

NCCN Continuing Education

Target Audience: This journal article is designed to meet the educational needs of oncologists, nurses, pharmacists, and other healthcare professionals who manage patients with cancer.

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Release date: February 10, 2026; Expiration date: February 10, 2027

Learning Objectives:

Upon completion of this activity, participants will be able to:

- Integrate into professional practice the updates to the NCCN Guidelines for Genetic/Familial High-Risk Assessment: Breast, Ovarian, Pancreatic, and Prostate
- Describe the rationale behind the decision-making process for developing the NCCN Guidelines for Genetic/Familial High-Risk Assessment: Breast, Ovarian, Pancreatic, and Prostate

Disclosure of Relevant Financial Relationships

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Individuals Who Provided Content Development and/or Authorship Assistance:

The faculty listed below have no relevant financial relationship(s) with ineligible companies to disclose.

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Heather H. Cheng, MD, PhD, Panel Member, has disclosed receiving grant/research support from Janssen Pharmaceutica Products, LP, Medivation, Inc., Promontory Therapeutics, and Sanofi.

Beth Y. Karlan, MD, Panel Member, has disclosed receiving grant/research support from GRAIL, Inc. and Labcorp; and receiving consulting fees from Mercy BioAnalytics.

Matthew B. Yurgelun, MD, Panel Member, has disclosed receiving grant/research support from Janssen Pharmaceutica Products, LP; and receiving consulting fees from Myriad Genetics, Inc. and Nouscom.

To view disclosures of external relationships for the NCCN Guidelines Panel, go to [NCCN.org/guidelines/guidelines-panels-and-disclosure/disclosure-panels](https://www.nccn.org/guidelines/guidelines-panels-and-disclosure/disclosure-panels)

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Genetic/Familial High-Risk Assessment: Breast, Ovarian, Pancreatic, and Prostate, Version 2.2026

Featured Updates to the NCCN Guidelines

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Abstract

The NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines) for Genetic/Familial High-Risk Assessment: Breast, Ovarian, Pancreatic, and Prostate are intended to serve as a resource for health care providers to identify individuals who may benefit from cancer risk assessment and genetic counseling and testing; help guide decisions related to genetic testing; and facilitate a multidisciplinary approach in the comprehensive care of individuals at increased risk for hereditary breast, ovarian, pancreatic, and prostate cancer. The current guidelines focus primarily on assessment of pathogenic and likely pathogenic (P/LP) variants associated with increased risk of breast, ovarian, pancreatic, and prostate cancer and recommended approaches to genetic counseling/testing and care strategies in individuals with these P/LP variants associated with increased risk of these cancers. These NCCN Guidelines Insights summarize the panel's most recent recommendations regarding screening for prostate cancer and pancreas cancer, as well as testing criteria for nonepithelial ovarian cancer.

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Overview

The NCCN Guidelines for Genetic/Familial High-Risk Assessment: Breast, Ovarian, Pancreatic, and Prostate (BOPP) focus primarily on the assessment of pathogenic and likely pathogenic (P/LP) variants associated with increased risk of breast, ovarian, pancreatic, and prostate cancers, as well as recommended approaches to genetic counseling/testing and care strategies for individuals who carry these variants. These guidelines were developed with an acute awareness of the preliminary nature of much of our current knowledge regarding the clinical application of the rapidly emerging field of molecular genetics, as well as an appreciation of the need for flexibility in applying these recommendations to individual families.

Recent updates to these guidelines include updated recommendations regarding screening for prostate and pancreas cancers, as well as updated testing criteria for nonepithelial ovarian cancer.

Prostate Cancer Screening

Recommendations for prostate cancer screening have been updated in response to increased awareness of predisposition to prostate cancer by genes such as *BRCA2*, which is associated with an increased risk of prostate cancer and aggressive disease.^{1–4} There is also evidence that P/LP variants in other genes contribute to prostate cancer risk and aggressiveness to varying degrees, including *ATM*, *BRCA1*, *CHEK2*, *HOXB13*, and *TP53*.^{3–14}

¹Fred Hutchinson Cancer Center; ²Yale Cancer Center/Smilow Cancer Hospital; ³Johns Hopkins Kimmel Cancer Center; ⁴Dana-Farber/Brigham and Women's Cancer Center; ⁵UCLA Jonsson Comprehensive Cancer Center; ⁶Fox Chase Cancer Center; ⁷Vanderbilt-Ingram Cancer Center; ⁸Case Comprehensive Cancer Center/University Hospitals Seidman Cancer Center and Cleveland Clinic Taussig Cancer Institute; ⁹The University of Texas MD Anderson Cancer Center; ¹⁰University of Wisconsin Carbone Cancer Center; ¹¹Huntsman Cancer Institute at the University of Utah; ¹²Abramson Cancer Center at the University of Pennsylvania; ¹³O'Neal Comprehensive Cancer Center at UAB; ¹⁴UC Davis Comprehensive Cancer Center; ¹⁵FORCE: Facing Our Risk of Cancer Empowered; ¹⁶Siteman Cancer Center at Barnes-Jewish Hospital and Washington University School of Medicine; ¹⁷St. Jude Children's Research Hospital/The University of Tennessee Health Science Center; ¹⁸The UChicago Medicine Comprehensive Cancer Center; ¹⁹Roswell Park Comprehensive Cancer Center; ²⁰Indiana University Melvin and Bren Simon Comprehensive Cancer Center; ²¹Robert H. Lurie Comprehensive Cancer Center of Northwestern University; ²²Stanford Cancer Institute; ²³Moffitt Cancer Center; ²⁴UCSF Helen Diller Family Comprehensive Cancer Center; ²⁵City of Hope National Medical Center; ²⁶University of Michigan Rogel Cancer Center; ²⁷UT Southwestern Simmons Comprehensive Cancer Center; ²⁸Memorial Sloan Kettering Cancer Center; ²⁹Duke Cancer Institute; ³⁰UC San Diego Moores Cancer Center; ³¹Fred & Pamela Buffett Cancer Center; ³²The Ohio State University Comprehensive Cancer Center - James Cancer Hospital and Solove Research Institute; ³³Mass General Cancer Center; ³⁴Mayo Clinic Comprehensive Cancer Center; ³⁵University of Colorado Cancer Center; and ³⁶National Comprehensive Cancer Network.

*Provided content development and/or authorship assistance.

The full and most current version of these NCCN Guidelines is available at [NCCN.org](https://www.nccn.org).