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Summary

Endoscopic management of Lynch syndrome and of familial risk of colorectal cancer: European Society of Gastrointestinal Endoscopy (ESGE) Guideline

Monique van leerdam

Standards and Guidelines

Digestive Oncology | Endoscopy

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ESGE provides recommendations for colonoscopy surveillance in Lynch syndrome and familial colorectal cancer, including mutation-specific starting ages and use of high-definition endoscopy.

KEY POINTS

- Colonoscopy surveillance should start at age 25 years for MLH1 and MSH2 mutation carriers and at age 35 years for MSH6 and PMS2 mutation carriers in Lynch syndrome
- High-definition endoscopy systems are recommended for routine use in individuals with Lynch syndrome
- Individuals with Lynch syndrome should be followed in dedicated units that monitor compliance and endoscopic performance measures
- Chromoendoscopy may benefit Lynch syndrome patients but routine use must be balanced against costs, training, and practical considerations
- Familial risk of colorectal cancer is defined as at least two first-degree relatives with colorectal cancer or at least one first-degree relative diagnosed before age 50 years, warranting colonoscopy surveillance

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