

Identify Your Patients at Risk

Consider COLARIS[®] testing for Lynch syndrome (HNPCC)*:

- Colorectal cancer before age 50
- Endometrial cancer before age 50
- 2 or more Lynch syndrome cancers[†] at any age
- A previously identified Lynch syndrome mutation in the family

Consider COLARIS AP[®] testing (FAP/Attenuated FAP, & MAP):

- 10 or more cumulative colorectal adenomas at any age
- A previously identified *MYH* or *APC* mutation in the family

*Assessment criteria determined by Myriad based on medical society guidelines. For these individual society guidelines go to www.myriadpro.com/guidelines

[†]Lynch syndrome-related cancers include colorectal, endometrial, ovarian, stomach, gastric, ureter/renal pelvis, biliary tract, small bowel, pancreas, brain, sebaceous adenomas



320 Wakara Way
Salt Lake City, Utah 84108
www.myriadtests.com
800-469-7423

Help Reduce Risk with Established Management Options[‡]

Lynch Syndrome

CANCER SCREENING

Colorectal	Begin colonoscopy at age 20-25, repeat every 1-2 years, annually after age 40
Endometrial/ Ovarian	Begin transvaginal ultrasound and/or endometrial aspiration and/or CA-125 at age 25-35, repeat every 1-2 years

NOTE: Other screening may be recommended based on the Lynch syndrome-related cancers present in the family

SURGICAL OPTIONS

If colon cancer or advanced adenoma, consider total colectomy with ileorectal anastomosis or hemicolectomy with yearly colonoscopy

If female, consider prophylactic hysterectomy/oophorectomy after childbearing is complete or at time of other intra-abdominal surgery

[‡]For reference and supporting data on risk factors and medical management, visit www.myriadpro.com/references

Polyposis Syndromes

COLORECTAL CANCER SCREENING

FAP	Begin flexible sigmoidoscopy at age 10-12, repeat annually
AFAP	Begin colonoscopy in late teens or early 20s, repeat every 1-3 years
MAP	Follow FAP or AFAP screening depending on polyp burden

OTHER SCREENING

Upper GI	Begin EGD at age 20-25, repeat every 1-4 years
Thyroid	Begin physical exam at age 10-12, repeat annually

NOTE: Other screening may be recommended based on the FAP/AFAP-related cancers present in the family

SURGICAL OPTIONS

Preventive removal of the colon and rectum depending on the number/size of polyps

Consider use of NSAIDs post-surgery to suppress polyps in the retained rectum