

Lynch Syndrome Testing (HNPCC)

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INDICATIONS FOR TESTING

- Tumors from individuals should be tested for microsatellite instability in the following situations (based on Revised Bethesda Guidelines for testing colorectal tumors for microsatellite instability):
 - Colorectal cancer diagnosed in an individual <50 years of age
 - Presence of synchronous, metachronous colorectal, or other HNPCC-associated tumors (colorectal, endometrial, gastric, ovarian, pancreas, ureter and renal pelvis, biliary tract, and brain tumors; sebaceous gland adenomas and keratoacanthomas as seen in Muir-Torre syndrome, and carcinoma of the small bowel), regardless of age
 - Colorectal cancer with MSI-H histology (presence of tumor-infiltrating lymphocytes, Crohn-like lymphocytic reaction, mucinous/signet-ring differentiation, or medullary growth pattern) diagnosed in an individual <60 years of age
 - Colorectal cancer diagnosed in one or more first-degree relatives with an HNPCC-related tumor, with one cancer diagnosed at <50 years
 - Colorectal cancer diagnosed in two or more first- or second-degree relatives with HNPCC-related tumors, regardless of age
- OR
- Patients diagnosed with Muir-Torre syndrome or Turcot Syndrome (especially glioblastoma brain tumor)
 - Family members of individuals with a known mismatch repair gene mutation

Consider Lynch syndrome/hereditary nonpolyposis colorectal cancer (HNPCC)

ORDER
Microsatellite Instability by:
• Mismatch Repair by IHC

