

# Lynch syndrome research registry pilot study

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<b>Registration date</b> 08/04/2022	<b>Overall study status</b> Ongoing	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
<b>Last Edited</b> 07/03/2025	<b>Condition category</b> Cancer	<input type="checkbox"/> Individual participant data <input checked="" type="checkbox"/> Record updated in last year

## Plain English summary of protocol

### Background and study aims

Lynch Syndrome (LS) is an inherited disorder that is associated with an increased risk of several cancers, particularly bowel cancer, as well as cancer of the womb. In the UK, there are only 6,000 known LS patients, however, it is estimated that there are about 176,000 undiagnosed cases. Given their high risk of bowel cancer, these patients require close monitoring, also known as 'surveillance', by colonoscopy - a thin tube with a camera on one end which is used to examine the bowel lining.

Despite national guidelines, the management of LS patients is not well-organised and varies significantly throughout the UK, so many of these patients are not getting the surveillance they need to protect against bowel cancer. To address this variability and to support the national guidelines, several experts in the field have called for a national registry to ensure that all LS patients have access to the timely surveillance they need.

In this study the researchers will develop an LS registry with multiple aims. It will be used to review and improve how LS patients are managed; it will provide data to better support the national screening programme's upcoming role in taking on and managing LS surveillance; and it will provide a unique resource to conduct and support future research into LS.

### Who can participate:

LS patients who have previously taken part in the Cancer Prevention Project 3 (CaPP3) trial will be recruited from five sites in England over 9 months.

### What does the study involve:

This small-scale initial study, known as a pilot study, will help to answer several important research questions around how LS patients are currently managed, as well as assisting with optimising the data collection process and functionality of the registry for both users and researchers.

Participation will involve completing and returning a baseline health questionnaire, followed by collecting surveillance data at the local hospital with additional data provided by NHS Digital. Data will be held on a secure and confidential database and in accordance with GDPR and Data Protection legislation. Further information will be available at the study website (<https://lynchregistry.org.uk/>) once the study is open to recruitment.

### What are the possible risks and benefits of participating?

There are no risks of physical harm associated with taking part in this study. However, as the

registry will be storing some personal information, there is a risk of a breach of confidentiality. The risks stemming from a data breach include; patient distress or loss of patient confidence and fraud by way of identity theft. To minimise the possibility of this occurring, several policies and procedures are in place to help protect participant information and to ensure that any personal information that could identify individuals remains strictly confidential. A data security policy is in place detailing precautions for safe operation such as encryption, access restrictions, security audits and secure software development practices. In the event that there is a breach of confidentiality, all participants will be notified.

There may not be an immediate direct benefit from joining the registry pilot study, but the information we get might help improve the treatment of people with Lynch Syndrome. As the national registry eventually becomes more established Lynch syndrome patients will benefit by being offered regular screening examinations, in line with the national guidelines. Additionally, the national registry will help to raise awareness of Lynch syndrome amongst clinical teams and promote future research projects and collaborations.

Where is the study run from?  
Imperial College London (UK)

When is the study starting and how long is it expected to run for?  
April 2020 to March 2026

Who is funding the study?  
1. Cancer Research UK  
2. 40tude (UK)

Who is the main contact?  
Prof. Amanda Cross  
amanda.cross@imperial.ac.uk

**Study website**  
<https://lynchregistry.org.uk/>

## Contact information

**Type(s)**  
Principal Investigator

**Contact name**  
Prof Amanda Cross

**ORCID ID**  
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## **Additional identifiers**

### **EudraCT/CTIS number**

Nil known

### **IRAS number**

295605

### **ClinicalTrials.gov number**

Nil known

### **Secondary identifying numbers**

22IC7518, IRAS 295605, CPMS 52834

## **Study information**

### **Scientific Title**

Surveillance for individuals at high-risk of colorectal cancer – using Lynch Syndrome patients as a model

### **Study objectives**

Lynch Syndrome (LS) is a hereditary cancer syndrome with a population prevalence of between 1 in 125 and 1 in 400 people. LS is especially associated with an elevated colorectal cancer (CRC) and endometrial cancer risk, but also an increased risk of others such as ovarian, gastric and hepatobiliary cancers. LS arises from germline mutations in mismatch repair genes MLH1, MSH2, MSH6 and PMS2, or also EPCAM, deletions within which result in aberrant expression of MSH2.

The lifetime CRC risk associated with LS is as high as 80% without surveillance. LS is, however, 'under-recognised, under-diagnosed and under-managed', as highlighted in a letter to the British Medical Journal from numerous experts in the field. In the United Kingdom (UK), there are only 6000 known LS patients, however, it is estimated that there are ~176,000 undiagnosed cases. To address this, the National Institute for Health and Care Excellence (NICE) issued new guidelines in 2017 recommending universal testing for LS in all newly diagnosed CRCs. Although this will improve LS diagnosis, urgent improvements are needed in other aspects of LS patient care. NICE guidelines have also highlighted that testing for LS in people diagnosed with endometrial cancer is currently not often done or may only be done for people with an identified risk factor for LS; this could be age at diagnosis or a family history of LS-related cancers. The guidelines recommend undertaking IHC of MMR proteins in all cases of endometrial cancer.

Given their high lifetime CRC risk, LS patients should undergo colonoscopy surveillance, which has been associated with a 72% reduction in CRC mortality and a 10-year survival of 90% in those diagnosed with CRC. National guidelines recommend that LS patients undergo colonoscopy surveillance every two years. The responsibility for surveillance of LS patients currently lies with local healthcare providers and, despite these national guidelines, the management of these patients varies significantly across the UK. A national survey reported a widespread perception amongst gastroenterologists, surgeons and oncologists that LS patients were being managed by 'somebody else'. There is also concern about the robustness and timeliness of the surveillance

recall system; few hospitals, for example, have an organised method of providing LS patients with the recommended surveillance. The recent NICE guidelines for CRC tumour testing will increase the number of LS patients identified, which will further exacerbate the need for efficient and well-organised surveillance procedures. It has recently been agreed that the national Bowel Cancer Screening Programme (BCSP) will eventually be taking on the management of LS patient colonoscopy surveillance in England, although this is still likely to take several years before it is fully implemented. Similarly for endometrial cancer, as more LS patients are identified, there may be a growing need for surveillance for this cancer; however, there is a lack of data on the best management of these patients and indeed whether surveillance in these patients is effective.

A national registry of LS patients is essential to ensure that LS patients have nationally coordinated care, which will begin to reduce the variation in access to colonoscopy services across the country. The registry will allow healthcare providers access to coordinated assistance to adequately monitor and standardise the frequency of check-ups in line with the national guidelines for all LS patients. Appropriate surveillance consistent with the national guidelines is beneficial for this group of high-risk individuals as surveillance is associated with reduced CRC mortality.

The registry will ultimately create a unique resource to conduct and support future research into LS and the associated risk of cancer, including CRC, endometrial and other LS-related cancers, and can also be used as a model for the management of other high-risk conditions.

#### Research questions:

1. How can we optimise the data collection process and functionality of the registry database for both users and researchers?
2. What would be required to better support the national BCSP and their upcoming role in taking on and managing LS surveillance?
3. What proportion of the registry pilot data collected directly from participants and local sites can be provided by the National Disease Registration Service (NDRS) and NHS Digital on a national scale?
4. Can we capture colonoscopy quality assurance data and ascertain disease-specific colonoscopic quality indicators in LS patients?
5. What proportion of LS patients attend colonoscopy surveillance every 2 years?
6. What proportion of LS patients have been tested for *Helicobacter pylori* (HP) - an important risk factor in the development of gastrointestinal cancers?
7. What options are appropriate for the gynaecological management of female LS patients, particularly when considering patients with PMS2 pathogenic variants?
8. What proportion of LS patients have had a cancer diagnosis?
9. What proportion of LS patients are taking aspirin, why are they taking it and at what dosage or frequency?

#### **Ethics approval required**

Old ethics approval format

#### **Ethics approval(s)**

Approved 27/05/2022, Newcastle & North Tyneside Research Ethics Committee (NHS BT Blood Donor Centre, Holland Drive, Newcastle upon Tyne, Tyne and Wear, NE2 4NQ; +44 (0)207 104 8171; newcastlenorthtyneside2.rec@hra.nhs.uk), ref: 22/NE/0087

#### **Study design**

Multicentre observational questionnaire-based pilot study

### **Primary study design**

Observational

### **Secondary study design**

Pilot study

### **Study setting(s)**

Hospital

### **Study type(s)**

Other

### **Participant information sheet**

Not available in web format, please use contact details to request a participant information sheet

### **Health condition(s) or problem(s) studied**

Cancer in patients with a confirmed Lynch Syndrome diagnosis

### **Interventions**

A baseline health questionnaire and surveillance data will be collected, with additional data provided by NHS Digital.

### **Intervention Type**

Other

### **Primary outcome measure**

Successful collection of baseline and surveillance data for consented participants and linkage with NDRS data at 9 months

### **Secondary outcome measures**

Frequencies and proportions assessed from data successfully collected under the primary outcome measure at 9 months, including data on those attending colonoscopy or gynaecological surveillance, tested for *Helicobacter pylori*, presymptomatic and those taking aspirin and at what dose/frequency (see research questions)

### **Overall study start date**

01/04/2020

### **Completion date**

01/03/2026

## **Eligibility**

### **Key inclusion criteria**

1. English participants with a confirmed genetic Lynch Syndrome diagnosis
2. Previously taken part in the CaPP3 trial
3. Consented to be contacted about participation in a national Lynch Syndrome Registry

**Participant type(s)**

Patient

**Age group**

Adult

**Sex**

Both

**Target number of participants**

300

**Total final enrolment**

257

**Key exclusion criteria**

CaPP3 participants who have not agreed to be contacted about registry participation

**Date of first enrolment**

18/11/2022

**Date of final enrolment**

07/12/2023

**Locations****Countries of recruitment**

England

United Kingdom

**Study participating centre**

**North West London Hospitals NHS Trust**

Northwick Park Hospital

Watford Road

Harrow

United Kingdom

HA1 3UJ

**Study participating centre**

**The Newcastle upon Tyne Hospitals NHS Foundation Trust**

Freeman Hospital

Freeman Road

High Heaton

Newcastle upon Tyne  
United Kingdom  
NE7 7DN

**Study participating centre**

**Manchester University NHS Foundation Trust**

Cobbett House  
Oxford Road  
Manchester  
United Kingdom  
M13 9WL

**Study participating centre**

**Birmingham Women's and Children's NHS Foundation Trust**

Steelhouse Lane  
Birmingham  
United Kingdom  
B4 6NH

## **Sponsor information**

**Organisation**

Imperial College London

**Sponsor details**

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Sir Alexander Fleming Building  
South Kensington Campus  
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SW7 2AZ  
+44 (0)20 7594 9480  
rgit@imperial.ac.uk

**Sponsor type**

University/education

**Website**

<http://www.imperial.ac.uk/>

**ROR**

## Funder(s)

### Funder type

Charity

### Funder Name

Cancer Research UK

### Alternative Name(s)

CR\_UK, Cancer Research UK - London, CRUK

### Funding Body Type

Private sector organisation

### Funding Body Subtype

Other non-profit organizations

### Location

United Kingdom

### Funder Name

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### Alternative Name(s)

### Funding Body Type

Private sector organisation

### Funding Body Subtype

Other non-profit organizations

### Location

United Kingdom

## Results and Publications

### Publication and dissemination plan

Any research results from the registry will be displayed on the 'research' page at <https://lynchregistry.org.uk/>. Research results will be presented to the research community and service providers in scientific literature and presented at national and international scientific conferences, clinical meetings and patient conferences.

**Intention to publish date**

01/10/2025

**Individual participant data (IPD) sharing plan**

Individual registry participants will not be identifiable from any reports or publications placed in the public domain.

In the future, anonymised information from the Lynch syndrome registry pilot study may also be used to support other studies in the UK, Europe and outside of the European Economic Area, that aim to conduct further research to improve care for Lynch syndrome patients, but only if participants give specific consent for this.

The use of any information in future studies will require participant consent and the approval of the Lynch syndrome registry pilot study steering committee. Further information about approved research studies will be available at <https://www.lynchregistry.org.uk>. Participants can choose on the consent form if they would like their information to be used to support future research studies and if they would like to be contacted about taking part in any future research studies. If participants choose to later take part in a national registry or other studies, they will be asked to consent separately for these.

**IPD sharing plan summary**

Other

**Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">HRA research summary</a>			28/06/2023	No	No