



# A-T CLINICAL CENTER AT JOHNS HOPKINS

## IMPORTANT FACTS ABOUT: CANCER IN A-T CARRIERS

### BREAST CANCER

The risk of breast cancer is 1 in 4 for female A-T carriers compared to 1 in 8 for females in the general population.

### NATIONAL COMPREHENSIVE CANCER NETWORK (NCCN) GUIDELINES FOR A-T CARRIERS ARE:

- Annual mammogram and clinical breast exam every 6 - 12 months, beginning at age 30 years. Mammogram and clinical exam should be offset so that one or the other occurs every 6 months.
- Annual breast MRI scan, beginning at age 40 years, with annual mammogram and MRI offset so that one or the other occurs every 6 months.

These guidelines change previous recommendations for standard care of A-T carriers. Therefore, it is very important that all female carriers in the family are identified.

Testing for a known ATM mutation is a simple and relatively inexpensive test as long as the mutations in the family member with A-T have been identified.

#### OTHER CANCERS

The risks of ovarian and pancreatic cancer are also increased compared to the general population, but not enough to warrant any changes to routine surveillance.

#### RISK OF RADIATION

There are no data to suggest that diagnostic x-rays (for example, mammograms) cause harm in A-T carriers.

There is generally no extra risk from therapeutic x-rays or radiomimetic drugs (which work like x-rays) in A-T carriers who are being treated for cancer, but that may depend on the type of ATM mutation in an individual carrier.

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