November 3, 2011

To Whom It May Concern:

We are happy to inform you that the Cancer Genetics Risk Assessment Program and AmeriPath Indiana are working together to offer universal Lynch syndrome screening to all patients diagnosed at St. Vincent Hospital with colon and endometrial cancer.

Approximately 3%-5% of all colon cancers and 3% of all endometrial cancers can be attributed to Lynch syndrome. This autosomal dominant hereditary condition is associated with a 50%-80% lifetime risk of colon cancer and 20%-60% lifetime risk of endometrial cancer. This syndrome is caused by a mutation in one of 5 mismatch repair genes that results in microsatellite instability and thus a high risk of cancer. Identification of individuals with Lynch syndrome may change treatment and screening recommendations with a reduction in the risk for future cancers (1). Additionally, identification of individuals who have Lynch syndrome has recently been shown to be cost effective in identifying at-risk relatives who would benefit from annual colonoscopy and consideration of prophylactic hysterectomy (2, 3).

For the past 18 months, AmeriPath Indiana has been screening tumors with immunohistochemistry (IHC) stains to evaluate for the presence or absence of 4 proteins associated with Lynch syndrome on colon cancers diagnosed under age 70 and endometrial cancers diagnosed under age 60 at St. Vincent Hospital. As of January 1, 2012, the protocol will expand to include screening of **all** colon cancer tumors, regardless of age of onset. This is in line with several other renowned health care centers who provide cancer care, and will likely become standard of care for cancer patients within the next few years. The results will be included in an addendum to the pathology report less than one week after the initial pathology is released. In certain cases, some reflex testing will take place to sort out sporadic loss of a protein versus a true instability associated with Lynch syndrome.

St. Vincent genetic counselors will follow up with your office when an abnormal result is reported (one or more proteins absent). They will not contact your patient directly. They will provide your office with a referral request and information sheet on screening for Lynch syndrome (see enclosed). After you have spoken with your patient about the possibility of a hereditary cause for his or her cancer, you can sign the referral/order and fax it back along with patient demographics, records and insurance card. The Cancer Genetics Risk Assessment Program will then contact your patient to schedule an appointment for genetic counseling, risk assessment and possible genetic testing. A summary of the assessment and any genetic test results will be sent back to your office.

If you have any questions about this new protocol, please do not hesitate to contact any one of us. It is a pleasure to offer this screening service to improve care for your patients.

Sincerely,

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