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Summary

GASTRIC AND DUODENAL CANCER RISK IN LYNCH SYNDROME: A NATIONWIDE COHORT STUDY

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UEG Week Copenhagen 2023 | Poster

Oesophagus

October 17, 2023

A Dutch nationwide cohort study of 1767 individuals with Lynch syndrome found cumulative gastric and duodenal cancer risk at age 70 was 8% for high-risk pathogenic variants (MLH1, MSH2, EpCAM) but negligible before age 50, with the majority of cancers detected at early stages.

KEY POINTS

- Among 1002 high-risk and 765 low-risk Lynch syndrome individuals, 29 gastric cancers (median age 68 years) and 39 duodenal cancers (median age 59 years) were diagnosed over the study period.
- High-risk pathogenic variants had significantly higher cumulative incidence than low-risk variants for both gastric cancer (HR 3.60, p=0.006) and duodenal cancer (HR 2.56, p=0.01).
- Combined gastric and duodenal cancer cumulative risk at age 70 was 8% for high-risk and 2% for low-risk variants, increasing to 14% and 8% respectively at age 80, but remained at or below 1% before age 50 for both groups.
- Primary tumor resection was performed in 62% of gastric cancers and 77% of duodenal cancers, with 56% of resected gastric cancers at TNM stage 1 and 56% of resected duodenal cancers at stage 2.
- Individuals with Lynch syndrome had 4.9-fold increased gastric cancer risk and 250-fold increased duodenal cancer risk compared to the general Dutch population.

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