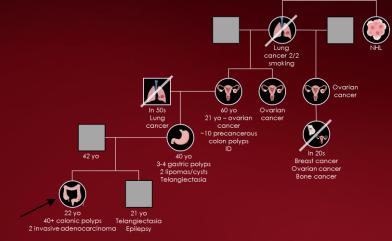
Management of Constitutional Mismatch Repair Deficiency Syndrome

Kelly Winter, MD, Martin Tan, BS, Eric Briscoe, MD, Alan Hyde, MD, & J. Daniel Stanley, MD

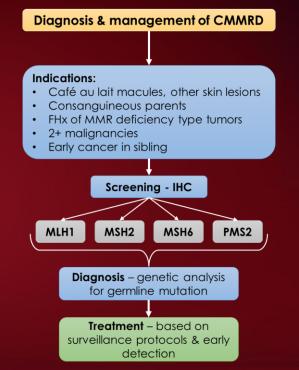
 22 y/o female with hematochezia, abdominal pain & PMH s/f iron deficiency anemia & previous NF1 diagnosis due to café au lait spots & axillary freckling.



Polyps on colonoscopy: (red: adenomatous polyps; black: invasive adenocarcinoma)

- Genetic analysis: germline biallelic heterozygous PMS2 mutations
- Total colectomy + ileorectal anastomosis (1 additional invasive adenocarcinoma found) & total hysterectomy + BSO
- Follow-up management:
 - Flexible sigmoidoscopy in January
 - MRI scheduled for May

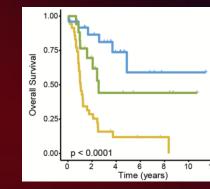
Constitutional mismatch repair deficiency (CMMRD) syndrome is caused by biallelic heterozygous germline mutations in *MLH1*, *MSH2*, *MSH6*, or *PMS2*. While single heterozygous mutations in these mismatch repair genes causes Lynch syndrome, CMMRD is associated with a wider variety of lesions, with many patients' signs & symptoms resembling Neurofibromatosis-1 early in life with subsequent development of Lynch syndrome-associated cancers (e.g., colorectal, small bowel, endometrial, & ureteral cancers).^{1,2,3}



Though the syndrome is very rare with upwards of 200 cases reported as of 2020, the International Replication Repair Deficiency Consortium (IRRDC) has been developing diagnostic & surveillance recommendations to improve survival, as an estimated ~30% of patients with one cancer will develop another, & ~85% of patients pass away within 4 years.^{2,3}

Surveillance & prognosis per IRRDC recommendations & data:²

Exam	Start Age	Frequency	Tumors
Brain MRI	At diagnosis	q6 months	Brain
Whole body MRI	6 yrs	q1 year	All
CBC	1 yr	q6 months	Leukemia
Abdominal US	1 yr	q6 months	Lymphoma
Upper GI, VCI, ileocolonoscopy	4-6 yrs	q1 year	GI
Gyn exam, TVUS	20 yrs	q1 year	GU



Full surveillance: patients who received routine surveillance utilizing all modalities.

Partial surveillance: patients who did not routinely receive screening including all modalities or for whom modalities were not performed at the recommended time intervals.

No surveillance: patients who did not - receive any of the recommended screening.

Wimmer K, Kratz CP, Constitutional mismatch repair-deficiency syndrome, Hoematologica. 2010 May:95(5):699-701. doi: 10.3324/haematol.2020.021626. PMID: 2042441; PMCDI: PMC2844372. Durno C, Ercan AB, et al. Survival benefit for individuals with Constitutional Mismatch Repair Deficiency undergoing surveillance. J of Clin Onc. 2021 May:39(25)2779-2790. DOI: 10.1200/JCO.20.02636. PMID: 33945292. MedlinePlus [Intermet]. Bethesda (MD]: National Library of Medicine (US); (Jupdated 2020 Jun 24). Constitutional Mismatch Repair Deficiency Syndrome; (Jupdated 2020 Apr 1; [cited 2023 Jan 17). Available from: https://medlineplus.gov/genetics/condition/constitutional-mismatch-repair-deficiency-yndrome/.

Some graphics created with BioRender.com

