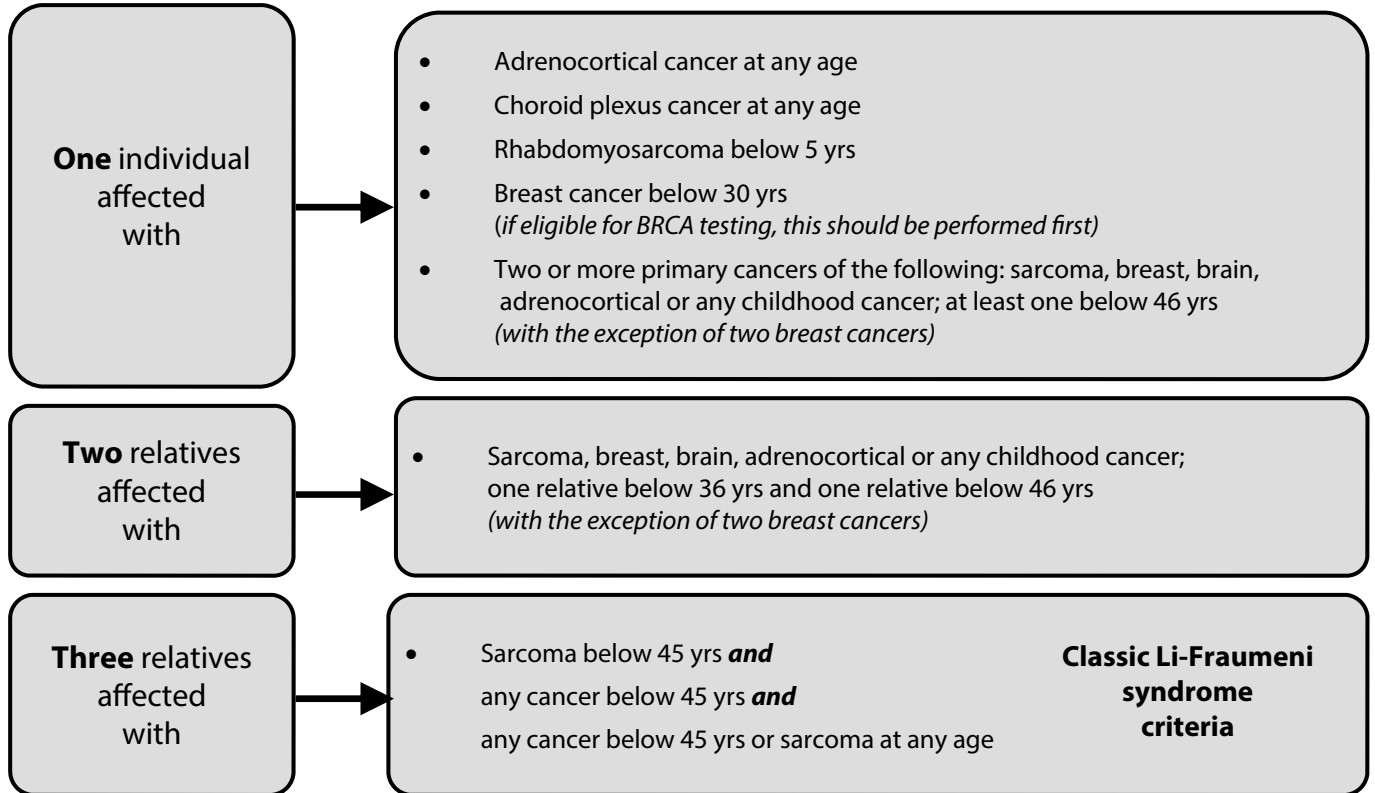


## Protocol 4

### TP53 mutation testing and management guideline

- Individuals affected with cancer and meeting one of the categories below are eligible for TP53 testing.
- **Relative** = first degree relative or second degree relative.
- **Sarcoma** = bone or soft-tissue sarcoma.



#### Cancer risks for TP53 carriers\*

- Families with a history of classic Li-Fraumeni syndrome should be counselled that the lifetime risk of cancer is high (*estimated up to 70% in males and up to 90% in females*).
- Cancer risks in families without a history of classic Li-Fraumeni syndrome may be lower.
- Cancer risk may be influenced by the type and position of the mutation. Please contact [vus@icr.ac.uk](mailto:vus@icr.ac.uk) for further information about specific mutations.

#### Management for TP53 carriers and those at 50% risk\*

- Open door policy (can be with a general paediatrician or paediatric oncologist for children).
- Breast cancer risk management should include:
  - Practice of breast self-awareness and self-examination
  - annual MRI age 20-50 yrs, review at age 50
  - discussion of risk-reducing mastectomy
- No targeted surveillance is recommended or of proven benefit other than for breast cancer.
- Cancer treatment should be the optimal treatment for the specific cancer. Radiotherapy should only be avoided if another treatment modality is of equal or superior benefit.
- Predictive testing after appropriate counselling can be undertaken at any age.