Ambry Genetics®

Clinician Management Resource for *CDKN2A*

This overview of clinical management guidelines is based on this patient's positive test result for a pathogenic or likely pathogenic variant in the *CDKN2A* gene. Unless otherwise stated, medical management guidelines used here are limited to those issued by the National Comprehensive Cancer Network® (NCCN®)[1,2] 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
Melanoma		
Comprehensive skin examination by a dermatologist, supplemented with total body photography and dermoscopy is recommended.[2]	Individualized	Every 6 months
Pancreatic Cancer[†]		
Consider screening using contrast-enhanced MRI/ MRCP and/or EUS[†]	40 years old, or 10 years younger than the earliest exocrine pancreatic cancer diagnosis in the family, whichever is earlier	Annually. May consider shorter screening intervals based on clinical judgment for individuals found to have worrisome abnormalities on screening.

* Increased multidisciplinary cancer surveillance beyond pancreatic and dermatologic management is recommended for individuals with pathogenic or likely pathogenic variants that specifically disrupt the p14ARF protein. This may include annual full-body and brain MRI based on the presentation in individuals/families.[2]

† For individuals considering pancreatic cancer screening, the panel recommends that screening be performed in experienced high-volume centers. The panel recommends that such screening only take place after an in-depth discussion about the potential limitations to screening, including cost, the high incidence of benign or indeterminate pancreatic abnormalities, and uncertainties about the potential benefits of pancreatic cancer screening. Most small cystic lesions found on screening will not warrant biopsy, surgical resection, or any other intervention.

1. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Genetic/Familial High-Risk Assessment: Breast, Ovarian, Pancreatic, and Prostate. v2.2025. © National Comprehensive Cancer Network, Inc. 2024. All rights reserved. Accessed November 7, 2024. 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.

2. Sargen M, et al. Br J Dermatol 2016;175:785-789; Chan et al. Hered Cancer Clin Pract 2021;19:21.

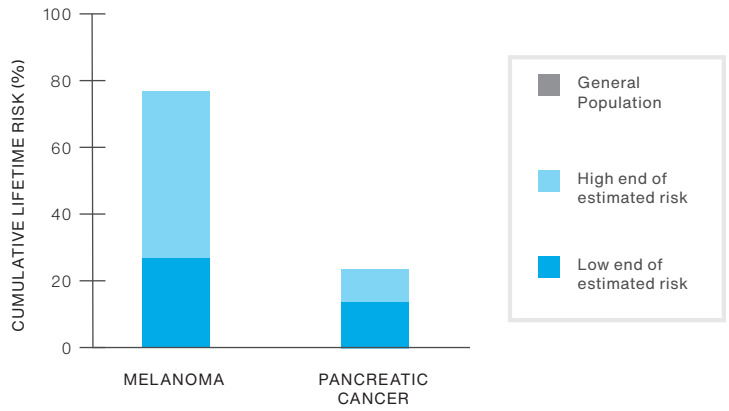
Understanding Your Positive *CDKN2A* Genetic Test Result

INFORMATION FOR PATIENTS WITH A PATHOGENIC OR LIKELY PATHOGENIC VARIANT

6 Things To Know

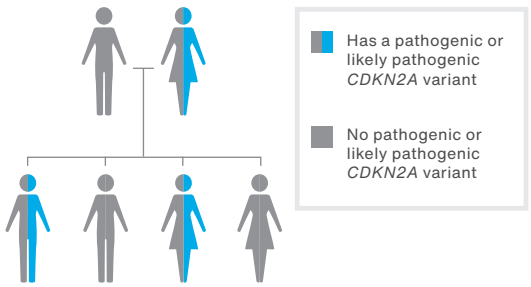
1	Result	Your testing shows that you have a pathogenic or likely pathogenic variant in the *CDKN2A* gene.
2	Melanoma-pancreatic cancer syndrome	People with a pathogenic or likely pathogenic *CDKN2A* variant have melanoma-pancreatic cancer syndrome (also known as familial atypical multiple mole melanoma or FAMMM).
3	Cancer risks	You have an increased chance to develop melanoma (skin cancer) and pancreatic cancer. There may also be an increased chance to develop a rare type of cancer (in bone or soft tissue) called a sarcoma.
4	Other Medical Concerns	Some pathogenic variants in *CDKN2A* in a small minority of people may increase the chance for tumors of the nervous system such as neurofibromas, schwannomas, malignant peripheral nerve sheath tumors, or brain tumors. Please discuss your specific result with your healthcare provider for more details about your risks.
5	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 healthcare provider and decide on a plan that works for you.
6	Family	Family members may also be at risk – they can be tested for the pathogenic or likely pathogenic *CDKN2A* variant that was identified 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.

CDKN2A Lifetime Cancer Risks*



CDKN2A in the Family

There is a 50/50 random chance to pass on the pathogenic or likely pathogenic *CDKN2A* variant to each of your children.



* Because risk estimates vary in different studies, only approximate risks are given. Cancer risks will differ based on individual and family history.

RESOURCES

- Aim at Melanoma Foundation aimatmelanoma.org
- American Cancer Society cancer.org
- Imerman Angels imermanangels.org
- National Society of Genetic Counselors nsgc.org
- Canadian Society of Genetic Counsellors cagc-accg.ca

Please discuss this information with your healthcare provider. The cancer genetics field is continuously evolving, so updates related to your *CDKN2A* 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.

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