

Clinician Management Resource for *APC* p.I1307K

This overview of clinical management guidelines is based on this patient's positive test result for the p.I1307K pathogenic variant in the *APC* 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
Colorectal Cancer		
Unaffected patients (<i>i.e.</i> no symptoms, findings, adenomas): Colonoscopy	40 years or 10 years prior to age of first-degree relative's CRC diagnosis ^{††}	Every 5 years
Patients with a past history of colon cancer: Surveillance per recommendations of NCCN Guidelines for Colon Cancer and NCCN Guidelines for Rectal Cancer ¹		
Other Cancers		
Unknown or insufficient evidence for other cancer risks. No management recommendations.		

†† Earlier initiation of screening can be considered based on family history.

1. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Genetic/Familial High-Risk Assessment: Colorectal, Endometrial, and Gastric. v3.2024. © National Comprehensive Cancer Network, Inc. 2024. All rights reserved. Accessed October 31, 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.

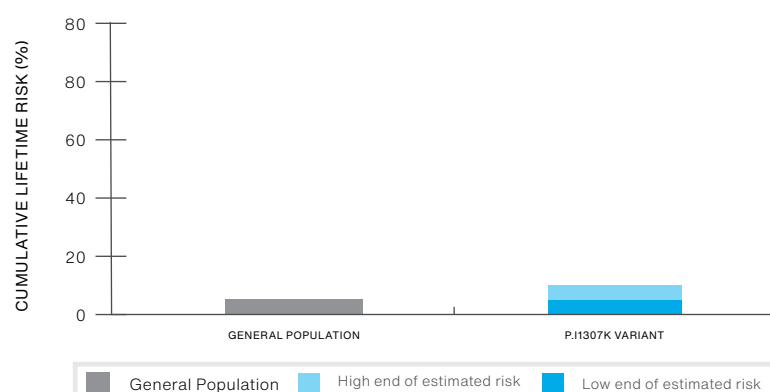
Understanding Your Moderate Risk *APC* Genetic Test Result

INFORMATION FOR PATIENTS WITH AN *APC* P.I1307K MODERATE RISK PATHOGENIC VARIANT

5 Things To Know

1	Result	Your testing shows that you have an <i>APC</i> p.I1307K moderate risk pathogenic variant.
2	Moderate risk	The <i>APC</i> p.I1307K moderate risk pathogenic variant does not result in the same risks as other <i>APC</i> pathogenic or likely pathogenic (P/LP) variants. This variant is not known to cause polyposis. It may increase the risk of cancer, but the risk appears to be significantly lower compared to typical <i>APC</i> P/LP variants.
3	Cancer risks	You may have an increased chance to develop colorectal cancer (lifetime risk 5-10%).
4	What you can do	Individuals with the <i>APC</i> p.I1307K moderate risk pathogenic variant generally do not have the same medical management guidelines as individuals with typical <i>APC</i> P/LP variants. 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.
5	Family	Family members may also be at risk – they can be tested for the <i>APC</i> p.I1307K variant 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.

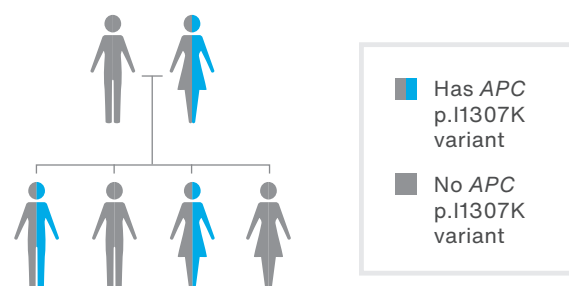
APC Moderate Risk Colorectal Cancer Risks*



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

APC in the Family

There is a 50/50 random chance to pass on the moderate risk *APC* p.I1307K variant to each of your children.



RESOURCES

- 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 *APC* 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.