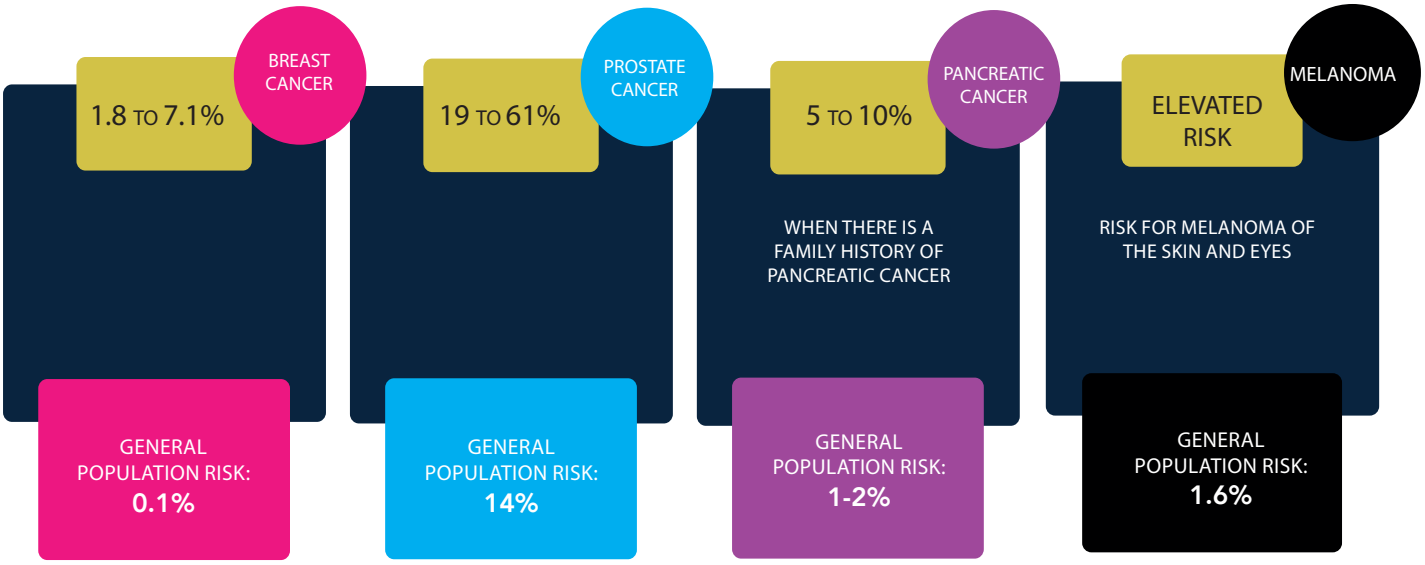
BRCA2
MEN

The medical management guidelines from the National Comprehensive Cancer Network (NCCN) for patients with a BRCA2 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)



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

Petrucelli N, Daly MB, Pal T. BRCA1- and BRCA2-Associated Hereditary Breast and Ovarian Cancer. 1998 Sep 4 [Updated 2023 September 21]. In : Adam MP, Everman DB, Mirzaa GM, et al., editors. GeneReviews® [Internet]. Seattle (WA) : University of Washington, Seattle; 1993-2022. https://www.ncbi.nlm.nih.gov/books/NBK1247

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BRCA2 MEN

** Genetic testing for the BRCA2 gene may be considered for the spouse of an individual with a BRCA2 pathogenic/likely pathogenic variant to assess the risk of Fanconi Anemia in this couple's children.

When both parents carry a BRCA2 pathogenic/likely pathogenic variant, their children have a 25% risk of inheriting both BRCA2 pathogenic/likely pathogenic variants, which is associated with a rare genetic disease called Fanconi Anemia complementation group D1. This condition is associated with an increased risk of childhood cancers as well as physical anomalies.

BREAST CANCER SCREENING

STARTING AT AGE 35

- MONTHLY BREAST SELF-EXAMINATION.
  - ◊ PROMPTLY REPORT CHANGES TO A HEALTHCARE PROVIDER.
- CLINICAL BREAST EXAMINATION BY A PHYSICIAN, EVERY 12 MONTHS

STARTING AT AGE 50 (OR 10 YEARS EARLIER THAN THE YOUNGEST MALE BREAST CANCER DIAGNOSIS IN THE FAMILY)

- CONSIDER MAMMOGRAM EVERY 12 MONTHS

35 — 40 — 50

PROSTATE CANCER SCREENING

STARTING AT AGE 40

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

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.

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MELANOMA SCREENING

THERE ARE NO SPECIFIC GUIDELINES AVAILABLE FOR SCREENING FOR MELANOMA.

- CONSIDER REFERRAL TO A DERMATOLOGIST FOR WHOLE-BODY SKIN EXAMINATION AND EYE EXAM.

RISK REDUCTION

- IT IS RECOMMENDED TO LIMIT EXPOSURE TO UV RADIATION BY AVOIDING EXCESSIVE SUN EXPOSURE, BY WEARING A HAT, SUNGLASSES AND LONG PROTECTIVE CLOTHES; BY APPLYING SUNSCREEN WITH A SUN PROTECTION FACTOR (SPF) OF 30 OR MORE; BY AVOIDING SUN TANNING BEDS AND LAMPS.
- REPORT TO YOUR HEALTHCARE PROVIDER ANY UNUSUAL OR CHANGES IN BEAUTY MARKS OR MOLES.

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