ADENOMA INCIDENCE TRENDS BY GENOTYPE IN LYNCH SYNDROME: A RETROSPECTIVE COHORT STUDY OF 318 MD ANDERSON CANCER CENTER PATIENTS

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A retrospective study of 205 Lynch Syndrome patients at MD Anderson Cancer Center found significant genotype-specific differences in adenoma burden and colorectal cancer incidence during surveillance colonoscopy, with MSH2/EPCAM and MLH1 carriers showing the highest neoplasia rates and PMS2 carriers the lowest.

KEY POINTS

- Among 205 Lynch Syndrome patients followed over a median 1089 days, tubular adenomas occurred in 58.8%, sessile serrated adenomas in 16.2%, advanced neoplasia in 7.8%, and colorectal cancer in 2.4%.
- MSH2/EPCAM carriers (n=79) had the highest neoplasia burden with tubular adenomas in 57.0%, sessile serrated adenomas in 20.3%, and 3 of 5 total colorectal cancers.
- PMS2 carriers (n=37) had the lowest burden with tubular adenomas in 21.6%, sessile serrated adenomas in 5.4%, and no colorectal cancers detected.
- Total adenoma count differed significantly across genotypes ($p<0.05$), and tubular and tubulovillous adenoma incidence at first follow-up varied significantly by genotype ($p=0.036$ and $p=0.037$).
- The authors conclude these findings support the need for genotype-based surveillance strategies to reduce unnecessary procedures while preserving cancer prevention.

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