Ambry Genetics®

Clinician Management Resource for *CDH1* (Hereditary diffuse gastric cancer)

This overview of clinical management guidelines is based on this patient's positive test result for a pathogenic or likely pathogenic variant in the *CDH1* gene. 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
Gastric Cancer[1, 2 *]		
Gastrectomy is recommended for patients meeting any of the following criteria: ▪ Established stage pT1b or higher signet ring cell carcinoma (SRCC). ▪ Persistent signs and symptoms that may be associated with more advanced-stage SRCC that are unexplained by other medical conditions. ▪ Endoscopic findings that may suggest presence of more advanced SRCC. Patients without any of the above criteria should have the opportunity to engage in shared decision-making, taking into account the pros and cons of risk-reducing gastrectomy versus endoscopic surveillance.	Individualized	N/A
For patients electing endoscopic surveillance, the following strategies are recommended: ▪ Upper endoscopy surveillance should be performed at centers with expertise in *CDH1* gastric cancer. ▪ History of *CDH1* should be clearly indicated on pathology requisition and multidisciplinary discussion of any abnormal findings is encouraged. ▪ Endoscopic exams should be high quality**	Individualized	For patients who do not meet criteria for recommended gastrectomy after the surveillance exam: repeat in 6-12 months For patients who meet criteria for gastrectomy after the surveillance exam but decline gastrectomy: repeat in 6 months
Female Breast Cancer[2]		
Breast Screening ▪ Mammography ▪ Consider breast MRI with and without contrast	30 years old, or 5-10 years before the earliest known breast cancer in the family	Annually
Discuss option of risk reducing mastectomy	Individualized	N/A

* Given the still limited understanding and rarity of this syndrome, it is recommended for patients with pathogenic/likely pathogenic *CDH1* variants to be referred to institutions with expertise in managing risks for cancer associated with *CDH1*.

** Refer to HGAST-B, page 4 of 5 of the NCCN Guidelines for Genetic/Familial High-Risk Assessment: Colorectal, Endometrial, and Gastric for a definition of high quality endoscopic surveillance exams.

1. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Genetic/Familial High-Risk Assessment: Colorectal, Endometrial, and Gastric. v3.2024. © National Comprehensive Cancer Network, Inc. 2024. All rights reserved. Accessed October 31, 2024. 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. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Genetic/Familial High-Risk Assessment: Breast, Ovarian, Pancreatic, and Prostate. V2.2025. © National Comprehensive Cancer Network, Inc. 2024. All rights reserved. Accessed November 7, 2024. 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.

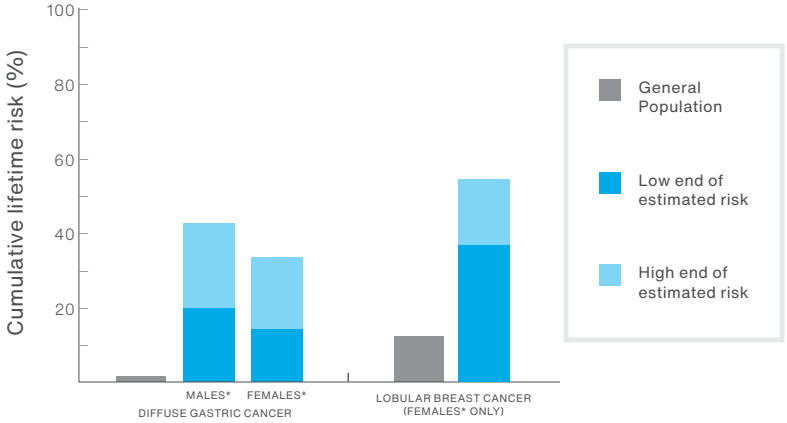
Understanding Your Positive *CDH1* Genetic Test Result

INFORMATION FOR PATIENTS WITH A PATHOGENIC OR LIKELY PATHOGENIC VARIANT

5 Things To Know

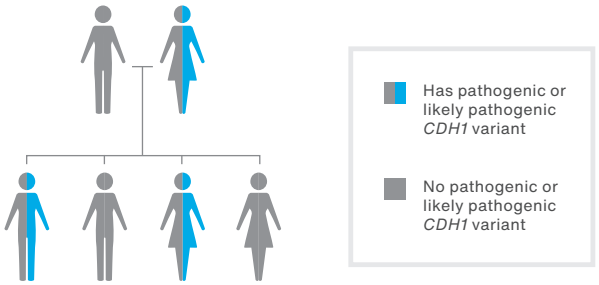
1	Result	Your testing shows that you have a pathogenic or likely pathogenic variant in the *CDH1* gene.
2	*CDH1*-related diffuse gastric and lobular breast cancer (DGLBC)	People with a pathogenic or likely pathogenic *CDH1* variant have *CDH1*-related diffuse gastric and lobular breast cancer (DGLBC)
3	Cancer risks	You have an increased chance to develop a particular type of gastric cancer (diffuse) and a particular type of female* breast cancer (lobular).
4	What you can do	Risk management decisions are very personal. There are options to detect cancer early or lower the risk to develop cancer. It is important to discuss these options with your healthcare provider and decide on a plan that works for you.
5	Family	Family members may also be at risk—they can be tested for the pathogenic or likely pathogenic *CDH1* variant that was identified in you. It is recommended that you share this information with your family members so they can learn more and discuss with their healthcare providers.

CDH1 Lifetime Cancer Risks**



CDH1 in the Family

There is a 50/50 random chance to pass on the pathogenic or likely pathogenic *CDH1* variant to each of your children.



* Refers to sex assigned at birth
**Because risk estimates vary in different studies, only approximate risks are given. Cancer risks will differ based on individual and family history.

RESOURCES

- No Stomach for Cancer nostomachforcancer.org
- Bright Pink brightpink.org
- HDGC advocacy hereditarydiffusegastriccancer.org
- Imerman Angels imermanangels.org
- Susan G. Komen Foundation komen.org
- National Society of Genetic Counselors nsgc.org
- Canadian Society of Genetic Counsellors cagc-accg.ca

Please discuss this information with your healthcare provider. The cancer genetics field is continuously evolving, so updates related to your *CDH1* result, medical recommendations, and/or potential treatments may be available over time. This information is not meant to replace a discussion with a healthcare provider, and should not be considered or interpreted as medical advice.

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