



LETTERS

GENETIC TEST FOR COLORECTAL CANCER

Urgent improvements needed to diagnose and manage Lynch syndrome

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Lynch syndrome is currently under-recognised, underdiagnosed, and undermanaged, so opportunities to reduce cancer mortality are often missed. The new guideline from the National Institute for Health and Care Excellence recommends universal testing for Lynch syndrome in all people newly diagnosed as having colorectal cancer.¹ This should prevent several hundred

colorectal cancers annually, but several issues hinder good care of patients with Lynch syndrome in the UK.

Current practice in diagnostic testing for Lynch syndrome is variable. Many hospitals do not adhere to the current Royal College of Pathologists' colorectal cancer dataset, which recommends reflex tumour testing for Lynch syndrome in

patients diagnosed under 50.² All hospitals should ensure that multidisciplinary teams for colorectal cancer are fully engaged in delivering this integrated service.

Known carriers of the gene mutation for the syndrome are inadequately managed, with poor awareness of this condition in the NHS.³ Patients are not being seen quickly enough. Many do not have personalised care strategies, and follow-up is inadequate.

Patients with Lynch syndrome often fail to receive consistent management.⁴ Carriers require coordinated, timely, and high quality care to reduce their cancer risk.

In March 2016 Bowel Cancer UK organised a clinical consensus meeting to tackle these issues. We call for a national registry of people with Lynch syndrome; a quality assured colonoscopic surveillance programme for people with Lynch syndrome; and a dedicated clinical champion for hereditary colorectal cancer in each multidisciplinary team to oversee local service delivery.

In short, a multifaceted and multimodel strategy is required to improve outcomes for people at high risk of colorectal cancer.

Competing interests: SB is a consultant for Ethicon, Cincinnati. John Burn and his team have a patent pending on a new high throughput MSI assay.

Full response at: <http://www.bmj.com/content/356/bmj.j998/rr>.

- 1 Gulland A. All patients with colorectal cancer should be tested for genetic condition, NICE advises. *BMJ* 2017;356:j998. doi:10.1136/bmj.j998 pmid:28235818.
- 2 Royal College of Pathologists. Dataset for colorectal cancer histopathology reports (3rd edition). <https://www.rcpath.org/resourceLibrary/dataset-for-colorectal-cancer-histopathology-reports-3rd-edition-.html>
- 3 Monahan KJ, Clark SK. British Society of Gastroenterology (BSG) Cancer Group. A national survey of hereditary colorectal cancer services in the UK. *Frontline Gastroenterol* 2014;356:130-4. doi:10.1136/flgastro-2013-100362.
- 4 Bowel Cancer UK. Improving services for Lynch syndrome: who's responsible? 2016. www.bowelcanceruk.org.uk/campaigning/never-too-young/lynch-syndrome/

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