STK11 MEN

The medical management guidelines from the National Comprehensive Cancer Network (NCCN) for patients with a STK11 pathogenic / likely pathogenic variant are listed in this document.

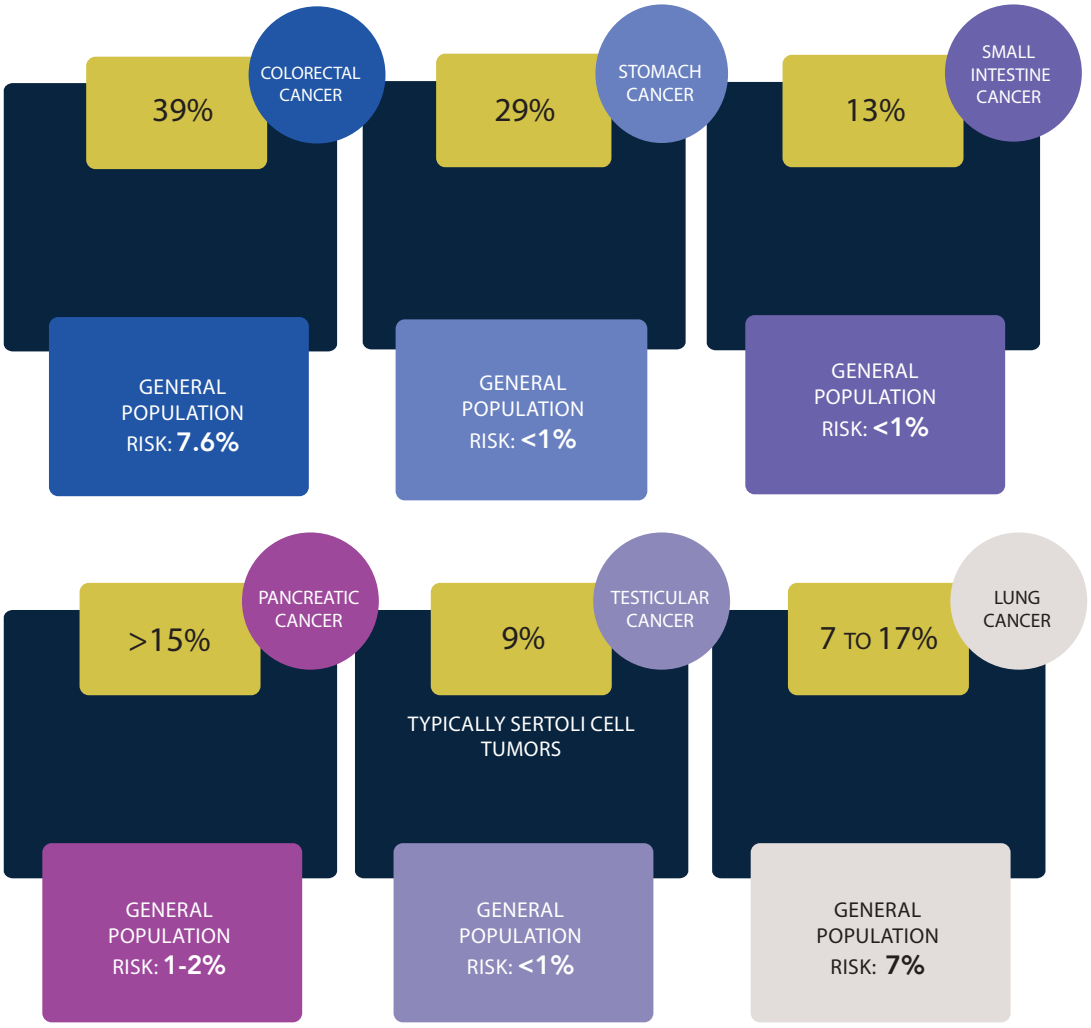
This overview is for informational purposes and does not constitute a personalised recommendation. Recommended options may vary based on your personal and family history. Access to some options may also vary from one medical center to another. The specific references should be consulted for more details 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)

Peutz-Jeghers syndrome is rare. An individual who is a carrier of a STK11 pathogenic / likely pathogenic variant has an elevated risk of developing polyps (small benign growths) in the gastrointestinal tract and certain cancers during their lifetime.



Quebec Breast Cancer Foundation
Phone : 514 871-1717
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BECAUSE THE MANAGEMENT OF INDIVIDUALS WITH PEUTZ-JEGHERS SYNDROME IS COMPLEX, IT IS PREFERRED THAT THEY BE FOLLOWED AT A CENTRE WITH EXPERTISE WITH THIS SYNDROME. PARTICIPATION IN CLINICAL TRIALS IS ENCOURAGED.

COLORECTAL CANCER | STOMACH CANCER | SMALL INTESTINE CANCER | PANCREATIC CANCER | TESTICULAR CANCER

SCREENING

STARTING AT AGE 8-10
OR AT AN EARLIER AGE IF SIGNS OF GASTROINTESTINAL BLOOD LOSS OR OBSTRUCTION

- BASELINE SMALL BOWEL VISUALISATION BY CT OR MRI ENTEROGRAPHY OR VIDEO ENDOSCOPY
- FOLLOW UP INTERVAL BASED ON FINDINGS

STARTING AT AGE 8-10
OR ENDOSCOPY AT AN EARLIER AGE IF SIGNS OF GASTROINTESTINAL BLOOD LOSS OR OBSTRUCTION

- UPPER ENDOSCOPY AND COLONOSCOPY WITH POLYPECTOMY. IF POLYPS ARE FOUND, REPEAT EVERY 2 TO 3 YEARS.
- FOLLOW UP INTERVAL BASED ON FINDINGS
- IF NO POLYPS, THEN RESUME AT AGE 18.

STARTING AT AGE 18

- COLONOSCOPY AND UPPER ENDOSCOPY EVERY 2 TO 3

STARTING AT AGE 18

- SMALL BOWEL VISUALISATION BY CT OR MRI ENTEROGRAPHY OR VIDEO ENDOSCOPY EVERY 2-3 YEARS

8 — 10 — 18 — 30

STARTING AT AGE 10

- CLINICAL TESTICULAR EXAM BY A PHYSICIAN AND OBSERVATION FOR FEMINISING CHANGES EVERY 12 MONTHS

STARTING AT AGE 30-35
OR 10 YEARS BEFORE THE EARLIEST PANCREATIC CANCER IN THE FAMILY

- CONSIDER MRI/MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP) WITH CONTRAST OR ENDOSCOPIC ULTRASONOGRAPHY (EUS) EVERY YEAR

LUNG CANCER

SCREENING

THERE ARE NO SPECIFIC GUIDELINES AVAILABLE FOR SCREENING FOR LUNG CANCER

RISK REDUCTION

SMOKING CESSATION IS RECOMMENDED

REPORT TO YOUR HEALTHCARE PROVIDER ANY SYMPTOMS ASSOCIATED WITH LUNG CANCER

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, 2024. http://www.nccn.org

McGarrity TJ, Amos CI, Baker MJ. Peutz-Jeghers Syndrome. 2001 Feb 23 [Updated 2021 Sep 2]. 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/NBK1266/

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