

InSiGHT 2019

# Duodenal Adenomas in FAP

---

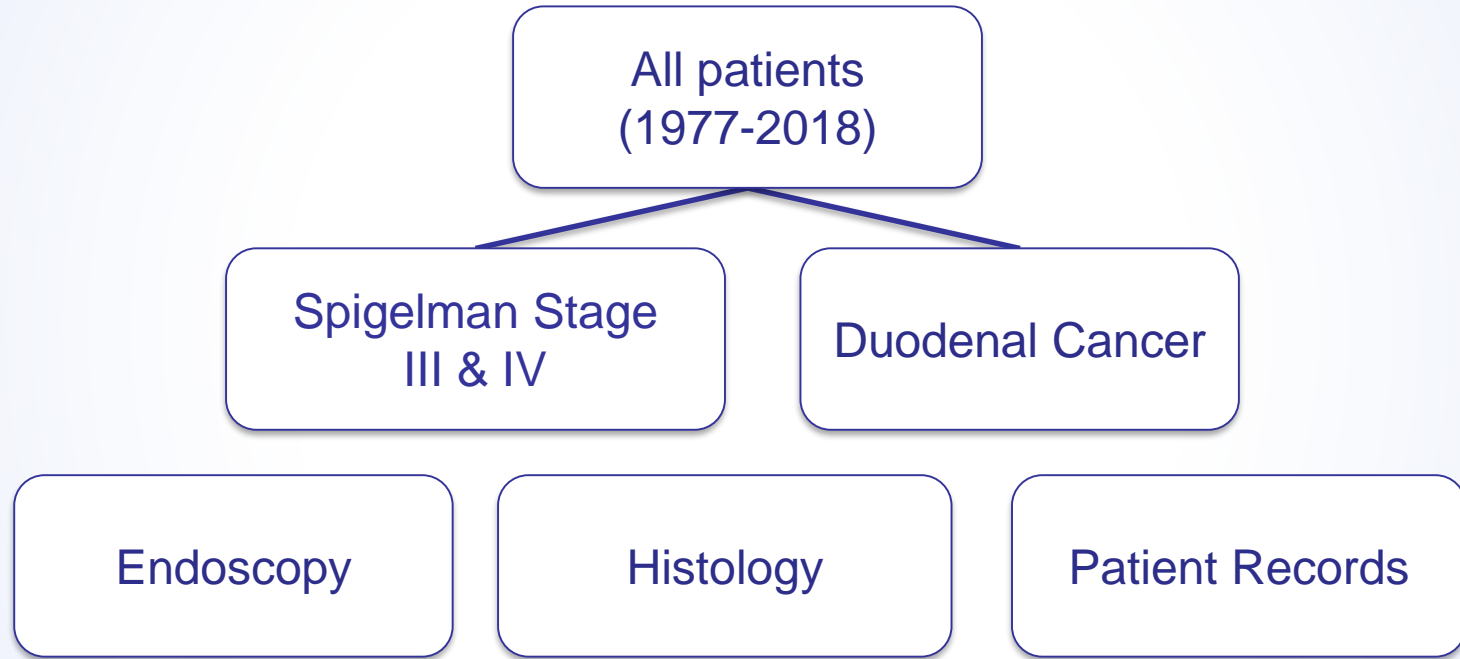
I Martin<sup>1,2</sup>, C Anele<sup>1,2</sup>, R Patel<sup>1,2</sup>, V Cuthill<sup>1</sup>,  
B Saunders<sup>1</sup>, A von Roon<sup>2</sup>, S K Clark<sup>1,2</sup> & A Latchford<sup>1,2</sup>

The Polyposis Registry, St Mark's Hospital, London, UK<sup>1</sup>  
Department of Surgery and Cancer, Imperial College London, UK<sup>2</sup>

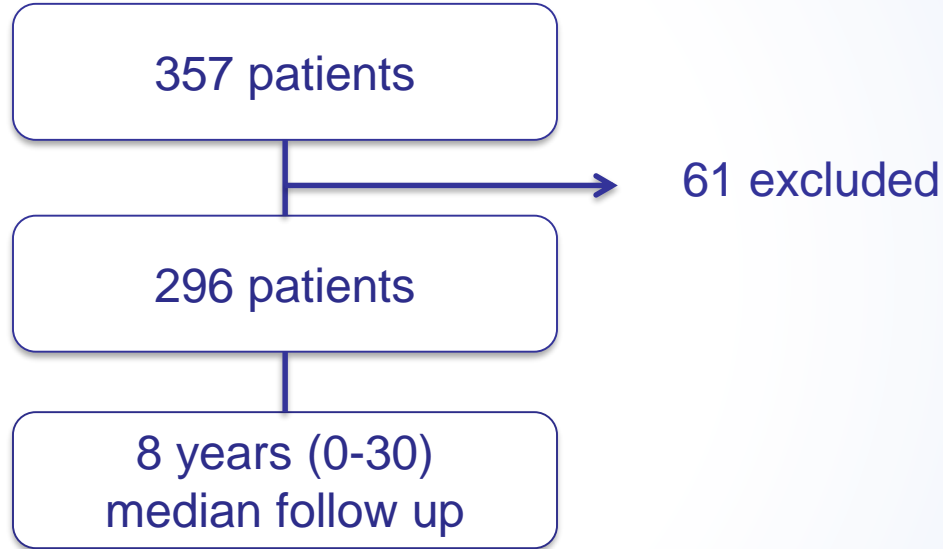
# Aim

To investigate the outcomes of endoscopic therapy and management of advanced non-ampullary duodenal disease

# Database Study



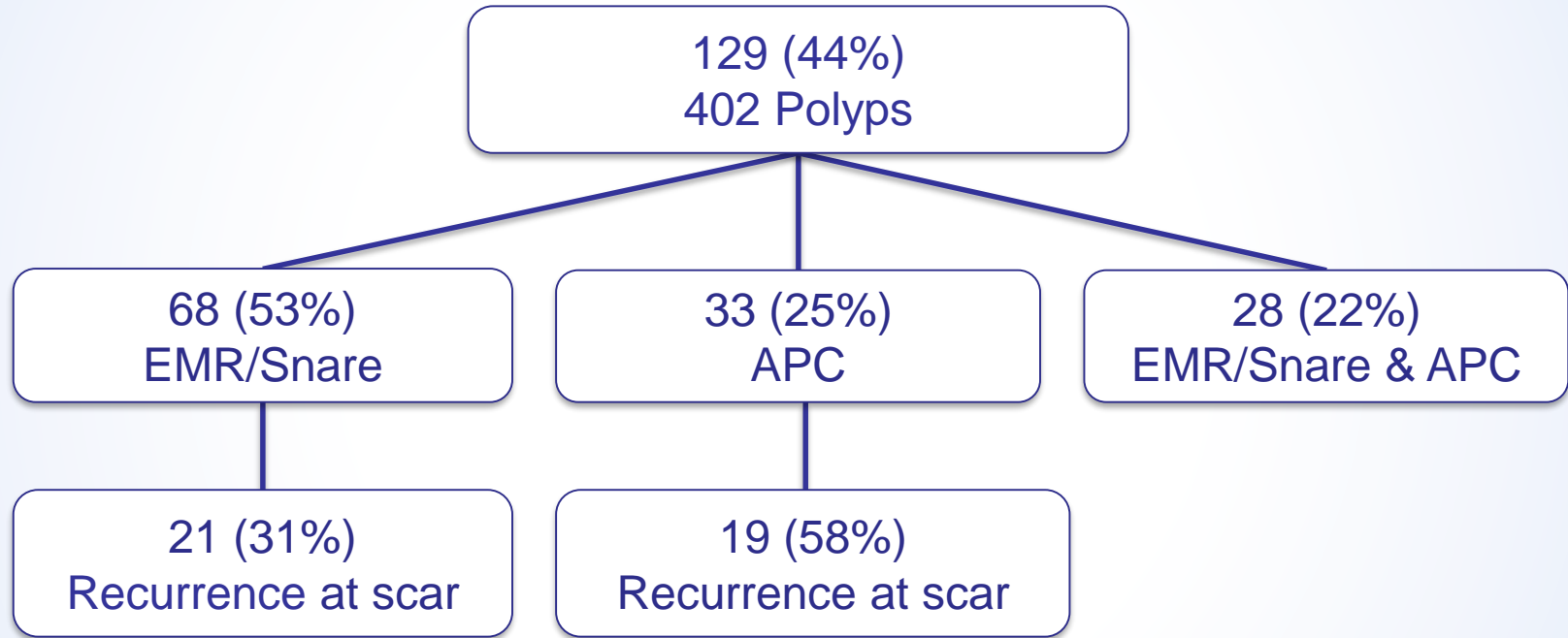
# Patients Identified



# Patient Demographics

<b>Gender</b>	Female	138	
	Male	158	
<b>Age</b>	Median	56	
	Range	(26-95)	
<b>Mutation</b>	Pre-mutation cluster region (5' of 1250)	165	56%
	Mutation cluster region (1250-1464)	30	
	Hot point mutation (1300-1315)	23	
	Post mutation cluster region (3' of 1464)	20	
	Gross deletions/insertions	25	
	Not classified/analysis unsuccessful	33	
<b>Family history of advanced duodenal disease</b>		23	8%
<b>Desmoid disease</b>		71	24%

# Endoscopic Therapy



# Endoscopic Therapy vs. Surgery

	Endoscopic therapy alone	Endoscopic therapy & surgery	Surgery alone
Patients	116 (39%)	13 (4%)	30 (10%)
Time from SS3/4 to surgery (yr)	-	7	3
Diagnosed with duodenal cancer	0	1*	6
Complications	0	-	-

# Non-ampullary Duodenal Cancer

---

Patients diagnosed with duodenal cancer	10 (3%)
---	---------

Time from SS3/4 to duodenal cancer	4 yrs (0-26)
------------------------------------	-----------------



# Duodenal Cancer Demographics

Gender	Female	4
	Male	6
Age	Median Range	62 (33-73)
Mutation	Pre-mutation cluster region (5' of 1250)	
	Mutation cluster region (1250-1464)	6 60%
	Hot point mutation (1300-1315)	2
	Post mutation cluster region (3' of 1464)	0
		2

# Duodenal Cancer Outcomes

	Dead	Alive
Patients	6*	4
Endoscopic therapy alone	0	0
Previous surgery	3	4
Median time from surgery to death (yr)	2 (1-3)	
No surgery	3	-
Median time to death (yr)	1 (1-2)	

\* 1 patient died from gastric cancer after duodenal ca

# Conclusions

- Endoscopic therapy for duodenal disease is safe
- APC is not recommended as a sole modality of therapy
- Endoscopic therapy may defer surgery in SS3/4
- Uncertain whether endoscopic therapy reduces cancer risk

# Thank you



S Clark  
A Latchford  
A von Roon  
R Patel

B Saunders  
V Cuthill  
Ripple Man  
N Suzuki