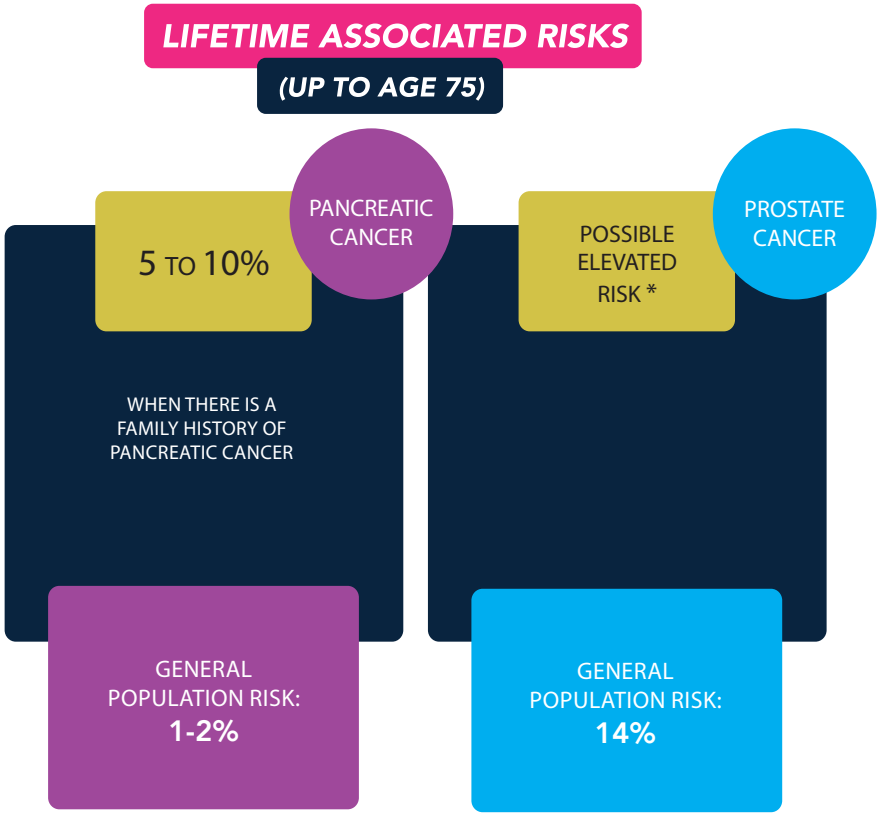
ATM
MEN

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.



* Preliminary evidence suggests a possible increased risk for prostate cancer.
Currently, there is insufficient data to provide reliable risks estimates. More research is needed to understand the interactions of ATM and the lifetime associated risks of developing prostate cancer.

References:

Daly M et coll. NCCN Clinical Practice Guidelines in Oncology: Genetic/Familial High-Risk Assessment: Breast, Ovarian and Pancreatic. Version 3.2025-March 6, 2025. http://www.nccn.org

Veenhuis S, van Os N, Weemaes C, et al. Ataxia-Telangiectasia. 1999 Mar 19 [Updated 2023 Oct 5]. In: Adam MP, Feldman J, Mirzaa GM, et al., editors. GeneReviews® [Internet]. Seattle (WA): University of Washington, Seattle; 1993-2024. https://www.ncbi.nlm.nih.gov/books/NBK26468/

Quebec Breast Cancer Foundation
Phone : 514 871-1717
Toll Free Number : 1 877 990-7171
Mail : info@rubanrose.org

** Genetic testing for the ATM gene may be considered 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.

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.

PROSTATE CANCER SCREENING

STARTING AT AGE 40
- CONSIDER PROSTATE CANCER SCREENING (RECTAL EXAM OF THE PROSTATE AND PSA BLOOD TEST) EVERY 12 MONTHS.

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