

**LYNCH SYNDROME TOOL:  
 GENE SPECIFIC  
 SCREENING  
 RECOMMENDATIONS  
 FOLLOWING A POSITIVE  
 GENETIC TEST**  
 Updated Dec 2025

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, in addition to cancers of the ovary, stomach, small bowel, pancreas, biliary tract, urothelial tissue and renal pelvis, brain (i.e. glioblastoma), and skin (i.e. sebaceous adenoma or carcinoma, keratoacanthomas). Cancer screening and risk reduction recommendations are affected by genetic test results.

**Colorectal cancer (CRC) screening recommendations**

| Gene       | Colorectal cancer screening recommendations  |
|------------|--|
| MLH1       | Colonoscopy starting at age 20–25 years. If the youngest CRC diagnosis is younger than 25 years, begin screening by colonoscopy 2–5 years prior to the earliest CRC. Repeat every 1–2 years. |
| MSH2/EPCAM |  |
| MSH6       | Colonoscopy starting at age 30–35 y. If the youngest CRC diagnosis is younger than 30 years, begin screening 2–5 years prior to the earliest CRC diagnosis. Repeat every 1–3 years.          |
| PMS2       |  |

**Colorectal cancer risk reduction recommendations**

The Canadian consensus statement recommends considering the use of daily aspirin, at a minimum dose of 81mg, to reduce the risk of colorectal cancer in those with LS. Dosage and duration are still being studied, and these should be determined on an individual basis. Discussions about the benefits and contraindications of aspirin are important.



**Ovarian cancer (OC) and Endometrial cancer (EC) screening recommendations**

Screening is generally not recommended as there is little evidence to support it reduces morbidity and mortality in those with LS. People with LS can be educated about the signs and symptoms of EC and OC and be encouraged to promptly seek medical attention if present.

**Ovarian cancer risk reduction recommendations**

Risk reduction bilateral oophorectomy (RRBSO) may reduce the incidence of ovarian cancer. The timing of a RRBSO should be tailored to each patient, taking into account factors such as completion of childbearing, existing medical conditions, family history, and the specific LS gene involved.

| Gene       | Ovarian cancer risk reduction recommendations   |
|------------|---|
| MLH1       | RRBSO may be considered starting at age 40.   |
| MSH2/EPCAM |   |
| MSH6       | Opportunistic salpingectomy may be considered starting at age 40, with delayed bilateral oophorectomy starting at age 50. |
| PMS2       | BSO may be considered starting at age 50.   |

**Endometrial cancer risk reduction recommendations**

The timing of a total hysterectomy can be tailored to each patient, taking into account factors such as completion of childbearing, existing medical conditions, family history, and the specific LS gene involved.

| Gene       | Endometrial cancer risk reduction recommendations  |
|------------|--|
| MLH1       | Hysterectomy may be considered starting at age 40. |
| MSH2/EPCAM |  |
| MSH6       |  |
| PMS2       | Hysterectomy may be considered starting at age 50. |

More on LS here

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**Upper gastrointestinal (GI) cancer screening**

| Gene       | Upper GI screening recommendations  |
|------------|---|
| MLH1       | Consider upper endoscopy (esophagogastroduodenoscopy) starting at age 30–40 and repeat every 2–4 years. Consider earlier based on family history. |
| MSH2/EPCAM |   |
| MSH6       |   |
| PMS2       |   |

**Urothelial (renal pelvis, ureter, and/or bladder) cancer screening**

There are no clear evidence-based screening recommendations for urothelial cancers in those with LS.

For those with a family history of urothelial cancer, consider annual urinalysis for cytology starting at age 30–35.

Individuals with P/LP variants in MSH2/EPCAM appear to be at a higher lifetime risk than those with other LS-associated gene variants

**Additional screening recommendations**

Screening for other cancers (e.g. pancreas, breast) would be based on personal and family history.



More on LS here

