REFERENCE GUIDE

Ambry Genetics®
A TEMPUS COMPANY

Testing for Hereditary Colorectal Cancer

Hereditary Cancer Risk Assessment and/or Testing Are Recommended By:

NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®)[1-2]

American College of Gastroenterology (ACG)[3]

American College of Medical Genetics and Genomics (ACMG) & National Society of Genetic Counselors (NSGC)[4]

GUIDELINES RECOMMEND GENETIC TESTING FOR ALL PATIENTS WITH PERSONAL OR FAMILY HISTORIES OF THE FOLLOWING SIGNS* OF HEREDITARY CANCER:

CLINICAL RISK FACTORS
- 10 or more colorectal polyps in a person's lifetime

MULTIPLE CANCERS
- 2 or more primary cancers in the same person
- 3 or more cancers on the same side of the family

EARLY-ONSET CANCERS
- Colorectal cancer diagnosed before 50
- Gastric cancer diagnosed before 50
- Endometrial cancer diagnosed before 50

ABNORMAL TUMOR SCREENING
- Tumors with microsatellite instability (MSI) or loss of immunohistochemical (IHC) staining

RARE CANCERS
- Ovarian cancer, male breast cancer, pancreatic cancer, metastatic prostate cancer

** Adapted from published genetic testing guidelines*

HEREDITARY CANCER TESTING OPTIONS*

5-14 DAY TAT

CancerNext®

Test addressing the most common hereditary cancers; National consensus management guidelines provide recommendations regarding risk management for **all genes** on the panel[1,2]

5-14 DAY TAT

ColoNext®

Base panel addressing colorectal cancer, gastric cancer, and polyposis risk; National consensus management guidelines provide recommendations regarding risk management for **all base panel** genes.[1]

Option to add on select limited evidence genes.**

Scan for more information on gene content.

*Additional testing options available
**Genes are considered "limited evidence" if association with cancer has been suggested but not confirmed due to limited evidence. Management guidelines are not available regarding risk management.

Add +RNAinsight® to Find More Answers

+RNAinsight is Ambry's unmatched concurrent DNA/RNA hereditary cancer testing that delivers greater clarity and confidence in results and finds more positive patients who may otherwise be missed with DNA-only or reflexive RNA approaches.[5-10]

Identifies more positive patients who would otherwise be missed[8,10]

Reduces ambiguity by reducing the relative VUS rate[6,10]

No impact on turnaround time[10]

Provides functional data to address known data gaps in non-white patients[8]

READY TO ADD GERMLINE TO YOUR TESTING WORKFLOW?

Contact your Ambry Representative, or scan here and we'll have your rep contact you.

References

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. 2026. All rights reserved. Accessed February 1, 2026. 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: Breast, Ovarian, Pancreatic, and Prostate. V2.2026. ©National Comprehensive Cancer Network, Inc. 2026. All rights reserved. Accessed February 1, 2026. 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.
3. American College of Gastroenterology et al. The American Journal of Gastroenterology. 2015
4. Hampel H, ACMG, NSGC, et al., Genetics in Medicine. 2014
5. Landrith T et al. npj Precision Oncology. 2020.
6. Karam R et al. JAMA Network Open. 2019.
7. Horton C et al. NPJ genomic medicine. 2022.
8. Horton C et al. JAMA Oncology. 2023
9. Horton C et al. Expanding the reach of paired DNA and RNA sequencing: Results from 450,000 consecutive individuals from a hereditary cancer cohort; (Oral Presentation Session 84 - Strategies to Interpret Germline Variants in Cancer Predispostion Genes). Presented at the Annual Meeting of The American Society of Human Genetics, November 8, 2024, in Denver, CO.
10. Ambry Genetics, internal data on file.

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