

Lynch Syndrome: Key Information for Healthcare Providers

I was just diagnosed with Lynch Syndrome (HNPCC) with a pathogenic variant _____ (mutation). Lynch Syndrome affects 1 in 279 people but 95% are unaware they have it. Lynch Syndrome increases my risk of developing many kinds of cancer and often at a younger age compared to the general population. Lynch Syndrome is the most common cause of inherited colorectal and endometrial cancer.

Lynch Syndrome is a hereditary condition caused by mutations in DNA mismatch repair genes (MLH1, MSH2, MSH6, PMS2, EPCAM). It significantly increases the risk of colorectal, endometrial, ovarian, gastric, urinary tract, biliary tract, prostate, pancreatic, brain, and skin cancer. Early detection and tailored management are critical in improving patient outcomes. Patients with Lynch Syndrome require enhanced surveillance and risk-reducing strategies. Proactive care can prevent cancer development and improve survival rates.

Clinical Management Recommendations and Enhanced Screening Protocols

- Colonoscopy every 1-2 years starting at age 20-25
- Endometrial and ovarian cancer screenings
- Annual full body skin exams
- Consider gastric, urinary tract, and pancreatic cancer surveillance for high-risk patients

Genetic Counseling & Testing

- Identify at-risk family members
- Lynch Syndrome is inherited in an autosomal dominant manner. There is a 50% chance the condition will be passed on to each child regardless of sex. In addition there is a 50% risk that the parents and/or siblings have Lynch Syndrome.
- Recommend cascade genetic testing for relatives

Preventive & Risk-Reducing Strategies

- Cancer screening recommendations and risk reducing strategies from NCCN are dependent on the particular gene, combined with personal and family cancer history. These recommendations are very important so that steps can be taken to reduce risks, prevent cancer, or detect cancers early when they are treatable and with more favorable outcomes.
- Prophylactic surgery for high-risk patients
- Lifestyle and pharmacologic interventions

Multidisciplinary Coordination

- Referral to gastroenterologists, gynecologic oncologists, and genetic specialists
- Develop individualized patient management plans

