



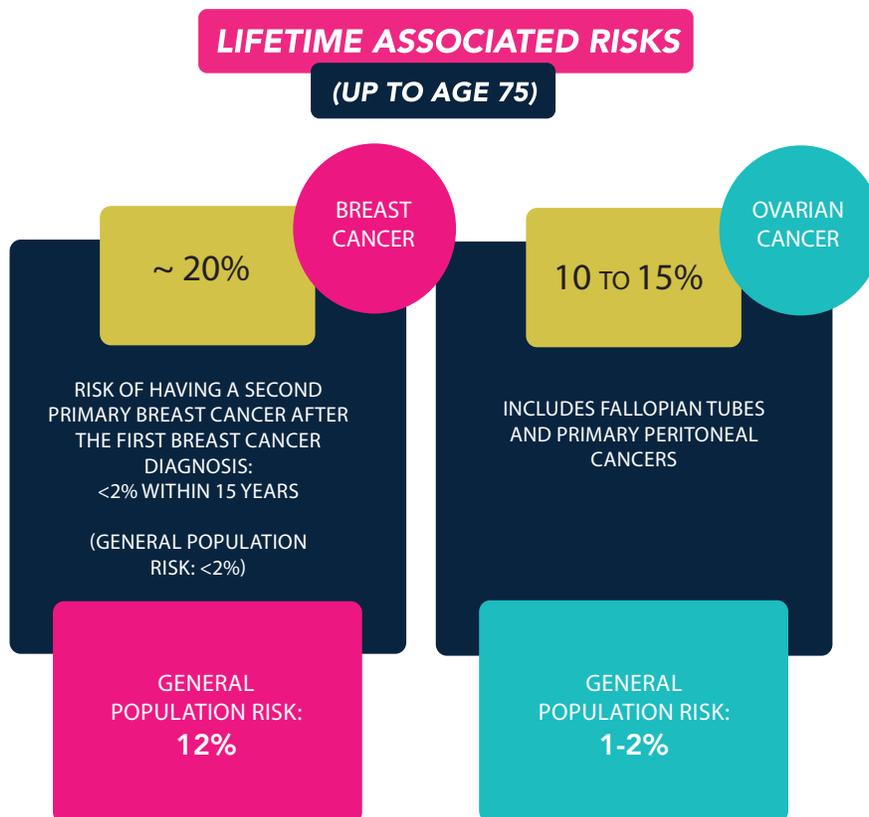
RAD51C WOMEN



The medical management guidelines from the National Comprehensive Cancer Network (NCCN) for patients with a RAD51C 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.**



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>



RAD51C WOMEN



** Genetic testing for the RAD51C gene may be considered for the spouse of an individual with a RAD51C pathogenic/likely pathogenic variant to assess the risk of Fanconi Anemia in this couple's children.

When both parents carry a RAD51C pathogenic/likely pathogenic variant, their children have a 25% risk of inheriting both RAD51C 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 40

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

40

75

STARTING AT AGE 75

- MANAGEMENT SHOULD BE DETERMINED ON AN INDIVIDUAL BASIS

BREAST CANCER

RISK REDUCTION

SURGERY

REGARDING THE ATM 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.

OVARIAN CANCER

RISK REDUCTION

SURGERY

- PROPHYLACTIC BILATERAL SALPINGO-OOPHORECTOMY, (REMOVAL OF THE FALLOPIAN TUBES AND OVARIES BEFORE CANCER DEVELOPS), IS RECOMMENDED BETWEEN THE AGES OF 45 AND 50.
 - THIS OPTION MAY BE CONSIDERED EARLIER, ACCORDING TO FAMILY HISTORY OF OVARIAN CANCER.
- IF DONE BEFORE NATURAL MENOPAUSE, THIS SURGERY LIKELY REDUCES THE RISK OF BREAST CANCER.

IMPORTANT : THE HISTOLOGY ANALYSIS OF THE FALLOPIAN TUBES AND OVARIES SHOULD BE THOROUGH TO RULE OUT OCCULT CANCER WHICH MAY BE PRESENT IN SOME OF CASES.

HORMONAL REPLACEMENT THERAPY RECOMMENDATIONS SHOULD BE TAILORED DEPENDING ON PERSONAL HISTORY OF BREAST CANCER AND/OR BREAST CANCER RISK REDUCTION STRATEGIES.

HORMONAL REPLACEMENT THERAPY IS A CONSIDERATION FOR PREMENOPAUSAL WOMEN WHO DID NOT RECEIVE A BREAST CANCER DIAGNOSIS OR HAVE OTHER CONTRAINDICATIONS FOR HORMONAL REPLACEMENT THERAPY.