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## Abstracts - New York Surgical Society



## New York Surgical Society, Inc. Scientific Presentations

**Fall Abstracts**

November 13, 2013

"Impact of Rectal Mobilization, Fixation to Sacrum and Surgical Access on Recurrence Following Abdominal Surgery for Rectal Prolapse"

**Winter Abstracts**

February 13, 2014

"Results of Selective Screening Approach for Lynch Syndrome: Need for Standardization"

"Impact of Surgical Site Infection Reduction Strategy in Colorectal Resections"

Risk Factors for the Development of Adhesive Small Bowel Obstruction Following Abdominal and Pelvic Operations"

Conjoint Meeting of the New York Surgical Society and the Philadelphia Academy of Surgery

April 23, 2014

"Routine Postoperative Contrast Study After Heller Myotomy: Is it Really Necessary?"

"Doctor, Your Patient Had Breast Surgery. Where May I Obtain Blood Pressure"

**RESULTS OF A SELECTIVE SCREENING APPROACH FOR LYNCH SYNDROME: NEED FOR STANDARDIZATION?**Vanessa W. Hui, Rachel A. Levy, José G. Guillem. *Department of Surgery, Memorial Sloan-Kettering Cancer Center, USA.*

**Introduction:** Lynch Syndrome (LS) is associated with increased risk of developing cancers, particularly endometrial and colorectal cancer (CRC). Currently, we selectively screen for LS by looking for loss of mismatch repair (MMR) proteins in resected cancers. We examined the efficacy of a physician-based genetic counseling (GC) referral program for detecting LS.

**Methods:** Pathology reports from 2628 CRC and/or endometrial cancer patients who underwent testing for loss of MMR protein expression between 2006 and 2013 were reviewed. Clinical and genetic data were extracted from medical records.

**Results:** Abnormal MMR expression was found in 473 (18%) patients with CRC and/or endometrial cancer. Rates of GC referral and LS detection were stratified by cancer types:

Cancer types	Patients (n = 473)	Proportion referred to GC (%) (n = 350)	Proportion who underwent genetic counseling and testing (%) (n = 268)	Proportion with LS (%) (n = 101)*
CRC only	294	214 (73%)	165 (77%)	69 (42%)
Endometrial only	161	131 (81%)	93 (71%)	16 (16%)
CRC and endometrial	18	15 (83%)	10 (67%)	8 (80%)

\*p&lt;0.01

**Conclusion:** Though the overall referral rate to GC can be improved, the referral rates are similar across cancer types. Given the two- to four-fold higher likelihood of LS in patients with both CRC and endometrial cancer than in patients with either cancer alone, clinicians should recognize the need for GC referral in these patients.