Lynch Champion step by step guide for the Colorectal cancer MDT

What should I think about first?

* The best way to identify how the pathway works within your cancer MDT is to conduct a quick Audit of 30 patients (one-off audit)
* This will help you to identify gaps and areas that need improvement
* To do this, you can use this embedded Excel document (***double click on the icon – It will open the embedded document***)



Following the baseline audit, you can start working on the LS diagnostic pathway. What should I be thinking about?

MMR IHC:

* Following the NICE guidelines, do patients have MMR ICH/MSI in the first available biopsy? If not, Should I speak to the team or the pathology team?

Further testing if there is loss of MLH1 in MMR IHC

* Do patients that have loss of MLH1 have further testing (either methylation or BRAF)?
* If not, consider speaking to the pathology team to find out if they will be willing to order Methylation or BRAF reflex (automatically).
* If they do, is there a system to ensure that a clinician/HCP check the results when available and ensure that the Methylation/BRAF results are discussed in the MDT (the name of the patient is placed in the MDT list for discussion), so referral to genetics can be made if applicable
* Consider allocating specific responsibilities within your team to make sure that the pathway is as automatic as possible

Referral to clinical genetics can take place easily using this embedded ‘quick referral’ document during the cancer MDT

* This form only needs the team to tick some boxes and add the patient’s sticker and write the GP details

If you use **IHC**



If you use **MSI**



Are all patients eligible for genetic testing referred to either:

* Your local clinical genetic department or offered genetic testing ‘in-house’ if you have a mainstreaming service set-up
* If not, how can I improve this system – Consider discussing this with the team/cancer alliance/Lynch syndrome project contact

Have you circulated the Lynch syndrome pathway SOP within your MDT?

* This will help members of the MDT to understand the pathway
* The SOP is available in the online training supporting documents webpage. You can also find the SOP embedded in this document here:



Have all members of the MDT completed the online training?

* Option 1 is the essential online training will help members of the MDT to follow the pathway and therefore learn to identify and refer patients eligible for genetic testing for Lynch syndrome
* If they haven’t, have you circulated the link?
* <https://rmpartners.nhs.uk/lynch-syndrome-early-diagnosis-pathway/>

Has your pathologist completed the online training for pathologists?

* If not, give them the link to the online training for pathologist and let him/her know that there are very useful supporting documents that will provide guidance with reporting
* <https://rmpartners.nhs.uk/lynch-syndrome-online-training-for-pathologists/>

Have you asked members of the patient facing clinicians/nurses if they would like to start a mainstreaming service ‘in-house’?

* If anyone is interested, advise them to complete the Option 2 of the online training
* <https://rmpartners.nhs.uk/lynch-syndrome-early-diagnosis-pathway/>
* After that support will be offered with one-to-one sessions to help them to start the mainstreaming service and create a supporting network to ensure continuous support

Do you have a link contact with your regional network?

* Your regional network will be via your cancer/genomic alliance. Ask if you are unsure

Enquiries:

* If you have any questions or would like advice to improve your LS diagnostic pathway get in touch with your cancer alliance or Lynch Syndrome project link:
* For North Thames GMSA you can contact: [Anna.Koziel@](mailto:Anna.Koziel@)nhs.net
* For the South East GMSA region you can contact: [Aela.Limbu@gstt.nhs.uk](mailto:Aela.Limbu@gstt.nhs.uk)
* For the South West GMSA region you can contact: [Siobhan.john@nhs.net](mailto:Siobhan.john@nhs.net)
* For the North East GMSA region you can contact: [Amy.sanderson5@nhs.net](mailto:Amy.sanderson5@nhs.net)

[K.westaway@nhs.net](mailto:K.westaway@nhs.net)

[Rebecca.foster26@nhs.net](mailto:Rebecca.foster26@nhs.net)

* For the North West GMSA region you can contact: [Miranda.Darbyshire@elht.nhs.net](mailto:Miranda.Darbyshire@elht.nhs.net)
* For the East GMSA region you can contact: [melissa.cambellkelly@nnuh.nhs.uk](mailto:melissa.cambellkelly@nnuh.nhs.uk)
* For the Central GMSA region you can contact: [Felicity.Blair@uhb.nhs.uk](mailto:Felicity.Blair@uhb.nhs.uk)
* If not sure, you can contact: [Laura.monje-garcia@nhs.net](mailto:Laura.monje-garcia@nhs.net)
* For gynaecological cancer related questions: [Tracie.miles@nhs.net](mailto:Tracie.miles@nhs.net)

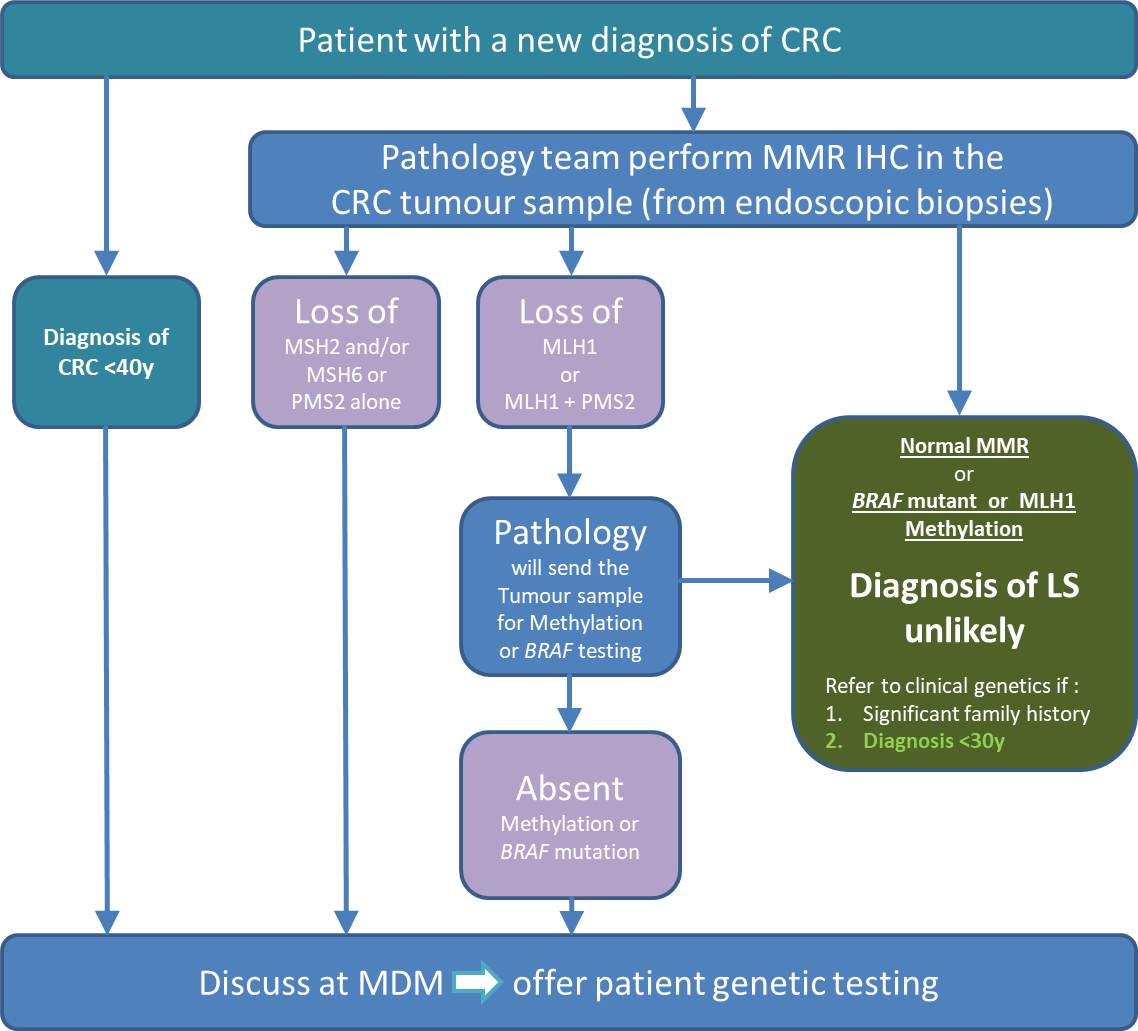
\*There are very useful documents and resources available in the online training supporting documents webpage: [**https://rmpartners.nhs.uk/lynch-syndrome-early-diagnosis-pathway-colorectal-cancer/lynch-syndrome-supporting-documents/**](https://rmpartners.nhs.uk/lynch-syndrome-early-diagnosis-pathway-colorectal-cancer/lynch-syndrome-supporting-documents/)

\*\*Other Resource: Pathway model from NSHE for cancer MDTs

[**https://www.england.nhs.uk/publication/implementing-lynch-syndrome-testing-and-surveillance-pathways/**](https://www.england.nhs.uk/publication/implementing-lynch-syndrome-testing-and-surveillance-pathways/)

This handbook sets out guidance to support local systems to implement Lynch syndrome pathways nationally for both colorectal and endometrial cancer. It is intended to be helpful and set out best practice, but of course will need to be adapted to local circumstances.

\*\*\*The Pathway flowchart (IHC):



\*\*\*The Pathway flowchart (IHC & MSI):

