

Genetic Syndromes (CAPEND-5)

Capsule endoscopy (CPT 91110) is indicated for the evaluation of Familial Adenomatous Polyposis (FAP), Attenuated Familial Adenomatous Polyposis (AFAP) Syndromes, and MUTYH-Associated Polyposis in the following clinical scenarios: For individuals found to have Spigelman Stages III and IV, or before duodenectomy if this is being contemplated. Repeat every 2 years.

Capsule endoscopy represents a pivotal tool in the management of FAP, particularly for evaluating the small bowel in high-risk patients. The recommendations from leading guidelines, including the NCCN and AGA, support its use as part of a tailored surveillance strategy. By facilitating early detection and aiding in surgical planning, CE contributes to reducing morbidity and improving outcomes in FAP patients. Continued research and refinement of clinical protocols will further clarify its role in routine care.

Capsule endoscopy (CPT 91110) is indicated for the evaluation of Peutz-Jeghers Syndrome (defined as individuals with perioral or buccal pigmentation and/or 2 or more histologically characteristic hamartomatous polyps, or family history of PJS, of STK11 mutations) in the following clinical scenario: Video Capsule endoscopy at age 8 years. If no polyps, repeat at age 18 years then every 2 years, or earlier if any symptoms occur.

Capsule endoscopy plays a pivotal role in the surveillance and management of Peutz-Jeghers Syndrome. By enabling the early detection of small bowel polyps and malignancies, CE enhances the ability to mitigate cancer risks and improve outcomes in this high-risk population. The integration of CE into routine care is strongly supported by major guidelines, including the NCCN, AGA, and ACG, and represents a critical component of personalized surveillance strategies for PJS patients. Continued advancements in capsule endoscopy technology are expected to further refine its role in hereditary cancer syndromes.

Capsule endoscopy (CPT 91110) is indicated for the evaluation of BMMRD (Biallelic Mismatch Repair Deficiency) in the following clinical scenario: Video capsule endoscopy annually, beginning at age 8 years.

Capsule endoscopy plays a crucial role in the surveillance of BMMRD, providing a sensitive, non-invasive method for detecting small bowel neoplasms. Supported by guidelines from the NCCN, AGA, and US Multi-Society Task Force, CE is an essential component of comprehensive surveillance strategies for this high-risk population. By enabling early detection and guiding timely interventions, capsule endoscopy significantly contributes to improving outcomes and quality of life for individuals with BMMRD. Further research and advancements in CE technology will continue to refine its application in hereditary cancer syndromes.

Capsule endoscopy (CPT 91110) is indicated for the evaluation of Juvenile Polyposis Syndrome (defined as individuals with 5 or more juvenile polyps in the colorectum or

any juvenile polyps in other parts of the GI tract, or evidence of SMAD4 or BMPRI1A mutations) in the following clinical scenario: Video capsule endoscopy can be performed periodically. Time interval not established.

Capsule endoscopy represents a promising tool for small bowel surveillance in Juvenile Polyposis Syndrome, complementing traditional endoscopic techniques. While current guidelines do not mandate CE use, its ability to detect small bowel polyps underscores its potential to improve disease management and outcomes. Further research is needed to establish CE's role in JPS-specific surveillance protocols and optimize care for this high-risk population.

References:

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