Li-Fraumeni Syndrome (LFS) Fact Sheet for Medical Providers

- LFS is a hereditary cancer predisposition syndrome caused by inherited or de novo pathogenic variants (also called mutations) in one copy of the **TP53** tumor suppressor gene, present in the patient from birth (i.e. germline variant).
- People with LFS only have one fully functional TP53 gene to protect against accumulation of further cancer-causing genetic mutations.
- Risk for rare and common cancers is significantly elevated for both **children and adults** with LFS, leading to significant screening recommendations. Below: Approximate percentage of males and females with a first primary cancer by age (PMIDs: 21779515, 27496084) and summary of recommended screening modalities by age.

	15 years	30 years	45 years	60 years	
Males	15-25%	20-40%	40-60%	>70%	
Females	5-15%	40-50%	75-90%	>90%	

	Abdominal Ultrasound	Complete Physical +/- Bloodwork	Whole-body MRI	Brain MRI	Dermatology	Endoscopy/ Colonoscopy	Breast MRI (Females)	Mammogram (Females)
Age	Pediatric q3-4 mos	All ages; peds: q3-4 mos; adults: annual	All ages annual	All ages annual	18+ years annual	25+ years q2-5 yrs	20-75 years annual	30-75 years annual

- The most common cancers seen in LFS are premenopausal breast cancer, soft tissue sarcoma and osteosarcoma, brain cancer, and adrenocortical carcinoma (especially pediatric). Hematological cancers are also common.
- Not everyone with LFS will develop a cancer; others will develop multiple cancers.
- Medical Providers caring for patients with LFS should. . .
 - Maintain a high index of suspicion of malignancy during office visits.
 - Be familiar with LFS cancer **screening recommendations** and coordinate with other specialists as necessary to ensure the patient has access to appropriate screening.
 - Connect the patient with an **LFS clinic** or a **local provider** who is willing to coordinate recommended screening scans, including annual whole-body MRI or a suitable alternative if whole-body MRI is unavailable.
 - Avoid ordering scans involving radiation except when medically necessary.
 - Be cognizant of psychological stresses individuals with LFS may experience both chronically and acutely, particularly surrounding periods of screening or diagnosis, and consider referral to a mental health provider as necessary.

MORE INFORMATION







SUMMARIES

GeneReviews: https://www.ncbi.nlm.nih.gov/books/NBK1311/ UpToDate: https://www.uptodate.com/contents/li-fraumeni-syndrome PubMed PMIDs: 21779515, 27496084, 26014290, 29076966

QUESTIONS & SUPPORT

Your institution's cancer genetic counselor

A local cancer genetic counselor (https://www.findageneticcounselor.org)

Li-Fraumeni Syndrome Association (LFSA) Genetic Counseling Advisory Group and Medical Advisory Board

https://www.lfsassociation.org/genetic-couseling-advisory-group/https://www.lfsassociation.org/medical-advisory-board/

SCREENING GUIDELINES

Adult: NCCN Guidelines: Genetic/Familial High-Risk Assessment: Breast, Ovarian, and Pancreatic

Pediatric: Kratz CP, Achatz MI, Brugières L, et al. Clin Cancer Res. 2017;23(11):e38-e45. doi:10.1158/1078-0432.CCR-17-0408.

PMID: 28572266

Whole Body MRI Publications: PMIDs: 33151095, 28572262, 28772291

LFS CLINICS

https://www.lfsassociation.org/medical-resources/; https://www.lfsassociation.org/medical-resources/treatment-facilities/https://www.lfsassociation.org/wp-content/uploads/2020/06/LFSA_Genetic_Counselor_Directory_6320.pdf