Lynch Syndrome Screening Checklist

MY GENE	MLH1/ MSH2/ MSH6/ PMS2/ EPCAM
MY MUTATION	C. ____ (p. ___)
I NEED A COPY OF MY RESULT:	Yes/ No
I NEED A COPY SENT TO:	No/ Yes,
I NEED A REFERRAL TO:	None/ Yes,
I HAVE QUESTIONS ABOUT MY RESULTS	
MY FAMILY MEMBERS HAVE BEEN TESTED:	Yes No, but they know about the result No, I haven't talked to them about it yet If no, consider meeting with a genetic counselor who can assist in sharing genetic test results and coordinating testing

SCREEN	AGE TO BEGIN	FREQUENCY	LAST PERFORMED	FINDINGS	NEXT DUE
COLONOSCOPY	20-25* YEARS	Every 1-2 years**			
ENDOMETRIAL BIOPSY	N/A	Only when symptoms occur			
UPPER ENDOSCOPY	40 YEARS	Every 3-5 years***			
URINALYSIS	30-35 YEARS	Annual			
PHYSICAL/ NEUROLOGICAL EXAM	25-30 YEARS	Annual			
PANCREATIC CANCER SCREENING	N/A	Discuss option of clinical trials if family history present			

FOLLOW UP WITH GENETICS	WHEN POSITIVE RESULT IS FOUND	Annual for updates in guidelines			

*: Or 2-5 years prior to earliest CRC diagnosis in family

**: Who may benefit from a 1- vs 2-year interval: history of CRC, male sex, MLH1/MSH2 pathogenic variant, age >40 years, history of adenoma

***: With colonoscopy

SURGICAL CONSIDERATIONS	AGE TO BEGIN	PERFORMED?	WHEN?
CONSIDER RISK-REDUCING BILATERAL SALPINGO-OPHORECTOMY	UPON COMPLETION OF CHILDBEARING* -AGE DEPENDENT ON FAMILY HISTORY	Yes/No/ I would like to discuss	
CONSIDER RISK-REDUCING TOTAL ABDOMINAL HYSTERECTOMY	CONSIDER IF SYMPTOMS OCCUR AT ANY AGE	Yes/No/ I would like to discuss	

*Or 5-10 years earlier than the earliest ovarian cancer in the family