Talk to your doctor to know more about your risk of cancer

If you are concerned about your risk of colorectal cancer or other types of cancer, talk to your doctor. Consider asking the following questions during your doctor's appointment:

- What is my risk of developing colorectal cancer or other types of cancer?
- What can I do to reduce my risk of cancer?
- What are my options for cancer screening?

If you are concerned about your family history which may be suggestive of Lynch Syndrome, consider asking the following questions:

- Does my family history increase my risk of colorectal cancer or other types of cancer?
- Have MSI or IHC tests been done on my tumour tissue?
- Should I meet with a genetic counsellor?
- Should I consider genetic testing?

Colorectal cancer is one of the most common cancers in Singapore

How can I get more information?

Contact the Cancer Genetics Service
Tel: 6436 8088
Email: cgsgroup@nccs.com.sg

Visit the Cancer Genetics Service webpage at
https://www.nccs.com.sg/patient-care/specialties-services/cancer-genetics-service

or

Scan the QR code below:

For general information about cancer:
Call the Cancer Helpline at **6225 5655**
or email **cancerhelpline@nccs.com.sg**

This is a public education initiative by:
Cancer Education & Information Services

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National Cancer Centre Singapore
SingHealth

Lynch Syndrome

Does anyone in your family have colorectal or uterine cancer?

What is Lynch syndrome ?

Lynch syndrome is the most common form of inherited or hereditary colorectal cancer. Individuals with Lynch Syndrome have an inherited risk of developing colon and digestive tract cancers. Women also have an increased risk of gynaecological cancers. It can also increase the risk of other cancers.

People with Lynch Syndrome would benefit from early screening and other interventions to manage and reduce their risk of cancer.

Up to 5% of all colon cancers is caused by Lynch syndrome

What causes Lynch syndrome ?

A genetic fault (mutation) in any of the DNA mismatch repair (MMR) genes namely *MLH1*, *MSH2*, *MSH6*, *PMS2* and *EPCAM* gives rise to Lynch Syndrome. There are also other genes that may increase colorectal cancer risk as part of other syndromes (e.g. *APC*)

Does my family have Lynch Syndrome?

Your family history of cancer may give clues if Lynch Syndrome is present in your family. Having multiple people on the same side of the family (materal/paternal) with a pattern of cancers may be suggestive of Lynch syndrome.

Cancers associated with Lynch Syndrome include colorectal, uterine, ovarian, stomach, small bowel, pancreatic, kidney, urinary tract, and sometimes brain cancers.

If you have the following features in your family. it may mean Lynch Syndrome is present:

- Colorectal cancer aged under 50
- Colorectal cancer and another Lynch-associated cancer aged under 50
- 2 family members with a Lynch-associated cancer aged under 50
- 3 family members with Lynch-associated cancers
- Suggestive IHC or MSI result on tumour testing

How is Lynch syndrome diagnosed?

Some forms of tumour (cancer tissue) testing can help screen for people likely to have Lynch Syndrome:

- Microsatellite instability (MSI) testing
- Immunohistochemistry (IHC) testing

Lynch syndrome is usually diagnosed by a genetic test. A genetic test is a one-time blood test, that looks at the genes you inherited to identify the presence of faults (if any).

Prior to undergoing genetic testing, you would meet with a genetic counsellor to discuss the benefits, limitations and implications of the genetic test results specific to you.

Finding out you have Lynch Syndrome can help:

- Guide screening and risk-reducing interventions for you.
- Inform other family members who may also be at increased risk for cancer.