

## Clinician Management Resource for *MSH3* (biallelic)

This overview of clinical management guidelines is based on this patient’s positive test result for (biallelic) *MSH3* gene mutations. Unless otherwise stated, medical management guidelines used here are limited to those issued by the National Comprehensive Cancer Network® (NCCN®)<sup>1</sup> in the U.S. Please consult the referenced guideline for complete details and further information.

Clinical correlation with the patient’s past medical history, treatments, surgeries and family history may lead to changes in clinical management decisions; therefore, other management recommendations may be considered. Genetic testing results and medical society guidelines help inform medical management decisions but do not constitute formal recommendations. Discussions of medical management decisions and individualized treatment plans should be made in consultation between each patient and his or her healthcare provider, and may change over time.

SCREENING/SURGICAL CONSIDERATIONS <sup>1</sup>	AGE TO START	FREQUENCY
<b>Colorectal Cancer</b>		
Colonoscopy*	25-30 years old	Every 2-3 years if negative Every 1-2 years if polyps are found
Surgical evaluation if appropriate due to unmanageable polyp burden	Individualized	N/A

\* Data to support surveillance recommendations for *MSH3* are evolving at this time. Caution should be used when implementing final colonoscopy surveillance regimens in context of patient preferences and new knowledge that may emerge.

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