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Clinician Management Resource for *PALB2*

This overview of clinical management guidelines is based on this patient's positive test result for a *PALB2* gene mutation. 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	AGE TO START	FREQUENCY
Female Breast Cancer[1]		
Breast Screening • Mammography with consideration of tomosynthesis • Consider breast MRI with contrast	30 years old, or 5-10 years before the earliest known breast cancer in the family	Every 12 months
Discuss option of risk-reducing mastectomy	Individualized	N/A
Pancreatic Cancer[1]		
For individuals with exocrine pancreatic cancer in >1 first-or second-degree relative on the same side of the family as the identified pathogenic/likely pathogenic germline variant, consider pancreatic cancer screening.*	50 years (or 10 years younger than the earliest exocrine pancreatic cancer diagnosis in the family)	Annually (with consideration of shorter intervals if worrisome abnormalities seen on screening)
Ovarian Cancer[1]		
Evidence insufficient, manage based on family history	N/A	N/A
Prostate Cancer[2]		
No specific screening guidelines exist at this time	N/A	N/A
Other[1]		
Counsel for risk of autosomal recessive condition in offspring • If both parents have a *PALB2* mutation, each of their children have a 25% chance to have Fanconi anemia	Individualized	N/A

* For individuals considering pancreatic cancer screening, the Guidelines recommends that screening be performed in experienced high-volume centers, ideally under research conditions. The Guidelines recommends that such screening only take place after an in-depth discussion about the potential limitations to screening, including cost, the high incidence of pancreatic abnormalities, and uncertainties about the potential benefits of pancreatic cancer screening.

The Guidelines recommends that screening be considered using annual contrast-enhanced MRI/MRCP and/or EUS, with consideration of shorter screening intervals for individuals found to have worrisome abnormalities on screening. The Guidelines emphasizes that 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, and Pancreatic. V1.2020. © National Comprehensive Cancer Network, Inc. 2019. All rights reserved. Accessed December 26, 2019. 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. Pritchard CC, *et al.* Inherited DNA-Repair Gene Mutations in Men with Metastatic Prostate Cancer. N Engl J Med. 2016 Aug 4; 375(5):443-53.

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