PALB2 – risk management



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Cancer/tumour risk management guidelines

The choice of risk management strategy should take into account current age, other health issues and age-related cancer risk.

The impact of lifestyle on cancer risk should be discussed e.g. exercise regularly, maintain healthy weight, have a healthy diet, limit alcohol intake, do not smoke and avoid excessive sun exposure.

Cancer/tumour type	Recommendations			
Breast (female)	Surgical	The appropriateness of RRM should be based on each woman's absolute risk (as per CanRisk) followed by self-surveillance of the breast area		
	Surveillance	 Given the range of risk depending on the family history, surveillance and the modality used should be individualised In some families later commencement of screening is acceptable 		
		Age	Strategy and frequency	
		30-40 years	Annual MRI, +/- US	
		40-50 years	Annual MRI, +/- MMG, +/- US	
		Over age 50 years	Annual MMG, +/- US (consider MRI if >50 years with dense breasts)	
		Pregnant	No MRI or MMG, consider US	
	Risk- reducing medication	Careful assessment of risks and benefits in the individual case by an experienced medical professional is required when considering the use of medication, such as tamoxifen or raloxifene to reduce risk of developing breast cancer in unaffected women. See COSA - Medications to lower the risk of breast cancer: clinician guide		
Breast (male)	Surgical	Not applicable		
	Surveillance	Chest area awareness and pectoral area palpation on a regular basis		
	Risk- reducing medication	No evidence of benefit		
Ovarian/fallopian tube	Surgical	 Consider RRSO after age 50 years unless there are early ovarian cancers in the family. The age of RRSO may be individualised based on family history Peritoneal lavage and close histological examination# to exclude occult malignancy 		
	Surveillance	Do not offer serum CA125 and/or transvaginal ultrasound (TVU)		
Pancreatic	Surveillance	Lack of evidence of benefit from screening. Should be undertaken only as part of a clinical trial^		

Abbreviations: RRM - risk-reducing mastectomy, MRI - magnetic resonance imaging, US - ultrasound, MMG - mammography, RRSO - risk-reducing salpingo-oophorectomy

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 $^{^{\#}}$ Histological examination should be according to the SEE-FIM protocol

[^] Refer to Australian Pancreatic Cancer Genome Initiative website for up-to-date screening trials. Link in Website Resources section.

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