CLINICAL UPDATE

Hereditary Cancer Syndromes

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Identify your patients at risk for Lynch syndrome (HNPCC)

Red Flags for Lynch syndrome include:

- Endometrial cancer before age 50
- Colorectal cancer before age 50
- Multiple Lynch related cancers in an individual or family
 - -including colorectal, endometrial, ovarian, and gastric

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The American College of Obstetricians and Gynecologists (ACOG) recommends high-risk gynecologic and colon cancer management in women with Lynch syndrome

"It is important to identify women at risk [for Lynch syndrome] in order to provide them with appropriate screening, prophylactic surgery, and counseling."1

Lynch Syndrome, also known as Hereditary Nonpolyposis Colorectal Cancer syndrome (HNPCC), is primarily caused by mutations in the MLH1, MSH2, and MSH6 genes. Women with Lynch syndrome have cancer risk by age 70 of up to 82% for colorectal cancer, up to 71% for endometrial cancer, and up to 12% for ovarian cancer.2-3

ACOG Practice Bulletin No. 65. Management of endometrial cancer. Obstet Gynecol 2005 Aug;106(2):413-25.

ACOG Practice Bulletin No. 89. Elective and risk-reducing salpingooophorectomy. Obstet Gynecol 2008 Jan;111(1):231-41.

ACOG encourages OB/GYNs to identify women with Lynch syndrome. Identification of at-risk women begins with obtaining a family history, inclusive of gynecologic and colorectal cancers. Genetic testing for Lynch syndrome can clarify gynecologic cancer risk, as well as colorectal cancer risk. Women with an increased risk of gynecologic and colorectal cancers due to Lynch syndrome are recommended to have more intensive surveillance and prevention measures.^{1,4}

Management recommendations for women with Lynch syndrome:

- Annual transvaginal ultrasound, CA-125 and endometrial sampling beginning at age 30-35.5
- Option of hysterectomy with bilateral salpingo-oophorectomy after completion of childbearing or at the time of any intra-abdominal surgery.^{2,5}
- Surveillance colonoscopy every 1-2 years, beginning at age 20-25.5

Bottom Line: Medical management of women with Lynch syndrome includes surveillance and surgical options for the prevention of colorectal and gynecologic (endometrial and ovarian) cancers. ACOG emphasizes the importance of identification and appropriate cancer screening and prophylactic surgery for these patients.

References: 1. Obstet Gynecol 2005;106(2):413-425. 2. Int J Cancer 1999;81:214-8. 3. Gastroenterology 2004;127(1):17-25. 4. Obstet Gynecol 2008;111(1):231-41. 5. NCCN Clinical Practice Guidelines in Oncology, Colorectal Cancer Screening v.1.2008.



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