

# Serrated Polyposis Syndrome (SPS)

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## Pathophysiology and Presentation

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Historically Known as “Hyperplastic Polyposis Syndrome”

### Genetic Mutations

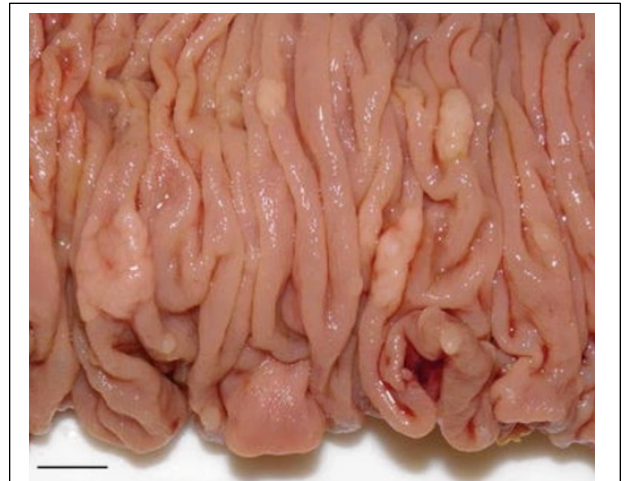
- Genetic Basis is Mostly Unknown <sup>1</sup>
- Mutations in RNF43 are Most Closely Related <sup>2</sup>
- Most Patients Have No Predisposing Mutation (97%) <sup>2</sup>

### Colorectal Cancer

- Lifetime Risk: 25-70% <sup>3-5</sup>
- 5-Year Incidence: 1.5% <sup>6</sup>

### Extracolonic Manifestations

- Overall Incidence: <sup>6</sup>
  - 54% Have a Family History of Extracolonic Malignancy
  - 24% Develop an Extracolonic Malignancy
- Exact Associations are Debated <sup>7,8</sup>



Colectomy Specimen with Multiple Sessile Polyps in a Patient with SPS <sup>9</sup>

# Diagnosis and Management

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## Diagnosis (WHO 2019 Criteria) <sup>10</sup>

- Either:
  - $\geq 5$  Serrated Lesions/Polyps Proximal to the Rectum
    - All  $\geq 5$  mm in Size
    - Two  $\geq 10$  mm in Size
  - $> 20$  Serrated Lesions/Polyps Throughout the Colon
    - $\geq 5$  Polyps Proximal to the Rectum
- Polyp Count is Cumulative Over Multiple Colonoscopies <sup>5</sup>
- Criteria are Not Systematically Applied and the Diagnosis is Often Missed <sup>11</sup>
- \*Historical 2010 WHO Criteria Also Included “Any Number of Serrated Polyps Proximal to the Sigmoid Colon with a Family History of SPS in a First-Degree Relative”, Now Removed

## Screening/Surveillance <sup>1</sup>

- Colonoscopy Every 1-3 Years
  - May Consider Shorter Intervals of 1-2 Years <sup>12</sup>
  - Starting Age Not Clearly Defined
- No Extracolonic Cancer Surveillance Indicated

## Colectomy

- Indications for Colectomy: <sup>1</sup>
  - Unable to Control the Growth of Serrated Polyps
  - Development of Colorectal Cancer
- Prophylactic Colectomy Generally Not Indicated
- Generally Recommend Total Abdominal Colectomy with Ileorectal Anastomosis (TAC/IRA) <sup>1</sup>
  - May Consider Segmental Colectomy or Proctocolectomy if Indicated

# Other Colorectal Cancer and Polyposis Syndromes

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## Syndromes

- *Familial Adenomatous Polyposis (FAP)*
- *Lynch Syndrome*
- *Juvenile Polyposis Syndrome (JPS)/Familial Juvenile Polyposis*
- *MUT Y Homolog (MUTYH)-Associated Polyposis (MAP)*
- *Peutz-Jeghers Syndrome (PJS)*
- *Serrated Polyposis Syndrome (SPS)*
- PTEN Hamartoma Tumor Syndromes: (PHTS)

## Comparisons

- \*See Familial Colorectal Cancer and Polyposis Syndromes

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