



Local Cancer MDT Lynch Champion

Who they should be

- A cancer MDT clinician e.g. gynaecologist, gastroenterologist, surgeon, CNS, pathologist, oncologist
- A responsible individual within each colorectal cancer (CRC) or gynaecological cancer MDT

Where they should be

- Within every local CRC or gynaecological/endometrial cancer MDT
- The exception would be if all new cancer cases (without exception) are managed by a regional MDT, in which case the champion may be located there
- They will be linked to a regional expert service, but should not be expected to deliver a regional service themselves (i.e. they are managing their own patients only)

Roles and responsibilities

- Ensure delivery of NICE DG27 or DG42 i.e. universal testing for Lynch syndrome for newly diagnosed patients
 - Allocate specific responsibilities within their team (see NHS resource below)
 - After completion of appropriate tumour tests, ensure that eligible patients are referred for genetic testing OR offered genetic testing locally via 'mainstreaming' pathway (see box below)
 - Coordinate periodic audits until compliance with NICE DG27 or DG42 is confirmed
- Link to regional network via cancer/genomic alliance
 - Streamline referrals i.e. ensure a robust mechanism for (internal or external) referral for genetic testing of eligible patients is implemented following completion of tumour testing steps
 - Collaborate with the regional centre towards developing a robust referral pathway and regional Lynch MDTs as part of mainstream pathway implementation.
 - Develop plans to deliver genetic testing locally i.e. 'mainstreaming', with referral to regional genetics services only after patients have received their genetic results (see box below)
 - Active participation and appropriate case discussions at the regional Lynch MDTs in delivering a safe and effective local mainstream Lynch pathway.
 - Participate in regional Lynch meetings when appropriate e.g. for management of complex cases
- Training
 - Complete short online training modules
 - Colorectal:
<https://rmpartners.nhs.uk/lynch-syndrome-early-diagnosis-pathway/>
 - Endometrial:
<https://rmpartners.nhs.uk/lynch-syndrome-early-diagnosis-pathway-endometrial/>
 - participate and promote team learning through biannual, focused CPD delivered by regional expert centre



General Principles

- All newly diagnosed endometrial/CRC patients who are identified as likely to have Lynch Syndrome based on initial and follow on tumour testing should be referred for genetic testing to the regional genetics services in line with NICE guidelines DG27 and DG42.
- Each cancer MDT should identify a responsible local lead for the Lynch diagnostic pathway (a 'Lynch champion'), who may identify specific tasks for others within the MDT.
- Each cancer MDT is responsible for the delivery of the pathway locally. To deliver this pathway each cancer MDT should work with regional genetics expert centres/GMSAs.
- Each MDT should choose to offer either genetic testing via 'mainstreaming (see box below)' (Cancer MDT clinician designated by the national testing directory) or referring patients to their linked genetics centre. Thus local cancer MDTs should aim to achieve either
 - Timely referral of patients for genetic testing only after completion of initial and follow-on tumour testing, **or**
 - Mainstreaming of genetic testing 'in-house'

Mainstreaming of Lynch syndrome testing

Mainstreaming of germline Lynch testing refers to the ability of local MDTs and allied clinicians to initiate germline Lynch syndrome testing (R210 of the National Genomic Test Directory) to eligible patients based on tumour initial and follow-on test results in accordance with NICE DG27 or DG42 (ie without requirement for genetics referral prior to germline testing). This should include appropriate pre-test discussions and informed consent. and appropriate onward referrals for surveillance and cascade testing in confirmed Lynch patients or somatic Lynch testing through the regional genetics laboratories where germline test fails to confirm a diagnosis of Lynch Syndrome.

Lynch champions will work closely with the regional centres in developing and delivering the mainstream pathway in their respective local MDTs. This will include appropriate training and education of the local teams facilitated by the biannual CPD delivered by the regional centre.

Other Resources

Pathway model from NSHE for cancer MDTs

<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.

[National GMSA Transformation Project: Lynch Syndrome – North Thames Genomic Laboratory Hub \(norththamesglh.nhs.uk\)](http://norththamesglh.nhs.uk)

National Project Web page with further information (from NT GMSA)