

Clinician Management Resource for APC (Familial Adenomatous Polyposis)

This overview of clinical management guidelines is based on this patient's positive test result for an APC 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 ^{*,1}	AGE TO START	FREQUENCY
Colorectal Cancer		
Unaffected patients (i.e. no symptoms, findings, adenomas): Preferred flexible sigmoidoscopy or colonoscopy	10-15 years old	Every 12 months
Affected patients: Colectomy or proctocolectomy ^{**}	Individualized by polyp burden	N/A
Additional surveillance post-colectomy is recommended and varies by surgery type performed. <i>Please consult complete NCCN Guidelines for additional details.</i>	Post-surgery	Varies by surgery type
Consider chemoprevention to facilitate management of the remaining rectum for patients who have undergone surgery.	Post-surgery	N/A
Duodenal Or Periampullary Cancer[^]		
Upper endoscopy including complete visualization of the ampulla of Vater <i>Refer to the complete NCCN Guidelines for further details regarding type and frequency of surveillance.</i>	20-25 years old (consider baseline upper endoscopy earlier, if colectomy before age 20)	Individualized based on polyp burden
Gastric Cancer[^]		
<i>Refer to the complete NCCN Guidelines for further details regarding the management of fundic gland and non-fundic gland polyps, if applicable.</i>	Individualized	Individualized
Thyroid Cancer[^]		
Thyroid exam ▪ Ultrasound may be considered ^{^^}	Late teenage years	Every 12 months
Central Nervous System Cancer[^]		
Physical exam <i>No additional screening recommendations^{^^}</i>	Individualized	Every 12 months
Intra-Abdominal Desmoids[^]		
Abdominal palpation ^{^^}	Individualized	Every 12 months
Consider abdominal MRI (with and without contrast) or CT (with contrast), if family history of symptomatic desmoids and/or suggestive abdominal symptoms ^{^^}	1-3 years post-colectomy	Every 5-10 years
Small Bowel Polyps And Cancer[^]		
Consider adding small bowel visualization to CT or MRI for desmoids as described above, especially if duodenal polyposis is advanced. ^{^^}	1-3 years post-colectomy	Every 5-10 years

* Some individuals have a milder phenotype of FAP, known as attenuated FAP (AFAP). Recommendations for individuals with AFAP may vary from the guidelines outlined here, including differences in the age, frequency, and type of management recommended. Please consult the complete NCCN guidelines (as referenced on page 2) for management details.

** Timing of proctocolectomy in patients <18 y of age is not established since colon cancer is rare before age 18. In patients <18 y without severe polyposis and without family history of early cancer or severe genotype, the timing of proctocolectomy can be individualized. An annual colonoscopy is recommended if surgery is delayed.

[^] Other than colorectal cancer, screening recommendations are expert opinion rather than evidence-based.

^{^^} Limited data

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SCREENING/SURGICAL CONSIDERATIONS ^{*,1}	AGE TO START	FREQUENCY
Hepatoblastoma[^]		
No recommendations have been made for FAP. The following recommendations have been considered when a high risk for hepatoblastoma has been observed: <ul style="list-style-type: none"> ▪ Liver palpation, abdominal ultrasound, measurement of alpha-fetoprotein (AFP). Screening in a clinical trial is preferred. 	0-5 years old	Every 3-6 months
Pancreatic Cancer[^]		
No specific screening guidelines exist at this time	N/A	N/A

* Some individuals have a milder phenotype of FAP, known as attenuated FAP (AFAP). Recommendations for individuals with AFAP may vary from the guidelines outlined here, including differences in the age, frequency, and type of management recommended. It is recommended that patients be managed by physicians or centers with expertise in FAP and that management be individualized to account for genotype, phenotype, and personal considerations. Please consult the complete NCCN guidelines (as referenced below) for management details.

[^] Other than colorectal cancer, screening recommendations are expert opinion rather than evidence-based.

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