Lynch Syndrome – Can We Reduce The Endoscopy Burden ?

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Introduction

Individuals with Lynch Syndrome(LS) have a lifetime risk of 12-57% of developing colorectal cancer depending on the gene involved. Endoscopic surveillance has been shown to significantly reduce mortality.

The European Society of Gastrointestinal Endoscopy(ESGE) guidelines have recommended surveillance colonoscopy every 2 years for individuals with asymptomatic LS. Routine gastric surveillance is not recommended

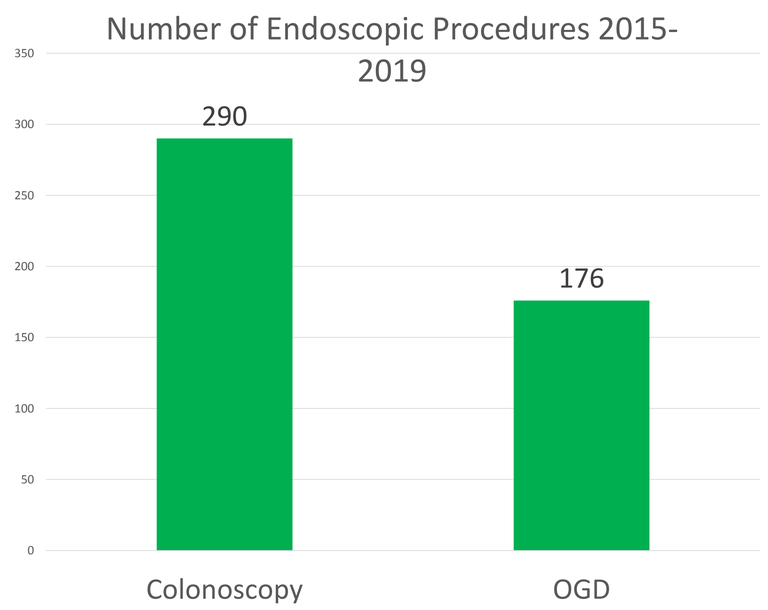
Aim

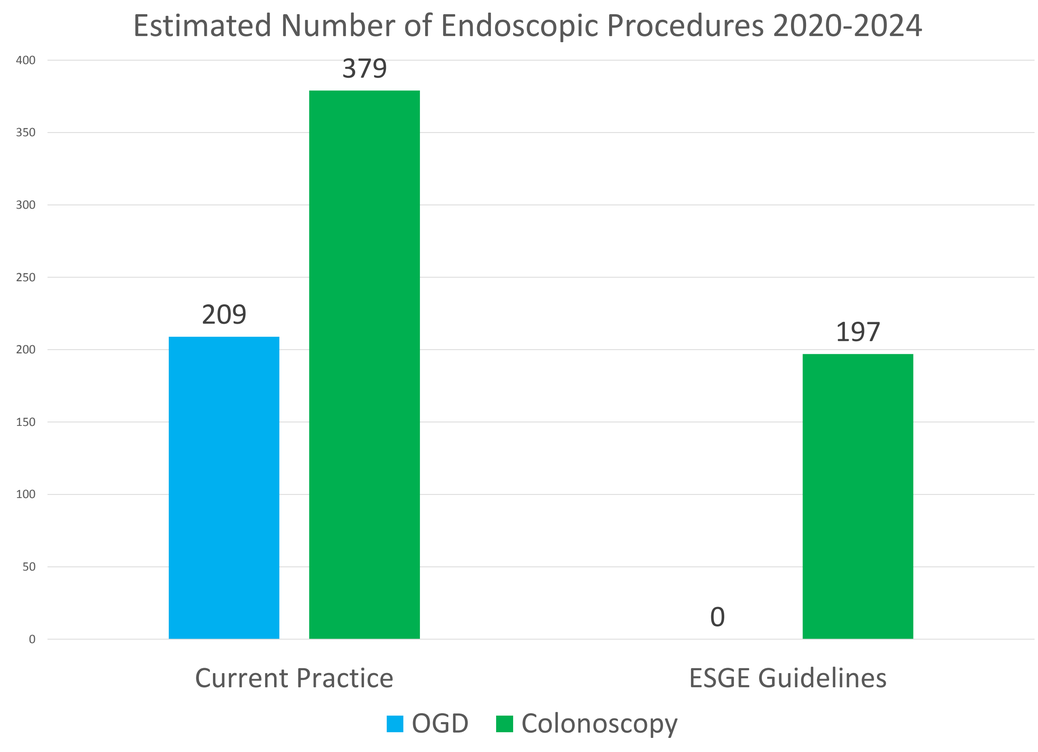
- To determine the number of endoscopic procedures performed for LS surveillance from 2015-2019.
- To determine the number of procedures that would be performed from 2020-2024 if surveillance intervals remained unchanged compared to if ESGE guidelines were applied.

Methods

The GI Family Screening Clinic database was used to identify those with confirmed LS who undergo surveillance in MMUH.

The number, type and surveillance interval of endoscopic procedure for each individual was recorded for a five-year period (2015-2019). This data was then used to predict the number of procedures for the next five years (2020-2024) and compared to the estimated number of procedures for the same period, applying the ESGE guidelines.





Results

89 patients were identified as having confirmed LS and undergoing endoscopic surveillance in MMUH.

From 2015 to 2019 this cohort accounted for 176 OGDs and 290 colonoscopies. With current surveillance intervals an estimated 209 OGDs and 379 colonoscopies would be performed for the same cohort between 2020 and 2024. However, if ESGE guidelines were applied, no routine OGDs and 197 colonoscopies would be expected in the same time period.

Discussion

There is potential to significantly reduce the number of endoscopies performed in individuals with LS in MMUH by ensuring ESGE guidelines are adhered to. This is important both for service provision, given the ever increasing endoscopy waiting list, and to ensure that patients are not having unnecessarily frequent procedures which are not without risk.