

Clinician Management Resource for *POLE*

This overview of clinical management guidelines is based on this patient's positive test result for a pathogenic or likely pathogenic *POLE* variant. 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, or 2-5 years prior to the earliest colorectal cancer in the family if diagnosed before age 25	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
Endometrial Cancer		
Education regarding the importance of prompt reporting of any abnormal uterine bleeding or postmenopausal bleeding.	Individualized	N/A
Evaluation of symptoms with endometrial biopsy.	Individualized	Individualized
Transvaginal ultrasound can be considered in postmenopausal patients**	Clinician's discretion	Clinician's discretion
Duodenal Cancer		
Baseline upper endoscopy	25-30 years old or earlier based on family history	Individualized

* Information about cancer risk in patients with pathogenic variants in the *POLE* gene is limited by small sample sizes. The cancers with risk greater than that of the general population were colon, endometrial, ovarian, brain, and extracolonic GI cancer. There is limited evidence of increased risk for breast cancer, melanoma, and possibly other cancers.

** Transvaginal ultrasound has not been shown to be sufficiently sensitive or specific to be recommended.

1. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Genetic/Familial High-Risk Assessment: Colorectal, Endometrial, and Gastric. v1.2025. © National Comprehensive Cancer Network, Inc. 2025. All rights reserved. Accessed June 16, 2025. 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.

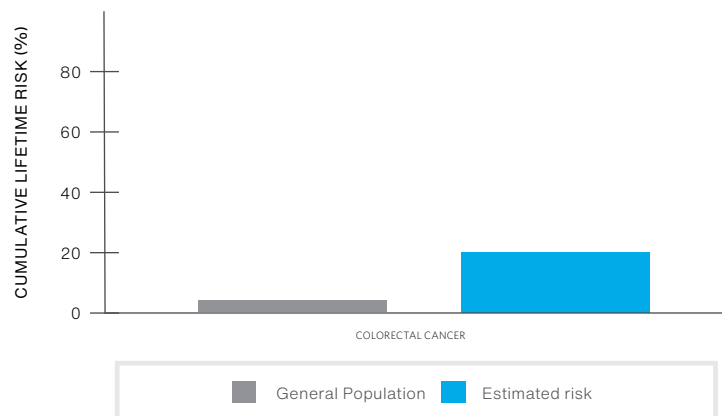
Understanding Your Positive *POLE* Genetic Test Result

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>POLE</i> gene.
2	Polymerase proofreading-associated polyposis	People with a pathogenic or likely pathogenic <i>POLE</i> variant have polymerase proofreading-associated polyposis (PPAP).
3	Cancer risks	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 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 pathogenic or likely pathogenic <i>POLE</i> 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.

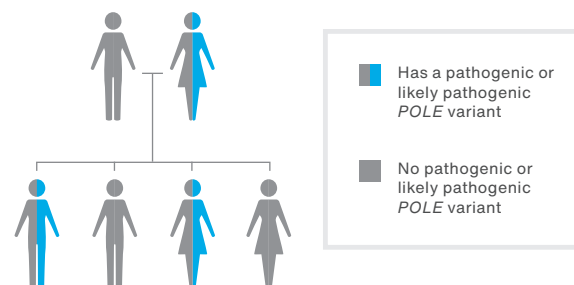
POLE Lifetime Cancer Risks*



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

POLE in the Family

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



RESOURCES

- American Cancer Society [cancer.org](https://www.cancer.org)
- National Society of Genetic Counselors [nsgc.org](https://www.nsgc.org)
- Canadian Association 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 *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.