

SMALL-BOWEL CANCER SURVEILLANCE WITH CAPSULE ENDOSCOPY IN LYNCH SYNDROME – A SYSTEMATIC REVIEW WITH META-ANALYSIS

Luigi Andrea Laghi

UEG Week Copenhagen 2023

Poster

Small Intestine & Nutrition

October 15, 2023

Meta-analysis of five studies comprising 583 asymptomatic Lynch syndrome patients found capsule endoscopy screening for small-bowel cancer yielded 8% detection in first round but 0% histologically-confirmed pathology in second-round screening at 2-year intervals, suggesting this surveillance strategy is not effective.

KEY POINTS

- Pooled diagnostic yield for capsule endoscopy-identified pathology was 8% (95% CI 4-12%) in first screening round and 6% (95% CI 2-10%) in second round, but histologically-confirmed pathology yield in second round dropped to 0% (95% CI 0-6%).
- Sixteen patients with adenomas or adenocarcinomas were identified across studies, with adenomas detected at median age 47.5 years and adenocarcinomas at median age 62.5 years, suggesting a 15-year delay between lesion types.
- MLH1 was the most commonly involved pathogenic variant (9 of 16 patients), followed by MSH2 (5 patients) and MSH6 (2 patients); no adenocarcinomas were detected in MSH6 carriers.
- The authors conclude that small-bowel cancer surveillance with capsule endoscopy at 2-year intervals in asymptomatic Lynch syndrome patients is not an effective screening strategy and suggest consideration of longer intervals starting at age 50.

VIEW THIS CONTENT ON GUTFLIX

<https://gutflix.eu/search/d/2454579a-743b-11ee-9be8-0242ac140004>



AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.