

Clinician Management Resource for POLE

This overview of clinical management guidelines is based on this patient's positive test result for a *POLE* gene mutation. 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.

SCREENING/SURGICAL CONSIDERATIONS ¹	AGE TO START	FREQUENCY
Colorectal Cancer		
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 POLE 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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National Comprehensive Cancer Network, Inc. 2022. All rights reserved. Accessed December 20, 2022. To view the most recent and complete version of the guideline, go online to
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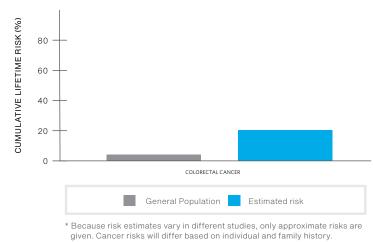
Ambry Genetics[®]

Understanding Your Positive *POLE* Genetic Test Result INFORMATION FOR PATIENTS WITH A PATHOGENIC MUTATION OR VARIANT, LIKELY PATHOGENIC

5 Things to know

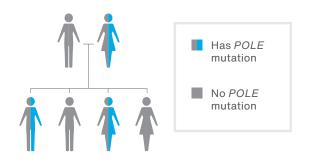
1	POLE mutation	Your testing shows that you have a pathogenic mutation or a variant that is likely pathogenic in the <i>POLE</i> gene.
2	Polymerase proofreading- associated polyposis	People with <i>POLE</i> mutations have polymerase proofreading-associated polyposis (PPAP).
3	Cancer risks and other medical concerns	You have an increased chance to develop multiple colorectal polyps and colorectal cancer.
4	What you can do	Risk management decisions are very personal. There are options to detect cancer early or lower the risk to develop cancer. It is important to discuss these options with your doctor and decide on a plan that works for you.
5	Family	Family members may also be at risk – they can be tested for the <i>POLE</i> mutation that was found in you. It is recommended that you share this information with your family members so they can learn more and discuss with their healthcare providers.

POLE Mutation Lifetime Cancer Risks (%)*



There is a 50/50 random chance to pass on a *POLE* mutation to your sons and daughters. The image to the right shows that both men and women can carry and pass on these mutations.

POLE Mutations in the Family



Reach Out RESOURCES	 Ambry's Hereditary Cancer Site for Families patients.ambrygen.com/cancer Hereditary Colon Cancer Foundation hcctakesguts.org Genetic Information Nondiscrimination Act (GINA) ginahelp.org National Society of Genetic Counselors nsgc.org Canadian Association of Genetic Counsellors cagc-accg.ca
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Please discuss this information with your healthcare provider. The cancer genetics field is continuously evolving, so updates related to your *POLE* result, medical recommendations, and/or potential treatments may be available over time. This information is not meant to replace a discussion with a healthcare provider, and should not be considered or interpreted as medical advice.