



CHEK2 WOMEN



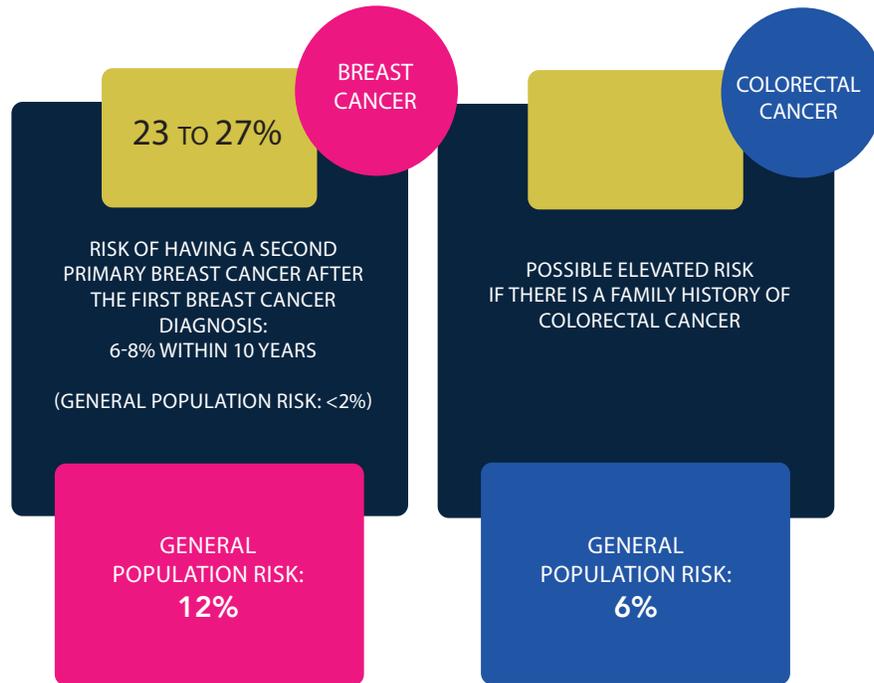
The medical management guidelines from the National Comprehensive Cancer Network (NCCN) for patients with a CHEK2 pathogenic / likely pathogenic variant are listed in this document.

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.**

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>

Gupta S et coll. NCCN Clinical Practice Guidelines in Oncology: Genetic/Familial High-Risk Assessment: Colorectal, Endometrial, and Gastric. Version 4.2024. April 2, 2025. <http://www.nccn.org>



CHEK2 WOMEN



BREAST CANCER

COLORECTAL CANCER

SCREENING

STARTING AT AGE 18

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

18

STARTING AT AGE 30

- CLINICAL BREAST EXAM BY A PHYSICIAN EVERY 6 TO 12 MONTHS

STARTING AT AGE 30-35

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

30

STARTING AT AGE 75

- MANAGEMENT SHOULD BE DETERMINED ON AN INDIVIDUAL BASIS

75

40

STARTING AT AGE 40

- MAMMOGRAM EVERY 12 MONTHS

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

BREAST CANCER

RISK REDUCTION

SURGERY

REGARDING THE CHEK2 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.