Management Guidelines for MSH6 Mutation Carriers

### Screening
- **Colorectal screening**: 2-yrly colonoscopy from age 35 to 75 - review at 75
- **Gastric screening**: Helicobacter pylori one-off screening
- **Cervical screening**: As part of the NHS cervical screening programme
- No additional cancer screening is currently recommended outside of a research setting; symptom awareness to be advised

### Risk-reducing surgery
- Offer risk-reducing **hysterectomy with BSO**, once childbearing is complete, no earlier than age of 35-40 (risks and benefits to be discussed)
- HRT should be offered until age 51 in women who have not had an ER positive breast cancer

### Chemoprevention
- Discuss pros and cons of aspirin chemoprevention from age 25 to 65 (GP to prescribe): 150mg OD if ≤70kg or 300mg OD if >70kg (expert opinion)

### Research
- Research studies: e.g. IMPACT (prostate cancer screening study) and EUROPAC (pancreatic cancer screening study)

### Cancer management
- Targeted therapies may be available as a treatment option for certain cancer types (immune checkpoint inhibitors e.g. pembrolizumab)
- Adjuvant 5-FU chemotherapy may not be appropriate for patients with Dukes’ B colorectal cancers

### Family matters
- Facilitate cascade testing in at-risk family members
- Discuss reproductive options

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### Approximate MSH6– age-dependent cumulative cancer risks*

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<tr>
<th>Current age</th>
<th>Male colorectal</th>
<th>Female colorectal</th>
<th>Endometrial</th>
<th>Ovarian</th>
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</tr>
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</table>

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*See FAQ document for further information: for questions or comments contact: Bianca.DeSouza@gstt.nhs.uk

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**Management recommendations**

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**Discuss reproductive options**