Familial adenomatous polyposis (FAP): Surveillance and polypectomy or surgery?

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This presentation debates the timing and necessity of prophylactic surgery versus endoscopic surveillance in familial adenomatous polyposis, emphasizing personalized decision-making in expert multidisciplinary centers.

KEY POINTS

- The speaker stated that colorectal cancer incidence in classical FAP is 100%, and current guidelines recommend immediate surgery for very severe polyposis with over 100 polyps, though endoscopic management may extend time to surgery in selected cases.
- The gastroenterologist presented a case of aggressive endoscopic polypectomy in a 15-year-old with 400 polyps, reporting removal of 1680 polyps to downgrade disease severity and delay surgery, emphasizing individualized management based on phenotype and patient circumstances.
- The surgeon outlined absolute indications for surgery including cancer, high-grade dysplasia, or over 1000 adenomas, but acknowledged that attenuated FAP with few polyps and classical FAP with mild phenotype may be managed endoscopically in expert centers with strict surveillance.
- Both speakers emphasized that surgery prevents colorectal cancer but carries consequences including increased bowel movements, psychological impact, and quality of life changes, though the surgeon cited a Norway study reporting comparable quality of life between surgical and medical management.
- The speakers agreed that management requires multidisciplinary team discussion in specialist centers, early surgeon involvement, and shared decision-making with patients, noting that the key question is whether endoscopic management can safely buy time before surgery in appropriately selected patients.

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