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Clinician Management Resource for *MUTYH*
(biallelic, *MUTYH*-associated polyposis)

This overview of clinical management guidelines is based on this patient's positive test result for biallelic *MUTYH* gene mutations. Unless otherwise stated, medical management guidelines used here are limited to those issued by the National Comprehensive Cancer Network® (NCCN®)[1] 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.

Affected Patients:

SCREENING/SURGICAL CONSIDERATIONS*,1	AGE TO START	FREQUENCY
Colorectal Cancer		
Small adenoma burden that can be handled endoscopically		
Colonoscopy and polypectomy	Individualized	Every 1-2 years
Surgical evaluation and counseling if appropriate	Individualized	N/A
Adenoma burden that cannot be handled endoscopically		
Colectomy with ileorectal anastomosis (IRA)	Individualized by polyp burden	N/A
Consider proctocolectomy with IPAA if dense rectal polyposis not manageable with polypectomy.	Individualized	N/A
If colectomy with IRA: Post-colectomy surveillance should include endoscopic evaluation of the rectum.	Post-surgery	Every 6-12 months depending on polyp burden.
Consider chemoprevention to facilitate management of the remaining rectum for patients who have undergone surgery.	Post-surgery	N/A
Extracolonic Cancer		
Physical examination	Individualized	Every 12 months
Consider upper endoscopy, including complete visualization of the ampulla of Vater [see FAP-A 3 of 3 in the NCCN guidelines for follow-up of duodenoscopic findings].	30-35 years old (baseline)	Individualized

Unaffected Patients (*i.e.* no symptoms, findings, adenomas):

SCREENING/SURGICAL CONSIDERATIONS*,1	AGE TO START	FREQUENCY
Colorectal Cancer		
Colonoscopy *If polyps are found, follow guidelines for affected patients above.*	25-30 years old	Every 1-2 years if negative
Extracolonic Cancer		
Consider upper endoscopy, including complete visualization of the ampulla of Vater [see FAP-A 3 of 3 in the NCCN guidelines for follow-up of duodenoscopic findings].	30-35 years old (baseline)	Individualized

* It is recommended that patients be managed by physicians or centers with expertise in *MUTYH*-associated polyposis (MAP) and that management be individualized to account for genotype, phenotype, and personal considerations.

1. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Genetic/Familial High-Risk Assessment: Colorectal. V1.2020. © National Comprehensive Cancer Network, Inc. 2020. All rights reserved. Accessed August 20, 2020. To view the most recent and complete version of the guideline, go online to NCCN.org. NCCN makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way.

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