

Genetic Risk Assessment Guidelines Expand to Meet Growing Understanding of Hereditary Cancer Risk

NCCN overhauls two major resources to incorporate cutting-edge research on genetic and familial high-risk assessment.

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The National Comprehensive Cancer Network (NCCN)—an alliance of leading cancer centers focusing on maintaining evidence-based expert consensus driven guidelines for care—announces the publication of the expanded NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines) for Genetic/Familial High-Risk Assessment: [Breast, Ovarian, Pancreatic, and Prostate](#). This closely follows the recent publication of the expanded NCCN Guidelines for Genetic/Familial High-Risk Assessment: [Colorectal, Endometrial, and Gastric](#).

Additional cancer types were added to the title and content for both guidelines. These updates account for the growing use of genetic testing in cancer prevention, screening, and treatment.

NCCN expands two major resources to help cancer care providers and other stakeholders stay current on cutting edge...

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“These expanded guidelines reflect the recommendations from leading experts on genetic testing based on the latest scientific research across the cancer spectrum, consolidated into two

convenient resources,” explained Crystal S. Denlinger, MD, Chief Executive Officer, NCCN. “This information is critical for guiding shared decision-making between health care providers and their patients, enhancing screening practices as appropriate, and potentially choosing options for prevention and targeted treatment choices. Genetic testing guidelines enable us to better care for people with cancer and their family members.”

The NCCN Guidelines include information on when genetic testing is recommended, and which type of testing may be best. They detail which hereditary conditions and genetic mutations are associated with elevated cancer risk and include follow-up on what to do for people who have them. Those next steps can include instructions for increased screening, or even preventive surgeries or other interventions.

“NCCN has played a major role in the field by creating guideline panels specifically devoted to the genetics of major cancers, and by developing scientifically based guidelines to help providers offer the best genetic-based care to their patients,” said Mary B. Daly, MD, PhD, FACP, Fox Chase Cancer Center, Chair of the NCCN Guidelines Panel for Genetic/Familial High-Risk Assessment: Breast, Ovarian, Pancreatic, and Prostate. “These guideline panels are continuously active and engaged, constantly responding to new evidence as it becomes available to provide the most up-to-date information to NCCN Guidelines users. These updates include the spectrum of genes associated with genetic syndromes, the range of risk associated with each pathogenic variant, the improvements in screening and prevention strategies, the role of genetic data to inform cancer treatment, and the expansion of the role of genetic counseling as this field moves forward.”

“The recently updated NCCN Guidelines for Genetic/Familial High-Risk Assessment: Colorectal, Endometrial, and Gastric takes into account the latest published research and expert opinions from more than 30 experts on caring for individuals with risk for hereditary cancer,” said Samir Gupta, MD, UC San Diego Moores Cancer Center, Chair of the NCCN Guidelines Panel for Genetic/Familial High-Risk Assessment: Colorectal, Endometrial, and Gastric. “For the first time, we feature enhanced recommendations for evaluation for endometrial and gastric cancer risk, including: 1) new recommendations for consideration for hereditary cancer screening for all individuals with newly diagnosed endometrial cancer; 2) new recommendations for evaluation and management of CDH1 associated gastric cancer risk; 3) de-implementation of intense colorectal cancer screening for individuals with CHEK2 pathogenic variants; and 4) enhanced recommendations for managing gastric cancer risk in patients with APC pathogenic variants.”

The NCCN Guidelines are the recognized standard for clinical recommendations and policy in cancer care and the most frequently updated clinical practice guidelines available in any area of medicine. There are 88 separate subject-specific guidelines, which are maintained by more than 1,900 subject matter experts from across the 33 NCCN Member Institutions. Panels may also include primary care physicians and patient advocates. The NCCN Guidelines are available free-of-charge for non-commercial use at [NCCN.org](https://www.nccn.org) or via the [Virtual Library of NCCN Guidelines App](#).

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