Lynch Syndrome Screening on Endometrial Cancer Resections

Effective May 3, 2018, the Gynecologic Pathology Group at the UVMMC Department of Pathology will begin performing Universal Screening for Lynch Syndrome on hysterectomy specimens found to have endometrial cancer, in accordance with NCCN, SGO, and ACOG guidelines.

It is important to note that as an initial screening test, immunohistochemical (IHC) staining with antibodies against four mismatch repair proteins is NOT considered a molecular test. Any follow up molecular testing (e.g. MLH1-Promoter Methylation, Microsatellite Instability by PCR, or germline testing), however, requires preauthorization or an advanced beneficiary notice (depending on patient's insurance). The most common scenario in which this is encountered is in endometrial cancers that show the following IHC results: Loss of MLH1/PMS2 and retention of MSH2 and MSH6 proteins. In these cases the following comment will always be present in the surgical pathology report:

"The majority of cancers with loss of MLH1/PMS2 protein expression are associated with somatic changes rather than an inherited mutation (Lynch syndrome). However, if additional testing to rule out Lynch syndrome is warranted in this individual, additional molecular testing (specifically MLH1 Promoter Methylation) can be ordered upon obtaining preauthorization or an advanced beneficiary notice."

If you have any questions concerning this new Universal Screening protocol, please contact the Gynecologic Pathology Team at Lab-GynPathologists@uvmhealth.org or Dr. Bronwyn Bryant.

Bronwyn Bryant, MD

Initial Test	Reflex Criteria	Reflex Tests	Additional CPT Billed
Endometrial Cancer Resection	#1 All cases of endometrial cancer	#1 Immunohistochemical Testing (MLH1, PMS2, MSH2, MSH6) Performed at UVMMC	88342 x 4 for MMR
	#2 Loss of MLH1/PMS2 on IPEX	#2 MLH1 promoter methylation upon pre-authorization Performed at ARUP	81288

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