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Clinician Management Resource for *AXIN2*

This overview of clinical management guidelines is based on this patient's positive test result for a pathogenic or likely pathogenic *AXIN2* variant. 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		
Colonoscopy*	25-30 years old	Every 2-3 years if negative Every 1-2 years if polyps are found
Surgical evaluation if appropriate due to unmanageable polyp burden	Individualized	N/A

* Data to support surveillance recommendations for *AXIN2* are evolving at this time. Caution should be used when implementing final colonoscopy surveillance regimens in context of patient preferences and new knowledge that may emerge.

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.

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Understanding Your Positive *AXIN2* Genetic Test Result

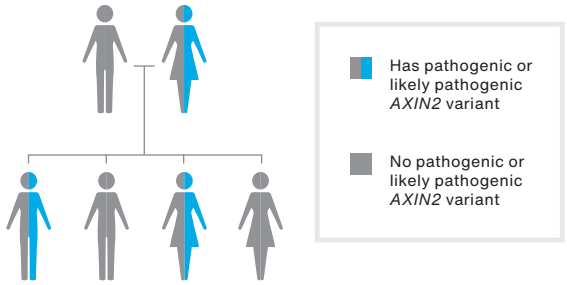
INFORMATION FOR PATIENTS WITH A PATHOGENIC OR LIKELY PATHOGENIC VARIANT

6 Things To Know

1	Result	Your testing shows that you have a pathogenic or likely pathogenic variant in the *AXIN2* gene.
2	Oligodontia-colorectal cancer syndrome	People with a pathogenic or likely pathogenic *AXIN2* variant have oligodontia-colorectal cancer syndrome.
3	Cancer risks	You have an increased chance to develop colorectal cancer.
4	Other Medical Concerns	Individuals with *AXIN2* mutations may also have oligodontia (absence of >6 teeth, not including wisdom teeth).
5	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.
6	Family	Family members may also be at-risk. They can be tested for the pathogenic or likely pathogenic *AXIN2* variant that was found 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.

AXIN2 in the Family

There is a 50/50 random chance to pass on the pathogenic or likely pathogenic *AXIN2* variant to each of your children.



RESOURCES

- American Cancer Society cancer.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 *AXIN2* 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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