gutflix
GI learning, personalised

Summary

# RISK FACTORS OF METACHRONOUS COLORECTAL CANCER IN LYNCH SYNDROME

Oswaldo Ortiz

UEG Week Berlin 2025 | Poster

Colorectal

October 6, 2025

**A retrospective multicenter study of 540 Lynch syndrome carriers with colorectal cancer found that colonoscopy surveillance was associated with a 94% reduction in metachronous colorectal cancer risk, while MLH1/MSH2 mutations and diagnosis before 2000 were associated with increased risk.**

## KEY POINTS

- Among 540 Lynch syndrome carriers with colorectal cancer followed for a median of 8.6 years, 107 developed metachronous colorectal cancer
- The 10-year metachronous colorectal cancer incidence was 17.9% for high-risk gene carriers (MLH1/MSH2) with partial colectomy, 6.4% for high-risk gene carriers with extensive colectomy, 4.8% for low-risk gene carriers (MSH6/PMS2) with partial colectomy, and 0% for low-risk gene carriers with extensive colectomy
- Colonoscopy surveillance was associated with reduced metachronous colorectal cancer risk (hazard ratio 0.06, 95% CI 0.04-0.09), while MLH1/MSH2 mutations (hazard ratio 2.49, 95% CI 1.2-4.77) and initial colorectal cancer diagnosis before 2000 (hazard ratio 1.61, 95% CI 1.02-2.55) were associated with increased risk
- The authors conclude that structured colonoscopic surveillance and optimized management strategies after 2000 have significantly mitigated metachronous colorectal cancer risk in Lynch syndrome carriers

## VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/9dccd470-a815-11f0-96a1-0242ac140006

**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.