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## Response to Chambuso et al

**TEST POSTPRINT FOR VIDEO GUIDE PURPOSES** 

## LETTER TO THE EDITOR

Response to Chambuso et al

To the Editor We thank the editor for inviting us to respond to the letter by Chambuso et al.1 Our report included 3480 female path\_MMR carriers prospectively observed for 27,987 years as indicated in the Supplemental Table 3 of our report. 2 As detailed in the Supplementary Table 4,2 there were 6 prospectively diagnosed cervical cancers in the reported series (0.3%) of all prospectively diagnosed cancers in females), giving an average annual incidence rate of 0.00021 (6/27,987) across all ages. Incidence rates of cervical cancer in the general population vary greatly, in part reflecting international differences in cervical screening in the age groups that are followed up in Prospective Lynch Syndrome Database (PLSD). The effect of human papillomavirus vaccination is relevant mainly to younger women. Notably, all female Lynch syndrome (LS) carriers reported to PLSD are under regular cancer surveillance and might be expected to have high compliance with cervical cancer screening. The low incidence of cervical cancer in PLSD indicated to us that this cancer is probably not part of the LS tumor spectrum. Stratifying just 6 cases by the 4 LS genes and by age to calculate cumulative incidences would give no further useful information. We invite African centers to share their information on follow up of patients with LS with the PLSD; however, none have yet done so and consequently PLSD can neither provide information on incidence of any cancer in African path\_MMR carriers nor has it collected any information on infectious diseases. We have, however, recently contributed to a discussion of biological mechanisms for colorectal cancers in path\_MMR carriers,3 which may have relevance to some other cancers. We welcome the observations on cervical cancer in LS made by Chambuso et all and the work they have initiated to further investigate immune responses in LS in this context. We look forward to their findings in due course.