

# CHEK2 gene

## Associated Syndrome Name: CHEK2-associated cancer risk

### CHEK2 Summary Cancer Risk Table

CANCER	GENETIC CANCER RISK
Breast	High Risk
Colorectal	Elevated Risk
Male Breast	Elevated Risk

### CHEK2 gene Overview

CHEK2-associated cancer risk<sup>1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13</sup>

- Most women with *CHEK2* mutations have a risk for breast cancer that is significantly increased over the 12.5% lifetime risk for women in the general population of the United States. Men with *CHEK2* mutations also have an increased risk for breast cancer.
- Estimates of cancer risk for men and women with *CHEK2* mutations vary widely and are strongly influenced by family history. In cases where there is no family history of one of these cancers, the risk for a patient with a *CHEK2* mutation may be lower than in cases where that cancer has been diagnosed in one or more close relatives. Therefore, the family history of a patient should be considered when deciding on the most appropriate strategies to manage cancer risk, with more aggressive strategies targeted to patients with significant family histories of related cancers.
- Individuals with *CHEK2* mutations may have an elevated risk for colorectal cancer, and the National Comprehensive Cancer Network (NCCN) has provided screening recommendations to address this possible risk.
- Some studies have described a possible increased risk for a wide range of cancers in patients with *CHEK2* mutations, including prostate, gastric, thyroid, renal, hematological malignancies, testicular germ cell tumors, and other malignancies. However, these studies are not conclusive and there are currently no medical management guidelines to address these possible risks.
- Although there are increased risks for cancer in men and women with mutations in *CHEK2*, there are interventions that may reduce these risks. Guidelines from the National Comprehensive Cancer Network (NCCN) that may apply are listed below. Since information about the cancer risks associated with *CHEK2* mutations is relatively new, and there is still some uncertainty about the best ways to reduce these risks, it may be appropriate to interpret these results in consultation with cancer genetics experts in this emerging area of knowledge.

### CHEK2 gene Cancer Risk Table

CANCER TYPE	AGE RANGE	CANCER RISK	RISK FOR GENERAL POPULATION
Female Breast	To age 80 <sup>5, 6, 7, 10, 11, 14</sup>	20%-31%	10.7%
	Second primary within 10 years of first breast cancer diagnosis <sup>4, 15, 16, 17</sup>	7%-29%	3.5%
Male Breast	To age 80 <sup>12, 14, 18</sup>	0.4%-1%	0.1%
Colorectal	To age 80 <sup>2, 14</sup>	Possibly elevated risk	2.8%

### CHEK2 Cancer Risk Management Table

The overview of medical management options provided is a summary of professional society guidelines. The most recent version of each guideline should be consulted for more detailed and up-to-date information before developing a treatment plan for a particular patient.

This overview is provided for informational purposes only and does not constitute a recommendation. While the medical society guidelines summarized herein provide important and useful information, medical management decisions for any particular patient should be made in consultation between that patient and his or her healthcare provider and may differ from society guidelines based on a complete understanding of the patient's personal medical history, surgeries and other treatments.

CANCER TYPE	PROCEDURE	AGE TO BEGIN	FREQUENCY (UNLESS OTHERWISE INDICATED BY FINDINGS)
Female Breast	Breast awareness - Women should be familiar with their breasts and promptly report changes to their healthcare provider. Periodic, consistent breast self-examination (BSE) may facilitate breast awareness. <sup>20</sup>	Individualized	NA
	Clinical encounter, including clinical breast exam, ongoing risk assessment and risk-reduction counseling <sup>20</sup>	When genetic risk is identified, but not before age 21	Every 6 to 12 months
	Mammography <sup>21</sup>	Age 40, or modified to a younger age based on the family history of breast cancer	Annually
	Consider breast MRI with contrast <sup>21</sup>	30 to 35 years, or modified to a younger age based on the family history of breast cancer	Annually
	Consider additional risk-reduction strategies. <sup>20, 21</sup>	Individualized	NA
Male Breast	Currently there are no specific medical management guidelines for male breast cancer risk in mutation carriers. However, the increase in risk warrants consideration of options for male breast cancer screening, such as patient breast awareness education and clinical breast examinations. <sup>20, 21</sup>	Individualized	NA
Colorectal	Colonoscopy <sup>2</sup>	40 years, or 10 years younger than the age of diagnosis for any first-degree relative with colorectal cancer	Every 5 years
For Patients With A Cancer Diagnosis	For patients with a gene mutation and a diagnosis of cancer, targeted therapies may be available as a treatment option for certain tumor types (e.g., PARP-inhibitors). <sup>19</sup>	NA	NA

## Information for Family Members

The following information for Family Members will appear as part of the MMT for a patient found to have a mutation in the *CHEK2* gene.

This patient's relatives are at risk for carrying the same mutation(s) and associated cancer risks as this patient. Cancer risks for females and males who have this/these mutation(s) are provided below.

Family members should talk to a healthcare provider about genetic testing. Close relatives such as parents, children, brothers and sisters have the highest chance of having the same mutation(s) as this patient. Other more distant relatives such as cousins, aunts, uncles, and grandparents also have a chance of carrying the same mutation(s). Testing of at-risk relatives can identify those family members with the same mutation(s) who may benefit from surveillance and early intervention.

In rare instances, an individual may inherit mutations in both copies of the *CHEK2* gene, leading to significantly higher breast cancer risks than those in women with a single *CHEK2* mutation. The children of this patient are at risk of inheriting two *CHEK2* mutations only if the other parent is also a carrier of a *CHEK2* mutation. Screening the other biological parent of any children for *CHEK2* mutations may be appropriate. Alternatively, this patient's children may consider genetic testing for any mutations in the entire *CHEK2* gene.<sup>22</sup>

## References

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