



BARD1 WOMEN



The medical management guidelines from the National Comprehensive Cancer Network (NCCN) for patients with a BARD1 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 3.2025-March 6, 2025. <http://www.nccn.org>



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BREAST CANCER

SCREENING

INDIVIDUALIZED

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

STARTING AT AGE 75

- MANAGEMENT SHOULD BE DETERMINED ON AN INDIVIDUAL BASIS

75

40

STARTING AT AGE 40

- MAMMOGRAM EVERY 12 MONTHS
- CONSIDER BREAST MAGNETIC RESONANCE IMAGING (MRI) WITH AND WITHOUT CONTRAST EVERY 12 MONTHS

BREAST CANCER

RISK REDUCTION

SURGERY

REGARDING THE BARD1 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.