

Clinician Management Resource for *ATM*

This overview of clinical management guidelines is based on this patient's positive test result for a pathogenic or likely pathogenic variant in the *ATM* gene. 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 |
|---|--|---|
| Female Breast Cancer | | |
| Breast Screening <ul style="list-style-type: none"> Mammography Consider breast MRI with and without contrast | Mammogram starting at age 40 years and consider breast MRI at age 30-35 years, or 5-10 years before the earliest known breast cancer in the family, whichever is earlier | Every 12 months |
| Evidence insufficient for risk-reducing mastectomy recommendation. Manage based on family history. | Individualized | N/A |
| Pancreatic Cancer | | |
| Consider pancreatic cancer screening using contrast-enhanced MRI/MRCP and/or EUS.* | 50 years (or 10 years younger than the earliest exocrine pancreatic cancer diagnosis in the family), whichever is earlier | Annually (with consideration of shorter intervals if worrisome abnormalities seen on screening) |
| Ovarian Cancer | | |
| Evidence insufficient for risk-reducing salpingo-oophorectomy recommendation. Manage based on family history. | Individualized | N/A |
| Prostate Cancer | | |
| Consider prostate cancer screening | Starting at age 40 years | Individualized |
| Colon Cancer² | | |
| Evidence insufficient to provide specialized colorectal screening recommendations. Manage based on family history. | | |
| Other | | |
| Counsel for risk of autosomal recessive condition in offspring Heterozygous <i>ATM</i> mutation should not lead to a recommendation to avoid radiation therapy at this time. | Individualized | N/A |

* 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. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Genetic/Familial High-Risk Assessment: Colorectal, Endometrial, and Gastric. v2.2024. © National Comprehensive Cancer Network, Inc. 2024. All rights reserved. Accessed October 4, 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.

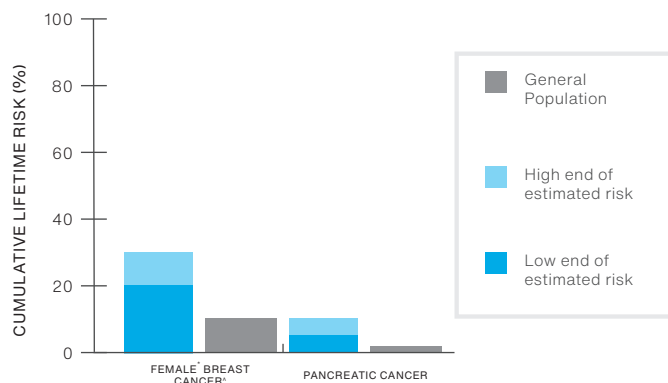
Understanding Your Positive *ATM* Genetic Test Result

INFORMATION FOR PATIENTS WITH A PATHOGENIC OR LIKELY PATHOGENIC VARIANT

5 Things To Know

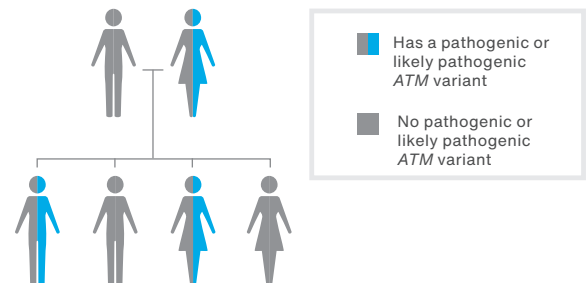
| | | |
|---|------------------------|---|
| 1 | Result | Your testing shows that you have a pathogenic or likely pathogenic variant in the <i>ATM</i> gene. |
| 2 | Cancer risks | You have an increased chance to develop female* breast cancer, pancreatic cancer, and possibly other types of cancer. |
| 3 | 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. |
| 4 | Other medical concerns | Individuals with a pathogenic or likely pathogenic <i>ATM</i> variant may have an increased risk to have a child with ataxia telangiectasia, but only if their partner also carries a pathogenic or likely pathogenic variant in the <i>ATM</i> gene. Ataxia telangiectasia is a rare condition that can cause enlarged blood vessels under the skin (telangiectasias), uncoordinated movements, and other neurological symptoms. |
| 5 | Family | Family members may also be at risk – they can be tested for the pathogenic or likely pathogenic <i>ATM</i> 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. |

ATM Lifetime Cancer Risks**



ATM in the Family

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



* Refers to sex assigned at birth

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

^ People with the c.7271T>G variant in the *ATM* gene have a 60% risk of breast cancer by age 80.

RESOURCES

- American Cancer Society [cancer.org](https://www.cancer.org)
- Bright Pink [brightpink.org](https://www.brightpink.org)
- FORCE [facingourrisk.org](https://www.facingourrisk.org)
- ICARE Inherited Cancer Registry [InheritedCancer.net](https://www.inheritedcancer.net)
- Imerman Angels [imermanangels.org](https://www.imermanangels.org)
- Susan G. Komen Foundation [komen.org](https://www.komen.org)
- National Society of Genetic Counselors [nsgc.org](https://www.nsgc.org)
- Canadian Society of Genetic Counsellors [cagc-accg.ca](https://www.cagc-accg.ca)

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