



Pancreas

Lynch syndrome is a common (1/279) autosomal dominant hereditary cancer predisposition syndrome. LS is associated with an increased lifetime risk for colorectal and endometrial cancers and the cancers below. The actual cancer risk depends on which LS-associated gene contains a pathogenic or likely pathogenic variant. Cancer screening and risk reduction recommendations are affected by genetic test results.

Lynch syndrome(LS)-associated cancers

Colorectal **Endometrium**

Ovary **Urothelial** Small bowel **Biliary tract** Stomach

Brain (usually glioblastoma) Renal pelvis

Skin (sebaceous adenoma or carcinoma, keratoacanthoma)

Adrenal cortical carcinoma Sarcoma

Does the individual have personal history of:

LS-associated cancer diagnosed under the age of 50

Colorectal or Endometrial cancer at any age AND a family history of a blood relative with a LS-associated cancer, where at least one

diagnosis is under the age of 50

Colorectal or Endometrial cancer at any age AND two or more blood relatives on the same side of the family with LS-associated cancer at

any age

Multiple LS-associated cancers

In general, the best and most informative person in a family in whom to begin genetic testing and assessment is the person most likely to have the genetic condition. This is usually the youngest person diagnosed with a LS-associated cancer.

If no person who meets the criteria above is available for a genetic assessment, close relatives may be considered.

Does a validated risk calculator (e.g. PREMM5), calculate the individual's chance to carry a change in a LS-associated gene as greater than or equal to 5%? PREMM5

If there is a "yes" answer to any of the questions above, consider referral for a genetic assessment at your local Genetics Centre/Hereditary Cancer Program.

> Many Canadian provinces have automatic (reflex) tumor screening programs on certain, new LS-associated cancers. To learn more about tumor screening, see the GECKO deep dive.

