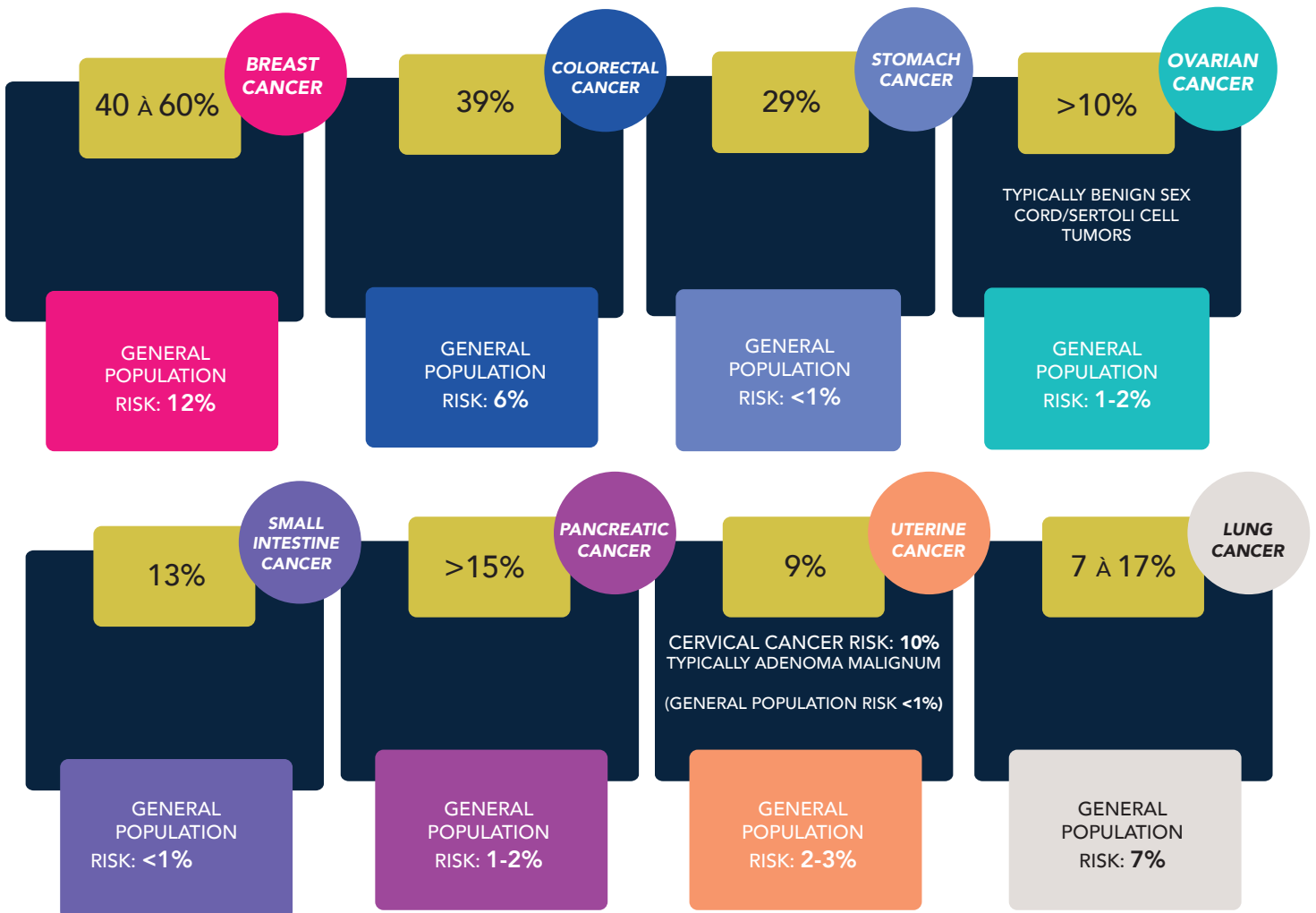
The medical management guidelines from the National Comprehensive Cancer Network (NCCN) for patients with a STK11 pathogenic / likely pathogenic variant are listed in this document.

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)

Peutz-Jeghers syndrome is rare. An individual who is a carrier of a STK11 pathogenic / likely pathogenic variant has an elevated risk of developing polyps (small benign growths) in the gastrointestinal tract and certain cancers during their lifetime.





STK11 WOMEN



BECAUSE THE MANAGEMENT OF INDIVIDUALS WITH PEUTZ-JEGHERS SYNDROME IS COMPLEX, IT IS PREFERRED THAT THEY BE FOLLOWED AT A CENTRE WITH EXPERTISE WITH THIS SYNDROME. PARTICIPATION IN CLINICAL TRIALS IS ENCOURAGED.

BREAST CANCER

OVARIAN CANCER

UTERINE AND CERVIX CANCERS

SCREENING

STARTING AT AGE 18

- BREAST AWARENESS
- ◊ PROMPTLY REPORT ANY CHANGES TO YOUR HEALTHCARE PROVIDER

STARTING AT AGE 18-20

- PELVIC EXAMINATION AND PAP SMEAR EVERY 12 MONTHS
- CONSIDER TRANSVAGINAL ULTRASOUND AND CA-125 MEASUREMENT EVERY 12 MONTHS
- **NOTE: THESE SCREENING METHODS HAVE NOT BEEN PROVEN EFFECTIVE IN THE DETECTION OF EARLY-STAGE OVARIAN CANCER.**

18

20

25

75

STARTING AT AGE 25

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

STARTING AT AGE 75

- MANAGEMENT SHOULD BE DETERMINED ON AN INDIVIDUAL BASIS

COLORECTAL CANCER

STOMACH CANCER

SMALL INTESTINE CANCER

PANCREATIC CANCER

SCREENING

STARTING AT AGE 8-10

- BASELINE SMALL BOWEL VISUALISATION BY CT OR MRI ENTEROGRAPHY OR VIDEO ENDOSCOPY
- FOLLOW UP INTERVAL BASED ON FINDINGS

STARTING AT AGE 18

- COLONOSCOPY AND UPPER ENDOSCOPY EVERY 2 TO 3 YEARS

STARTING AT AGE 18

- SMALL BOWEL VISUALISATION BY CT OR MRI ENTEROGRAPHY OR VIDEO ENDOSCOPY 18 EVERY 2-3 YEARS

8

18

30

STARTING AT AGE 30-35

OR 10 YEARS BEFORE THE EARLIEST PANCREATIC CANCER IN THE FAMILY

- MRI/MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP) WITH CONTRAST OR ENDOSCOPIC ULTRASONOGRAPHY (EUS) EVERY 1-2 YEARS



BREAST CANCER SCREENING

SURGERY

REGARDING THE STK11 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.

LUNG CANCER

SCREENING

THERE ARE NO SPECIFIC GUIDELINES AVAILABLE FOR SCREENING FOR LUNG CANCER

RISK REDUCTION

SMOKING CESSATION IS RECOMMENDED

REPORT TO YOUR HEALTHCARE PROVIDER ANY SYMPTOMS ASSOCIATED WITH LUNG CANCER

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. <http://www.nccn.org>

McGarrity TJ, Amos CI, Baker MJ. Peutz-Jeghers Syndrome. 2001 Feb 23 [Updated 2016 Jul 14]. In: Adam MP, Ardinger HH, Pagon RA, et al., editors. GeneReviews® [Internet]. Seattle (WA): University of Washington, Seattle; 1993-2019. <https://www.ncbi.nlm.nih.gov/books/NBK1266/>

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