



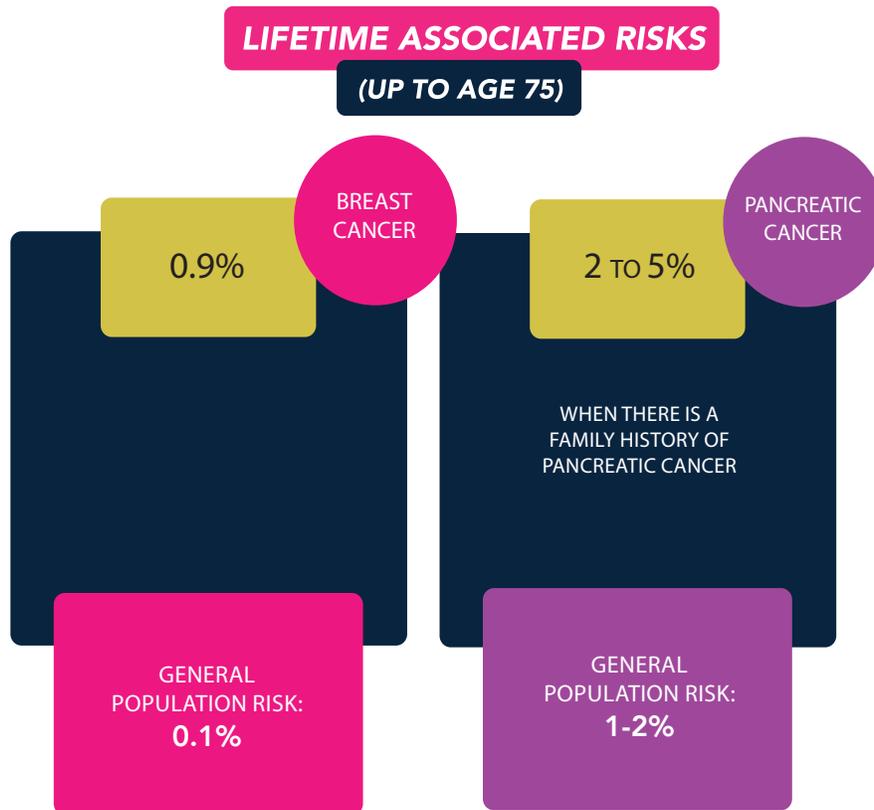
PALB2 MEN



The medical management guidelines from the National Comprehensive Cancer Network (NCCN) for patients with a PALB2 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.**



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>



PALB2 MEN



** Genetic testing for the PALB2 gene may be considered for the spouse of an individual with a PALB2 pathogenic/likely pathogenic variant to assess the risk of Fanconi Anemia in this couple's children.

When both parents carry a PALB2 pathogenic/likely pathogenic variant, their children have a 25% risk of inheriting both PALB2 pathogenic/likely pathogenic variants, which is associated with a rare genetic disease called Fanconi Anemia. 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.

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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.