

# Mental Health and Quality of Life in CDKN2A Mutation Carriers

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# DESCRIPTION

Germline Cyclin-Dependent Kinase Inhibitor 2A (CDKN2A) mutations are associated with an increased risk of developing multiple cancers, particularly melanoma and pancreatic cancer. As a result, individuals carrying this genetic variant often undergo intensive surveillance to detect and manage these malignancies [1]. While early detection can be life-saving, the psychosocial impact of constant surveillance can be extreme. Germline CDKN2A mutations are genetic alterations that affect the CDKN2A gene, which encodes for proteins involved in regulating cell growth [2]. These mutations are inherited and substantially elevate the risk of developing melanoma, pancreatic cancer, and in some cases, other cancers. Due to this elevated risk, carriers of germline CDKN2A mutations typically undergo regular cancer surveillance to detect malignancies at an early, more treatable stage. Individuals with germline CDKN2A mutations may struggle with fear and anxiety associated with the increased risk of cancer [3]. The constant awareness of this risk can lead to chronic stress, impacting their mental well-being. The unpredictable nature of cancer can create a constant state of uncertainty for these individuals [4]. The presence of a germline CDKN2A mutation often has implications for the individual's family members who may also carry the mutation [5]. Coping with this shared genetic risk and its impact on family dynamics can be challenging. Decision-making related to surveillance, preventive measures, and possible preventive surgeries can be emotionally demanding. Individuals may struggle with choices that impact their health and quality of life.

Genetic counselors play an acute role in providing information, addressing concerns, and facilitating informed decision-making [6]. They provide emotional support and education about the implications of carrying the mutation. Psychologists or mental health professionals can help individuals develop coping strategies and manage anxiety and stress. Cognitive-behavioral therapy and mindfulness techniques may be beneficial [7]. Connecting with others who share similar experiences can be comforting. Support groups provide a space for individuals to share their concerns and seek advice from those who have navigated the same challenges. Raising awareness about germline *CDKN2A* mutations within the broader community can help reduce unfair beliefs and promote understanding. Public education efforts can create a more supportive environment [8]. Engaging family members in the process can be empowering. When the family is informed and united in managing the genetic risk, it can reduce emotional burdens.

Surveillance for individuals with germline CDKN2A mutations is essential, but it can be all-consuming [9]. Achieving a balance between carefulness and a fulfilling life is essential. Develop a structured surveillance plan with healthcare providers to minimize unnecessary stress. Regular, well-planned check-ups can provide reassurance. Encourage a focus on a healthy lifestyle, including a balanced diet, regular exercise, and stress management techniques. These measures can contribute to overall well-being. Open communication with healthcare providers is important. Discuss concerns, ask questions, and ensure that everyone is part of the decision-making process regarding surveillance and preventive measures. Identify achievable goals and expectations [10].

### CONCLUSION

The psychosocial issues faced by individuals with germ line *CDKN2A* mutations undergoing surveillance for increased risk of melanoma and pancreatic cancer is complex and multifaceted . As they navigate this journey, a strong support system, including genetic counselors, mental health professionals, and support groups, is invaluable. Balancing the need for surveillance with a fulfilling life is a delicate but achievable goal. By addressing the psychosocial aspects of this experience, we can help these individuals not only manage their genetic risk but also enhance their overall quality of life.

#### REFERENCES

 Klatte DC, Boekestijn B, Onnekink AM, Dekker FW, van der Geest LG, Wasser MN, et al. Surveillance for Pancreatic Cancer in High-Risk Individuals Leads to Improved Outcomes: A Propensity Score-Matched Analysis. Gastroenterology. 2023;164(7):1223-1231.

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- Klatte DC, Boekestijn B, Wasser MN, Feshtali Shahbazi S, Ibrahim IS, Mieog JS, et al. Pancreatic cancer surveillance in carriers of a germline CDKN2A pathogenic variant: yield and outcomes of a 20-year prospective follow-up. J Clin Oncol. 2022;40(28):3267-3277.
- Klatte DC, Wallace MB, Löhr M, Bruno MJ, van Leerdam ME. Hereditary pancreatic cancer. Best Pract Res Clin Gastroenterol. 2022;58:101783.
- Daly MB, Pal T, Berry MP, Buys SS, Dickson P, Domchek SM, et al. Genetic/familial high-risk assessment: Breast, Ovarian, and Pancreatic, Version 2.2021, NCCN Clinical Practice Guidelines in Oncology. J Natl Compr Canc Netw. 2021;19(1):77-102.
- Dossett LA, Kaji AH, Cochran A. SRQR and COREQ reporting guidelines for qualitative studies. JAMA Surg. 2021;156(9):875-876.
- Hinnen C, Boonstra A, Kukutsch N, van Doorn R. Prevalence and indicators of fear of melanoma in patients with familial melanoma during surveillance. J Eur Acad Dermatol Venereol. 2021;35(3):e217-e218.

- Overbeek KA, Cahen DL, Kamps A, Konings IC, Harinck F, Kuenen MA et al. Patient-reported burden of intensified surveillance and surgery in high-risk individuals under pancreatic cancer surveillance. Fam Cancer. 2020;19:247-258.
- Paiella S, Marinelli V, Secchettin E, Mazzi MA, Ferretto F, Casolino R, et al. The emotional impact of surveillance programs for pancreatic cancer on high-risk individuals: A prospective analysis. Psychooncology. 2020;29(6):1004-1011.
- Stump TK, Aspinwall LG, Drummond DM, Taber JM, Kohlmann W, Champine M, et al. CDKN2A testing and genetic counseling promote reductions in objectively measured sun exposure one year later. Genet Med. 2020;22(1):26-34.
- Aspinwall LG, Stump TK, Taber JM, Drummond DM, Kohlmann W, Champine M, et al. Genetic test reporting of *CDKN2A* provides informational and motivational benefits for managing melanoma risk. Transl Behav Med. 2018;8(1):29-43.