

Benefits of gene-specific approaches to colon cancer surveillance

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Regenstrief Research Scientist Jennifer K. Maratt, M.D., M.S. Credit: Regenstrief Institute



Regenstrief Research Scientist Jennifer K. Maratt, M.D., M.S., coauthored a commentary in Gastroenterology about the benefits of genespecific surveillance colonoscopy strategies for Lynch Syndrome, an inherited syndrome that increases the risk for colon cancer.

The editorial was published in conjunction with a paper from Columbia University. In that study, researchers created different <u>surveillance</u> strategies for each of the pathogenic variants linked to Lynch Syndrome. The strategies included varying starting ages for colonoscopies and surveillance intervals. They calculated each strategy's cost-effectiveness in terms of <u>colon cancer</u> prevention and quality-adjusted life years. The best strategies varied based on the gene involved.

Dr. Maratt and co-author Joel Rubenstein, M.D., MSc, from the LTC Charles S. Kettles VA Medical Center and University of Michigan and concluded that based on this <u>study</u>, more colonoscopies might not always be the best approach. For some gene variants, less aggressive screening schedules might provide more value to patients by saving time and costs, while also yielding similar prevention rates. They state future studies are needed to understand if these strategies are feasible and acceptable to patients.

Dr. Maratt's research focuses on <u>colorectal cancer screening</u> and surveillance and patient-centered approaches to reducing low-value care and optimizing appropriate care.

"Tailoring Colorectal Cancer Surveillance in Lynch Syndrome: More Is Not Always Better" is published in *Gastroenterology*.

More information: Jennifer K. Maratt et al, Tailoring Colorectal Cancer Surveillance in Lynch Syndrome: More Is Not Always Better,



Gastroenterology (2021). DOI: 10.1053/j.gastro.2021.04.069

Fay Kastrinos et al, Gene-Specific Variation in Colorectal Cancer Surveillance Strategies for Lynch Syndrome, *Gastroenterology* (2021). DOI: 10.1053/j.gastro.2021.04.010

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