The **BMPR1A** gene is a tumor suppressor gene. Tumor suppressor genes slow down cell division, repair DNA mistakes, or tell cells when to die. When they don't work properly, cells can grow out of control, which can lead to cancer. The primary role of **BMPR1A** is to help regulate the stability and growth of cells in the gastrointestinal tract.

Like most genes, each person has two copies of the **BMPR1A** gene, one inherited from each parent. A mutation in a single **BMPR1A** gene inherited from either parent causes Juvenile Polyposis syndrome (JPS), which is associated with gastrointestinal polyps, especially a type of polyp called juvenile polyps, and is also known to increase the risks of certain cancers including colorectal, stomach, pancreatic, and small bowel.

Approximately 25% of individuals with Juvenile Polyposis syndrome are the first in their family to carry the mutation.\(^1\) This is referred to as a “de novo” mutation. Individuals with de novo mutations have the same cancer risks as those with an inherited mutation from a parent, and have a 50% chance of passing the mutation on to their children.

### How common are mutations in the **BMPR1A** gene?
Mutations in the **BMPR1A** gene are rare—but approximately 20-25% of individuals with JPS have a mutation in **BMPR1A**.\(^2\)

### How mutations in this gene impact risk
**Women**
If a woman has a mutation in the **BMPR1A** gene, her chances of developing colorectal, stomach, pancreatic, and small bowel cancer are greater than that of the average US woman. This does not mean that she has a diagnosis of cancer or that she will definitely develop cancer in her lifetime.

<table>
<thead>
<tr>
<th>Cancer by age 80</th>
<th>Average US woman(^3)</th>
<th>With <strong>BMPR1A</strong> mutation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colorectal</td>
<td>2.8%</td>
<td>39%(^4,5)</td>
</tr>
</tbody>
</table>

Men
If a man has a mutation in the \textit{BMPR1A} gene, his chances of developing colorectal, stomach, pancreatic, and small bowel cancer are greater than that of the average US man. This does not mean that he has a diagnosis of cancer or that he will definitely develop cancer in his lifetime.

### Cancer by age 80

<table>
<thead>
<tr>
<th>Cancer</th>
<th>Average US man</th>
<th>With \textit{BMPR1A} mutation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colorectal</td>
<td>3.4%</td>
<td>39%(^5,6)</td>
</tr>
<tr>
<td>Stomach</td>
<td>&lt;1%</td>
<td>Elevated (21%)(^5)</td>
</tr>
<tr>
<td>Pancreatic</td>
<td>1.1%</td>
<td>Elevated(^5)</td>
</tr>
<tr>
<td>Small Bowel (Duodenal)</td>
<td>&lt;1%</td>
<td>Elevated(^5)</td>
</tr>
</tbody>
</table>

\textit{Elevated: Risk is increased, but further research may clarify the exact risk figure.}

### Screening guidelines

Below is a summary of screening guidelines from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) established by experts at the National Comprehensive Cancer Network (NCCN).\(^6\) They are for individuals with JPS who have a mutation in the \textit{BMPR1A} gene. If you have a mutation in this gene, your healthcare provider may use these NCCN Guidelines® to help create a customized screening plan for you.

#### Women and Men

Colorectal cancer\(^7\)

- **Starting around age 15:** Colonoscopy every 2-3 years, or every year if polyps are found.

---

\(^5\) Elevated: Risk is increased, but further research may clarify the exact risk figure.

\(^6\) Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for \textit{Genetic/Familial High-Risk Assessment: Colorectal}. V.2.2016. © National Comprehensive Cancer Network, Inc 2016. All rights reserved. Accessed October 26, 2016. To view the most recent and complete version of the guideline, go online to NCCN.org. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, NCCN GUIDELINES®, and all other NCCN Content are trademarks owned by the National Comprehensive Cancer Network, Inc.

\(^7\) Available at [www.nccn.org](http://www.nccn.org). Published September 2016.
Stomach cancer

- **Starting around age 15:** Upper endoscopy every 2-3 years, or every year if polyps are found. If multiple polyps lead to anemia requiring blood transfusion, your provider may discuss surgical removal of the stomach (gastrectomy).

Pancreatic cancer

- Currently, there are no pancreatic cancer screening guidelines from the NCCN specific to BMPR1A mutation carriers. Your provider may discuss screening or referral to a specialist.

Small bowel cancer (duodenal and other sections)

- Currently, there are no small bowel cancer screening guidelines from the NCCN specific to BMPR1A mutation carriers. Your provider may discuss screening or referral to a specialist.

Useful resources

**Colon Cancer Alliance**
An organization dedicated to colon cancer prevention, funding colon cancer research and providing support to patients.
[www.ccalliance.org](http://www.ccalliance.org)

**Hereditary Colon Cancer Foundation**
A nonprofit organization serving the hereditary colorectal cancer community.
[www.hcctakesguts.org](http://www.hcctakesguts.org)

**Kintalk**
An educational and family communication site for individuals and their families with hereditary cancer conditions
[www.kintalk.org](http://www.kintalk.org)

_Last updated May 15, 2017_