JUNE 2020

Cleveland Clinic

Family Matters

INFORMATION FOR PEOPLE WITH COLORECTAL CANCER IN THEIR FAMILIES
Published by the Sanford R. Weiss, MD Center for Hereditary Colorectal Neoplasia

A MESSAGE FROM **DR. KALADY**

The inspirational author Simon Sinek wrote a book called *Start with Why* in which he lays out the principles of successful companies and successful organizations. Every company has a "what they do" and "how they do it," but he explains that truly great organizations have at their core the "why." Why do we do what we do? What gets us out of bed in the morning and excited to get going? When we start with this "why" everything else seems to fall into place. Now more than ever, we need to focus on the "why" in our lives. And for us at the Weiss Center, that "why" comes down to caring for patients and their families. I want to assure you that we will continue to do this throughout this challenging situation. We hope that you and your loved ones are safe.

It goes without saying that we are currently living in an unprecedented time. It seems like yesterday that we were gathered in one of our conference rooms for the annual Weiss Center Hereditary Syndrome Health and Education Day. It was fabulous to see everyone live, interacting, sharing hugs, handshakes, and stories with each other and our team. The COVID-19 pandemic has infiltrated every aspect of our personal and professional lives. It has limited what we can and want to do, and how we do it. We understand that coping and managing your medical situation in normal times can be stressful and anxiety-producing. The adding complexities of COVID-19 affect

continued on page 2

Life after Colon Cancer and Lynch Syndrome Diagnosis: Scott is Finding a Mission While Sharing His Story

In 2005 at age 35 Scott Briggs was seen at the Cleveland Clinic and underwent colonoscopy due to symptoms and family history. He was diagnosed with colon cancer and underwent surgery with James Church, MD. Five years later he was diagnosed with Lynch syndrome — a type of inherited cancer syndrome associated with an increased risk of getting colorectal and other cancers. After colon surgery in 2005 he changed his diet to improve his chances of a healthy life going forward. "I had to adjust my diet to what my body could digest and avoid what triggered issues," Briggs says.

Mission Work

With such dietary restrictions, one might think a trip to a third-world country would be out of the question — not to mention several such trips. Scott's condition doesn't seem to have slowed him down one bit. For the last nine years, he and wife Helen have traveled to Jacmel, Haiti to do mission work. "We collect eyeglasses throughout the year, so we can give them to people that come to our eyeglass clinics in Haiti," says Briggs, who works as a customer service manager for Sherwin Williams. "We have met so many people and made so many friends in Haiti through this mission work that we enjoy so very much. I have been very careful while in Haiti to double-filter my drinking water and only eating food that is thoroughly cooked." When asked what made him and his wife attend a mission trip in Haiti Briggs stated "When Helen and I decided not to have children, we still wanted to make a difference in the world. So we decided that the need in Haiti was so great that we could concentrate our time and resources to make a difference in that

continued on page 2

A MESSAGE FROM **DR. KALADY**

continued from page 1

your ability and want to travel; and may make it less desirable to come to the hospital, endoscopy suite, or clinic. Cleveland Clinic and The Weiss Center remain fully functional and available to you as a resource. Your health and safety remains a top priority.

We are offering more options to receive consultation such as virtual visits in which patients and caregivers can speak via video conferencing. For those of you who need to come to the main campus for care, our doors are open. Screening and surveillance tests are available and in process. Surgeries are being done. Our entire hospital system is slowly re-opening all services. As this happens, there are several health precautions. The Cleveland Clinic is acting within the guidelines as set forth by the state of Ohio. We have taken several precautions in terms of patient and caregiver safety. Anyone entering our facilities are screened for fevers, and will be required to wear a mask. All patients undergoing surgery will be tested for COVID a few days before their procedure. Things are changing every day. In fact, from the time that I write this to the time it gets put into print and circulated, everything can be changed once again. The one constant will be our commitment to providing you with safe medical care.

Regardless of what happens next, we will continue to focus on our "why." We may look a little different as you view us behind a mask, or through a video screen, but the foundation is the same. We miss you and we care about you, and hope to see you in person soon.

Matthew F. Kalady, MD
Director, Sanford R. Weiss, MD, Center for Hereditary Colorectal Cancer

Life after colon cancer and Lynch Syndrome diagnosis

continued from page 1

part of the world. I do have to admit that I was initially anxious, but with Helen's and our close friends encouragement and support, it made it possible for me to be able to do this mission work."

So far, so good. In fact, the Bedford, Ohio, couple has been all over the globe post-surgery, to destinations such as the Czech Republic, Tanzania, Israel, Jordan, Switzerland and Germany. "We have gone to Germany multiple times to watch soccer for the men's World Cup and the women's World Cup," he says. "We also enjoy spending time with our friends."

The Family Factor

Lynch syndrome occurs in roughly one in 300 people, according to Cleveland Clinic information. Within a family, direct relatives have a 50% chance of also having it if one person does. Colorectal cancer and endometrial cancer are the two most common cancers in Lynch syndrome and screening or removal are critical to prevention. Briggs' mother

and sister both have Lynch Syndrome, and it is suspected that his maternal grandfather, who died in his late 40's from cancer, did as well. His mother has had multiple surgeries over the years and is doing well. His 44-year-old sister has stayed healthy due to ongoing screening. "She has taken preventative measures by having a hysterectomy and has annual procedures and testing, like my mother and I," says Briggs. He also noted that all the affected members of his family see Cleveland Clinic gastroenterologist Carol Burke,MD, at least once a year for necessary screening.

Counting his blessings

At age 50, Briggs has been cancer-free for 15 years.

"I was very fortunate that the cancer was found early and treated with surgery," he says. "Now, for the past 15 years, I have had annual screening of my remaining intestine and additional tests as directed by the guidelines for Lynch syndrome by the Sanford R. Weiss, MD Center for Hereditary Colorectal Neoplasia at Cleveland Clinic."

Briggs is part of the hereditary colorectal cancer registry within the Weiss Center. He expresses gratitude not only for a clean bill of health, but also being able to share his experience and help others with a similar diagnosis.

"Also, we are very grateful to the doctors, nurses and coordinators at Cleveland Clinic over the past 15 years that have helped us negotiate my diagnosis of Lynch syndrome and the best steps forward in treatment and maintaining the quality of life that we have been fortunate to enjoy," he says.

Hazel Wehn is Living Proof that Screening for FAP Can Lead to a Long Healthy Life

Hazel Wehn is a 97 year old Coventry Township, Ohio resident who has the distinction of being the Cleveland Clinic's oldest living familial adenomatous polyposis (FAP) patient. FAP is autosomal dominant and characterized by an early onset of hundreds of adenomatous colorectal polyps usually at adolescence and small bowel adenomas by the age of 20. Timely implementation of routine screening of the colon and upper gastrointestinal tract is imperative.

Hazel was born and raised in Tarentum, Pennsylvania. Her mother died from colon cancer at age 44 in 1943. She stated that they knew her mother had colon polyps but she did not have treatment, the family later found out that this was a hereditary syndrome. It was a company transfer to Cleveland that brought Hazel near Cleveland Clinic in her mid-20's.

At age 28 Hazel started having unusual back pain and came to Cleveland Clinic for evaluation, due to her family history of colon cancer she underwent screening and was diagnosed with FAP. Soon after her diagnosis in 1950 Hazel underwent a colectomy to remove her large intestine by the renowned Cleveland Clinic colorectal surgeon Rupert B. Turnbull, MD. "He was absolutely the best and a wonderful, wonderful person," she says, noting that when he died in 1981 she and her husband were living in Houston. "I was devastated. He was more than a doctor; he was a friend."

Despite moves all over the country with Dow Chemical, she worked in the tax department and her husband was a chemical engineer, she continued to receive treatment at Cleveland Clinic, getting check-ups once a year, or more often if necessary. "I wouldn't have gone anywhere else," she says. Hazel said that she has had all of her colorectal cancer screening at Cleveland Clinic even after she and her husband retired on the same day

Hazel Wehn, age 97, with the Weiss Center Hereditary Fellow, Dr. Mohammad Abbass.

in 1983, and moved briefly to Wisconsin and Georgia before returning to Northeast Ohio.

The Weiss Center staff says she is proof that proper screening can help lead to a long, healthy life with FAP.

In fact, Hazel has outlasted two of her doctors, with the retirement of colorectal surgeon Ian Lavery, MD, in 2018. She now is under the care of colorectal surgeon David Liska, MD, and gastroenterologist Carol Burke, MD.

She lives independently at home and still drives locally.

She was active in needle-working for years before arthritis in her hands took a toll, but she continues to enjoy doing puzzles and spending time with her three children, none who have FAP, and five grandchildren. She also had a brother who did not have FAP but is deceased from esophageal cancer.

People often ask her secret to longevity. She says it could be that she takes after her grandfather on her dad's side — he lived to 94 — or maintaining a healthy lifestyle.

"I never drank, I never smoked; I've always tried to be active and exercise and things, and have a positive attitude," she says. "I always was active in my church; and with the kids, you keep active with them. And I've always been blessed with a lot of good friends."

Coping with Stress during COVID-19

By Karen Hurley, PhD

The Second Helping

Having a hereditary colorectal cancer syndrome means that you already know what it is like to live with uncertainty. However, the covid-19 virus has given us all a second helping of stress, without asking how we were doing with what was already on our plates. You may be facing more hassles than usual, or having to fill a different role in your family than you used to. You may have had to push back screening appointments. If you were recovering from surgery or cancer treatment, you may have been looking forward to what you could do once you felt better, and then found the world has changed around you. All of these changes can make it feel harder to take care of your physical and mental health. There are lots good coping resources out there, such as meditation apps, relaxation techniques, journaling, exercise videos and so on that you can use, but for those times when you can't take a longer break, here are some "first aid" tips to use during anxious moments:

Feelings, not facts: Sometimes anxiety becomes so strong that we state it as a fact, as in: "I know the worst is going to happen to me." Thoughts like these easily become repetitive, and make it hard to find ways to accept reassurance or take effective action. Next time you hear yourself stating an anxious thought as a fact, add the phrase, "I feel like…" in front of it, as in: "I feel like the worst is going to happen to me." Notice the little bit of difference it can make, like cracking open a window in a stuffy room. That breath of fresh air can help you just enough to allow you to see your situation in a new way.

Grounding: This exercise can help you find your feet if you're feeling a little panicky. Look around you, and name three things that are blue. Then look around again, and name three more things that are not red. It's fine to change which colors you use. Noticing and naming things in your environment gives your brain a task that helps shift it away from parts that are pumping out "flight or fight" messages that make you feel out of control.

Breath-brushing: Another way to deal with anxious or painful thoughts is to ask, "Where does this feeling live in my body?" It might be butterflies in your stomach, tightness in your chest or throat, shoulder tension, or somewhere else inside you. Next, imagine that your breath could travel inwards, and very light brush over that physical sensation, not expecting the feeling to change, just brushing very lightly. Frantically trying to get rid of anxiety can actually make you more anxious. When you are giving your anxiety calm, gentle attention, you are adding calm.

For times when staying positive and finding gratitude seems to fall short, you can use these techniques to help you find a balance where things are neither bigger nor smaller than what they are, and find ways to live fully and well right in the middle of uncertain times.

Weiss Center Adopts New Screening Guidelines for Urinary Tract Cancers in Patients with Lynch Syndrome

By Matthew Kalady, MD

The Weiss Center's priority is to help prevent cancer and death from cancer in our patients. Providing screening for cancers in patients that have an increased risk is at the core of this preventative strategy. Along those lines, we are always evaluating our practices as well as learning from other groups around the world. Recently, we evaluated the practice of annual urinalysis (testing a urine sample for microscopic red blood cells) as a screening process for urinary tract cancers for patients with Lynch syndrome. The result of our analysis has changed the way we will manage our screening moving forward. Listed below is our policy (combining some of the old and new):

1. Routine annual urinalysis will no longer be ordered
2. Patients with certain features will be evaluated by urinalysis every year and referred to our Urology team for consultation, risk assessment, and an office cystoscopy at that visit. These features include:
   a. Any patient with a personal history of urothelial cancer, at any age. These patients will typically be followed annually by Urology with cystoscopy, cytology and upper tract imaging.
   b. Any patient with a family history of urothelial cancer with a first-degree relative, or 2 or more relatives of any degree. Urology typically will do cystoscopy, cytology and upper tract imaging on initial evaluation and approximately every 5 years.
   c. Any patient whose genetic test causing Lynch syndrome revealed a variant in the MSH2 gene, AND is male. Urology will typically perform cystoscopy and evaluate urine cytology starting at age 40, with selective use of upper urinary tract imaging.
3. In addition, patients should note any of the following and notify our team:
   a. any patient who notices blood in their urine should notify us so we can arrange further evaluation with our Urology team
   b. any patient with obstructive or irritative urinary symptoms should contact us so that we can order evaluation with a urinalysis
   c. any patient who undergoes a urinalysis for any reason and is found to have microscopic red blood cells on that test should contact us so we can arrange for consultation with our Urology team.

Please call Susan Milicia, RN, Lynch Coordinator at 216.444.6470.

Living in a world with COVID-19

By Carol Burke, MD and Guatam Mankaney, MD

What a new world we are living in since March 2020. My husband and I had the chance to shop at Costco this weekend, our first time shopping there since pre-COVID. I could not believe that life had become a state of waiting in long lines, constant hyper-vigilance to avoid touching surfaces, face or nose, for fear of getting infected, donning face masks and gloves, and carrying purell in every coat, car and pocket. The "safe" lifestyle can be challenging and coupled with social isolation can be exhausting. However, I believe "an ounce of prevention is worth a pound of cure" so we all need to dig in with the COVID lifestyle to protect ourselves, our families, colleagues, and patients until we know more about COVID and the infection wanes. I also see hope, innovation, and care of fellow man and woman during this time.

At the Clinic, and north eastern Ohio in general, we have not seen a "surge" and the rate of hospitalizations has been manageable, in part due to our state Governor who has been proactive in closing public events, businesses and schools since early March. At the Clinic, excellent leadership, masterful planning, and pro-active resourcing has allowed us to protect our caregivers and patients, and in-fact, send resource including first line caregivers to hard hit areas like New York City and Detroit Michigan.

As you know, the Cleveland Clinic and the Weiss Center has been here for you during the pandemic. We continued to perform procedures on our high risk patients in a safe manner for both patients and caregivers. During this time, you may notice that there is a restriction on visitors. Individuals who enter our facility will have their temperature checked and symptoms assessed upon arrival. Our clinical personnel will be wearing face masks and in the procedure room your doctor and nurses will have N95 masks, face shields, gowns and gloves. You may wonder why the digestive disease endoscopy team is so well suited for your procedures. While COVID is a known cause of both upper respiratory symptoms and pneumonia, traces of the virus can be found in stool in up to half of individuals. In fact, a quarter of individuals who have a negative respiratory test for COVID may have a positive stool sample.

Similarly, there is a growing body of literature suggesting that a subset of patients will also have GI symptoms. Symptomology include any individual or combination of nausea, vomiting, diarrhea, loss of taste or smell, and anorexia. A third of patients may have respiratory and GI symptoms. Anecdotally speaking, affected individuals have shared that "the anorexia is severe" and "I haven't had an appetite for days." For patients who will be having surgical procedures, you will be tested for COVID-19 within 1-3 days of surgery, whether or not you have any symptoms or exposures. This is to help maintain the health of everyone in the hospital including other patients and caregivers. To learn more about some of the things Cleveland Clinic is doing to assure patient safety and describe our care environment, please view the video from the Chief Experience Officer, Adrienne Boissy, MD, MA via this link. youtube.com/watch?v=ol9162XXjng&feature=youtu.be

What does this mean for you?

The new world we are living has scientists working around the clock globally, with near daily developments on the management of COVID. The situation remains dynamic. It is unclear if the virus can be transmitted through the GI tract, though it is plausible.

Yet, good hygiene still is the best method to prevent transmission. This includes hand washing or the use of sanitizers and minimizing touching shared surfaces or your face. We also know that the mortality and morbidity associated with the disease comes from the respiratory complications, and less likely, the GI tract. Do not hesitate to notify us for new GI symptoms associated with COVID, as respiratory symptoms are not always be present.

Given the possibility of viral transmission through the GI tract, we are taking precautions for all patients, regardless of symptoms, undergoing endoscopic procedures. This keeps all of us – you, your family, the community and us – safe.

Reclassification of Variants of Uncertain Significance

By Brandie Leach, MS, LGC

A variant of uncertain significance (VUS) is a genetic change for which there is currently insufficient research to determine if it is a harmful genetic change that causes a hereditary cancer syndrome or if it is a benign genetic change that has no impact on health. Identifying VUS's is an inherent part of the germline genetic testing process. As often as 30-40% of the time a VUS is identified on a large cancer gene panel.

Approximately 90% of VUS's are reclassified as benign, and the remaining 10% are found to be harmful (also called pathogenic).

Over time, as other individuals are identified to carry the same VUS and/or more research has been conducted, the variants will be reclassified. Approximately 90% of VUS's are reclassified as benign, and the remaining 10% are found to be harmful (also called pathogenic). This process can take months to years to happen.

Many, but not all, germline genetic testing companies have put processes in place to automatically issue an updated genetic test report to the healthcare provider who ordered the genetic test when a VUS is reclassified. The healthcare provider then reaches out to the patient with this updated information. It is important to have a discussion with your healthcare provider about how VUS are reported and reclassified by the genetic testing company he or she utilizes and what the practice's policy is for reaching back out to patients with this updated information.

ASK THE **TEAM**

Questions and Answers: The Registry

What is a Registry?
A Registry is a collection of records related to a common theme and the place where they are stored?

What are the benefits of being in the Jagleman Registries?
There are many benefits of being in the Jagelman Inherited Colon Cancer Registries. Our care coordinators help provide critical information about your syndrome and organize coordinated care with the various different doctors and caregivers you will need to see to help keep you healthy. This also allows us to keep a centralized record of all your care so that we can assure that you are up-to-date on screening recommendations. The Registry also allows opportunities to participate in current and novel research studies that may be provided through the Weiss Center.

Do I have to participate in studies or clinical trials?
No, being in the registry will keep you informed of eligible studies or clinical trials allowing you the opportunity to participate if interested.

Is there a cost to be in the Registry? Do you pay for my testing?
There is no cost to participate in the Registry but there is also no compensation including payment or cost of testing. Any testing recommended is part of your screening programs and will be covered by your insurance provider.

Where do I call to schedule my Hereditary Screening?
You can contact the Weiss Center at 216.444.6470 to coordinate screenings, give family updates or receive information regarding your syndrome.

Are there events for patients?
The Weiss Center hosts a Hereditary Colorectal Cancer Health Promotion Family Day in the Spring and a Colon Cancer Awareness Walk in the Fall, both are patient focused events.

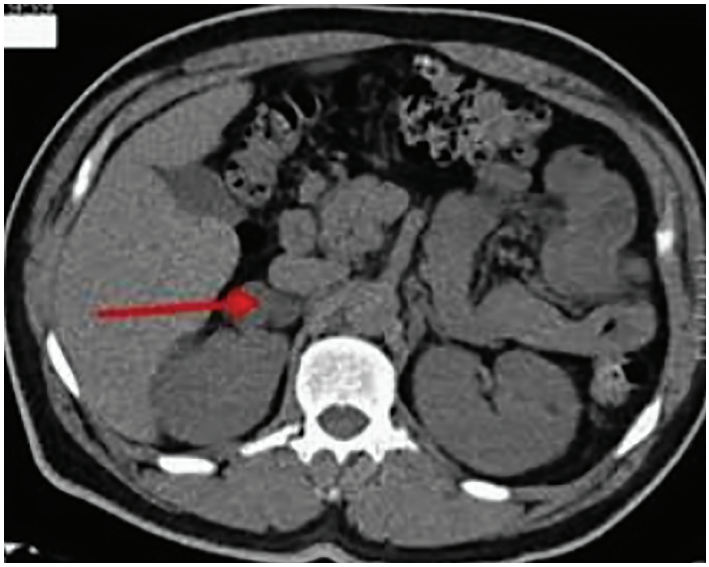
Adrenal Adenomas in Patients with FAP

In addition to developing adenomas in the colon and rectum, patients with familial adenomatous polyposis (FAP) patients can also develop growths or tumors outside of the colon and rectum. Amongst these, is the occurrence of adrenal tumors, which will develop in about 15% of patients with FAP throughout their lifetime. This is about three times higher than patients in the general population who don't have FAP.[1] Often times these growths are detected by chance or incidentally when an imaging study is done for another reason. Because they are found incidentally, they are called "incidentalomas" and are rarely cancerous. However, if they are found, further evaluation and monitoring should be done.[2]

The imaging study of choice to detect and evaluate adrenal tumors is an adrenal protocol CT scan which must be done with and without intravenous contrast. This allows for the measurement of density of the tumor, which helps to evaluate the tumor for characteristics of possible cancer. A high-quality MRI can also be obtained to help differentiate between a cancerous and non-cancerous tumor and to evaluate if it is involving any structures around the adrenal glands. Once an adrenal nodule, mass, or tumor is detected on imaging, the initial evaluation should include certain blood tests and analysis of the urine to determine if the mass is making any particular hormones, or biologic chemicals. All patients should get their blood check for morning cortisol, ACTH, DHEA-S, aldosterone, direct renin, catecholamine and metanephrine levels checked as well as levels of cortisol, aldosterone, catecholamine, and metanephrine levels in a collection of urine over 24 hours.

A high-quality MRI can also be obtained to help differentiate between a cancerous and non-cancerous tumor and to evaluate if it is involving any structures around the adrenal glands.

For patients with abnormal blood or urine cortisol or ACTH levels, they should complete an overnight one mg dexamethasone suppression test. This test requires patients to take a small dose of the steroid dexamethasone, and have blood work drawn first thing the next morning to assess for extra cortisol in the blood. In addition, cortisol levels in the saliva should also be obtained on three separate nights. The saliva cortisol test should be done at least two days before or two days after the dexamethasone suppression test to avoid interfering with the results. Someone



Abdominal computed tomography (CT) demonstrating an example of an adrenal adenoma

with increased cortisol production may develop weigh gain around their middle, increased blood pressure, poor blood sugar control or diabetes, easy bruising or bleeding, muscle weakness of the arms and legs, mood swings, abnormal patterns of hair growth, or osteoporosis. These patients should be referred to Endocrine surgery for evaluation.

Patients with adrenal tumors and greater more than double the normal amount of catecholamine and/or metanephrine levels could indicate the presence of a pheochromocytoma. These patients may require additional evaluation with an imaging test called a Dotatate PET/CT scan to look for any masses outside the adrenal glands (called paragangliomas) that could make these hormones. Symptoms of a pheochromocytoma or paraganglioma may include high blood pressure that cannot be controlled, headaches, sweating, and mood swings. Even patients without any symptoms should be referred to Endocrine surgery to discuss removal of the adrenal mass.

Patients who are found to have increased serum aldosterone levels, with a suppressed direct renin level are likely to have a condition called primary hyperaldosteronism. These patients may experience symptoms such as high blood pressure and low potassium levels in the blood. In patients younger than 50 years who have an adrenal mass only on one of the adrenal glands, removal of that one gland may be the treatment. For most adrenal gland surgeries, a minimally invasive procedure can be performed with 4-6 small (1 cm or less) incisions in the abdomen or the back. Most patients stay one night at the hospital and recovery is about one to two weeks.

Patients who have adrenal tumors that do not make any hormones but are larger than 4 cm in size and have a certain density on imaging may also be recommended to have it removed. These patients should referred to Endocrine Surgery. Those patients with smaller nodules that do not make any hormones should undergo imaging and hormone testing every year to assure things are not changing for 5 years.

[1] Familial adenomatous polyposis rewiev Half E. at al, Orphanet Journal of Rare Diseases 2009, 4:22

[2] Peyman Dinarvand, Elizabeth P. Davaro, James V. Doan, Mary E. Ising, Neil R. Evans, Nancy J. Phillips, Jinping Lai, and Miguel A. Guzman (2019) Familial Adenomatous Polyposis Syndrome: An Update and Review of Extraintestinal Manifestations. Archives of Pathology & Laboratory Medicine: November 2019, Vol. 143, No. 11, pp. 1382-1398.

Investigating the Link between Lynch Syndrome and Breast Cancer

Megan Sheehan[1], Brandie Heald[2], Courtney Yanda[3], Erinn Downs Kelly[4], Stephen Grobmyer[3], Charis Eng[2], Matthew Kalady[5], Holly Pederson[3]

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ABSTRACT

Objective: Lynch syndrome is an inherited genetic disorder associated with a predisposition to early-onset colorectal and endometrial cancers, but breast cancer risk in these patients is debated. The aim of this study is to evaluate breast cancer rates in a cohort of Lynch syndrome patients, as well as to identify women who may be eligible for additional breast cancer specific genetic testing or enhanced breast surveillance (contrast-enhanced magnetic resonance imaging (MRI) screening).

Materials and Methods: Using a hereditary colorectal cancer registry at a single academic institution for identification of patients with Lynch syndrome, a retrospective chart review was performed of 188 women with DNA mismatch repair (MMR) mutations. The Tyrer-Cuzick model was used to estimate breast cancer risk in patients without breast cancer.

2020 Publications from the Weiss Center

Investigating the Link between Lynch Syndrome and Breast Cancer. Sheehan M, Heald, Yanda C, Kelly ED, Grobmyer S, Eng C, Kalady M, Pederson.

A Multi-Institutional Cohort of Therapy-Associated Polyposis in Childhood and Young Adulthood Cancer Survivors. Biller LH, Ukaegbu C, Dhingra TG, Burke CA, Chertock Y, Chittenden A, Church JM, Koeppe ES, Leach BH, Levinson E, Lim RM, Lutz M, Salo-Mullen E, Sheikh R, Idos G, Kastrinos F, Stoffel E, Weiss JM, Hall MJ, Kalady MF, Stadler ZK, Syngal S, Yurgelun MB.

Combined endoscopic and surgical management of small-bowel polyposis in a patient with Peutz-Jeghers syndrome. Li F, Mehta N, Liska D, Dionigi B, Kalady MF, Burke CA, Bhatt A.

Collaborative Group of the Americas on Inherited Gastrointestinal Cancer Position statement on multigene panel testing for patients with colorectal cancer and/or polyposis. Heald B, Hampel H, Church J, Dudley B, Hall MJ, Mork ME, Singh A, Stoffel E, Stoll J, You YN, Yurgelun MB, Kupfer SS; Collaborative Group of the Americas on Inherited Gastrointestinal Cancer.

Thyroid Carcinomas That Occur in Familial Adenomatous Polyposis Patients Recurrently Harbor Somatic Variants in APC, BRAF, and KTM2D. Nieminen TT, Walker CJ, Olkinuora A, Genutis LK, O'Malley M, Wakely PE, LaGuardia L, Koskenvuo L, Arola J, Lepistö AH, Brock P, Yilmaz AS, Eisfeld AK, Church JM, Peltomäki P, de la Chapelle A.

Endoscopic Removal of Colorectal Lesions-Recommendations by the US Multi-Society Task Force on Colorectal Cancer. Kaltenbach T, Anderson JC, Burke CA, Dominitz JA, Gupta S, Lieberman D, Robertson DJ, Shaukat A, Syngal S, Rex DK.

Spotlight: US Multi-Society Task Force on Colorectal Cancer Recommendations for Follow-up After Colonoscopy and Polypectomy. Gupta S, Lieberman D, Anderson JC, Burke CA, Dominitz JA, Kaltenbach T, Robertson DJ, Shaukat A, Syngal S, Rex DK.

Patterns of polyp histology: predictors of peril in the mucosa. Dean M, Plesec T, Kalady MF, Church J.

Sessile Serrated Polyposis: Not an Inherited Syndrome? Cauley CE, Hassab TH, Feinberg A, Church J.

Implementing universal cancer screening programs can help sustain genomic medicine programs. Rahm AK, Bellcross C, Cragun D, Duquette D, Hampel H, Heald B.

Recap of Hereditary Health Promotion Day

An important mission of the Sanford R. Weiss, MD Center for Hereditary Colorectal Neoplasia is to provide education to other healthcare providers and patients. Every year we host a Hereditary Health Promotion Day where we provide you, our patients, with the latest information that relates to hereditary gastrointestinal cancer conditions.

On March 6 we hosted the 2020 Hereditary Health Promotion Day at the Taussig Cancer Institute at Cleveland Clinic. This year we had 48 patients and family members in attendance. The afternoon was broken into 4 sessions: management, genetic testing, budding research, and mind, body and soul. The topics discussed ranged from timing of surgery for individuals with polyposis to the role of sugar in our diets and how lifestyle choices modify our cancer risks to the differences between medical genetic testing and direct to consumer genetic testing. All of the talks were given by members of the Weiss Center as well as our colleagues at Cleveland Clinic.

In the coming months, please look for communication from the Weiss Center inviting you to our 2021 Hereditary Health Promotion Day. We look forward to seeing you next year!

Dr. James Church

Dr. Matthew Kalady

Dr. Mohammad Abbass

Dr. David Liska

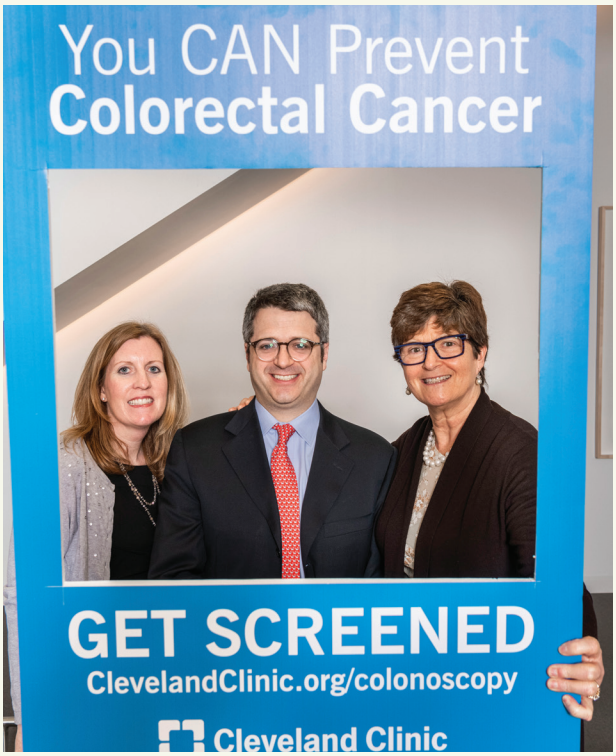
Margaret O'Malley

Dr. Gautam Mankaney

Lisa LaGuardia, RN

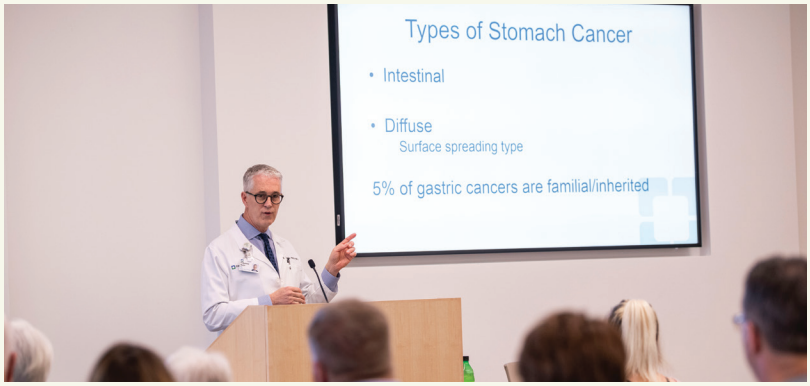
Dr. Mohammad Abbass, Dr. Gautam Mankaney and Dr. Amit Bhatt

Dr. Carol Burke



Margaret O'Malley, Dr. David Liska and Dr. Carol Burke

Dr. Karen Hurley



Dr. Matthew Walsh

Cleveland Clinic

Family Matters

Cleveland Clinic Foundation
9500 Euclid Avenue / A30
Cleveland, OH 44195

SAVE THE DATES

6th Annual Cleveland Undy RunWalk
September 26, 2020

Introducing Our New Team Member

Lakeisha Sellers

My name is Lakeisha Sellers and I am the Administrative Assistant for the Sandford R. Weiss, MD Center for Hereditary Colorectal Cancer. I have been with Digestive Disease Surgery Institute at Cleveland Clinic for about 4 years. I have been a part of the medical field for over 20 years as a Home Health Aide to a Certified Medical Assistant/ Phlebotomist. I am currently attending Cleveland State University for my bachelors in Biology Medical Technology.