

Clinician Management Resource for *NBN*

This overview of clinical management guidelines is based on this patient's positive test result for a *NBN* 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 Cancer¹		
Breast Screening* <ul style="list-style-type: none"> Mammography with consideration of tomosynthesis Consider breast MRI with contrast 	40 years old, or 5-10 years before the earliest known breast cancer in the family	Every 12 months
For consideration of risk-reducing mastectomy, manage based on family history	Individualized	N/A
Prostate Cancer		
No specific screening guidelines exist at this time	N/A	N/A
Brain Tumor		
No specific screening guidelines exist at this time	N/A	N/A
Ovarian Cancer¹		
Evidence insufficient, manage based on family history	N/A	N/A
Other¹		
Counsel for risk of autosomal recessive condition in offspring <ul style="list-style-type: none"> If both parents have an <i>NBN</i> mutation, each of their children have a 25% chance to have Nijmegen breakage syndrome 	Individualized	N/A

* Management recommendations are based on data derived from the 657del5 Slavic truncating mutation. Although risks for other mutations have not been established it is prudent to manage patients with other truncating mutations similarly to those with 675del5.

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.