## Protocol for surveillance in individuals with constitutional mismatch repair deficiency (CMMRD)

This guideline for the diagnosis, surveillance and management of people with constitutional mismatch repair deficiency has been drawn from the best available evidence and the consensus of experts in this area and it is regularly updated to reflect changes in evidence.

The expectation is that clinicians will follow this guideline unless there is a compelling clinical reason to undertake different management, specific to an individual patient.



for rare or low prevalent complex diseases

Network
 Genetic Tumour Risk
 Syndromes (ERN GENTURIS)



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Exam		Frequency	Period	Strength*
Clinical examination		Every 6 months	From diagnosis	Strong
Brain MRI		Every 6 months	2 – 20 years	Strong
		Annually	From 20 years	Moderate
Colonoscopy		Annually**	From 6 years	Strong
Upper gastrointestinal endoscopy		Annually**	Simultaneously with colonoscopy or at least from age 10 years	Weak
Video capsule endoscopy		Annually	From 10 years	Moderate
Gynaecologic	Surveillance (clinical examination & transvaginal ultrasound)	Annually	From 20 years	Strong
	Prophylactic surgery	Not applicable	Discuss once family planning is completed	Moderate
Abdominopelvic ultrasound for gynaecological and urinary tract cancer screening		Annually	From 20 years	Strong
Whole body MRI		At least once	At diagnosis or when anaesthesia is no longer required	Strong
		Discuss optional annual imaging		Moderate

<sup>\*</sup> Inis grading is based on published articles and expert consensus: strong – expert consensus AND consistent evidence, moderate – expert consensus WITH inconsistent evidence AND/OR new evidence likely to support the recommendation, weak – expert majority decision WITHOUT consistent evidence.

<sup>\*\*</sup>Interval should be increased to once every 6 months once polyps are detected.