Lynch Syndrome bedside Diagnosis, according to Quantum Biophysical Semeiotics.

By Sergio Stagnaro

Lynch syndrome, called also hereditary nonpolyposis colorectal cancer, is an inherited disorder that increases the risk of many types of cancer, particularly cancers of the colorectal cancer. People involved by Lynch syndrome have an increased risk of cancers of the stomach, small intestine, liver, gallbladder ducts, upper urinary tract, brain, and skin. In addition, women with this disorder have a high risk of cancer of the ovaries and lining of the endometrium (1-10).

Individuals with Lynch syndrome may occasionally have non cancerous, i.e., benign growths (e.g., polyps) in the colon. In individuals with this disorder, colon polyps occur earlier but not in greater numbers than they do in the general population.

Mutations in the MLH1, MSH2, MSH6, PMS2, EPCAM gene increase the risk of developing Lynch syndrome, exclusively in subjects with Oncological Terrain (11-30). As a matter of facts, without Oncological Terrain-Dependent, Inherited Real Risk of Cancer, malignancy cannot occur, and consequently the flurry of environmental risk factors, till now not completely known, as well as genetic mutations are innocent bystanders (31).

The MLH1, MSH2, MSH6, and PMS2 genes are involved in the repair of errors that occur when DNA is copied in preparation for cell division, i.e., DNA replication. As a consequence, mutations in any of these genes prevent the proper repair of DNA replication errors. As the abnormal cells continue to divide, the accumulated errors can lead to uncontrolled cell growth and possibly cancer, only in Oncological Terrain positive people, but not in all.

Mutations in the EPCAM gene also lead to impaired DNA repair, although the gene is not itself involved in this process. The EPCAM gene lies next to the MSH2 gene on chromosome 2; certain EPCAM gene mutations cause the MSH2 gene to be turned off , i.e., inactivated, interrupting DNA repair and leading to accumulated DNA errors.

Quantum Biophysical Semeiotic (10-31) allows us to comprehend what accounts for the reason that , although mutations in these genes predispose individuals to cancer, not all people who carry these mutations develop cancerous tumors.

Lynch syndrome cancer risk is inherited in an autosomal dominant pattern, which means one inherited copy of the altered gene in each cell is sufficient to increase cancer risk. It is important to note that people inherit an increased risk of cancer, not the disease itself. Not all people who inherit mutations in these genes will develop cancer, according to the above described reason.

Starting since the birth, using a common stethoscope, the physician skilled in Quantum Biophysical Semeiotic is able to bedside recognized the presence of a lot of Oncological Terrain, Inherited Real Risks of cancers of the stomach, small intestine, liver, gallbladder ducts, upper urinary tract, brain, and skin.

References

1) Hu H, Li H, Jiao F, Han T, Zhuo M, Cui J, Li Y, Wang L.Association of a novel point mutation in MSH2 gene with familial multiple primary cancers. J Hematol Oncol. 2017 Oct 3;10(1):158. doi: 10.1186/s13045-017-0523-y.

2) Markow M, Chen W, Frankel WL. Immunohistochemical Pitfalls: Common Mistakes in the Evaluation of Lynch Syndrome. Surg Pathol Clin. 2017 Dec;10(4):977-1007.

3) Dienstmann R, Guinney J. Reply to the letter to the editor 'Including lynch syndrome in personalized prognostication and follow-up of stage II and III colon cancer' by Sciallero et al. Ann Oncol. 2017 Nov 1;28(11):2889-2890.

4) Sciallero S, Battistuzzi L, Varesco L. Including Lynch syndrome in personalized prognostication and follow-up of stage II and III colon cancer. Ann Oncol. 2017 Oct 1;28(10):2620-2621.

5) Galiatsatos P, Labos C, Jeanjean M, Miller K, Foulkes WD. Low yield of gastroscopy in patients with Lynch syndrome. Turk J Gastroenterol. 2017 Nov;28(6):434-438. doi: 10.5152/tjg.2017.17176. Epub 2017 Oct 25.

6) Food and Drug Administration, HHS. Medical Devices; Hematology and Pathology Devices; Classification of Lynch Syndrome Test Systems. Final order. Fed Regist. 2018 Feb 27;83(39):8355-7.

7) Therkildsen C, Ladelund S, Smith-Hansen L, Lindberg LJ, Nilbert M. Towards gene- and gender-based risk estimates in Lynch syndrome; age-specific incidences for 13 extra-colorectal cancer types. Br J Cancer. 2017 Nov 21;117(11):1702-1710. doi: 10.1038/bjc.2017.348. Epub 2017 Oct 24.

8) Phelan A, Lopez-Beltran A, Montironi R, Zhang S, Raspollini MR, Cheng M, Kaimakliotis HZ, Koch MO, Cheng L. Inherited forms of bladder cancer: a review of Lynch syndrome and other inherited conditions. Future Oncol. 2018 Feb;14(3):277-290. doi: 10.2217/fon-2017-0346. Epub 2018 Jan 18. Review.

9) Kravochuck SE, Church JM.Hereditary non-polyposis colorectal cancer/Lynch syndrome in three dimensions..ANZ J Surg. 2017 Dec;87(12):1006-1010. doi: 10.1111/ans.13483. Epub 2016 Mar 16.

10)Le S Ansari U, Mumtaz A, Malik K, Patel P, Doyle A, Khachemoune A. Lynch Syndrome and Muir-Torre Syndrome: An update and review on the genetics, epidemiology, and management of two related disorders. Dermatol Online J. 2017 Nov 15;23(11). pii: 13030/qt8sg5w98j. Review.

11) **Stagnaro-Neri M., Stagnaro S.** Introduzione alla Semeiotica Biofisica. Il Terreno Oncologico. Travel Factory, Roma, 2004. http://www.travelfactory.it/semeiotica_biofisica.htm

12) **Stagnaro S., Stagnaro-Neri M**., Oncological Terrain, conditio sine qua non of Oncogenesis: http://www.gutjnl.com/cgi/eletters?lookup=by_date&days=60

13) **Stagnaro Sergio.** Oncological Terrain and Oncological Terrain-Dependent Inherited Real Risk in Malignancy Primary Prevention. April 15, 2009, at URL http://sciphu.com, and at URL http://wwwshiphusemeioticscom-stagnaro.blogspot.com/

14) **Stagnaro Sergio**. Overlooking Oncological Terrain-Dependent Inherited Real Risk such as Research is fundamentally Biased. *PLoS ONE.* 12 December 2009. http://www.plosone.org/article/comments/info%3Adoi%2F10.1371%2Fjournal.pone.0008180

15) **Stagnaro Sergio**. Variant Baserga's Sign in bedside Diagnosing Lung Cancer Inherited Real Risk, from initial Stage. *Postgrad Med J, 2009*. http://pmj.bmj.com/content/85/1008/515/reply

16) **Sergio Stagnaro.** Bedside Diagnosing Ovarian Oncological Inherited Real Risk and Cancer. 27 December 2010. www.wordpress.com; http://stagnaro.wordpress.com/?p=11&preview=true ; http://www.fcenews.it; http://www.fceonline.it/wikimedicina/semeiotica-biofisica/211/12357-diagnosi-di-reale-rischio-oncologico-di-cancro-alle-ovaie.html; http://www.sci-vox.com; http://www.sci-vox.com/stories/story/2010-12-28bedside+diagnosing+ovarian+cancer+inherited+real+risk..html; www.sciphu.com; http://wwwshiphusemeioticscom-stagnaro.blogspot.com/2010/12/bedside-diagnosing-ovarian-oncological.html

17) **Sergio Stagnaro.** Insomnia is a Sign of Di Bella's Oncological Terrain. www.sisbq.org, 1, February, 2011. http://www.sisbq.org/uploads/5/6/8/7/5687930/insomniacancer.pdf ; http://www.sci-vox.com. http://www.sci-vox.com/stories/story/2011-02-04di+bella%27s+oncological+terrain+and+insomnia..html ; http://stagnaro.wordpress.com/2011/02/04/insomnia-as-sign-of-di-bellas-oncological-terrain/ ; http://sciphu.com/2011/02/di-bellas-oncological-terrain-and.html

18) **Sergio Stagnaro.** Il Glicocalice nella Diagnosi Semeiotico-Biofisico-Quantistica di Terreno Oncologico di Di Bella. 15 febbraio 2011, www.melatonina.it, http://www.melatonina.it/farma/approfondimenti.php ; http://www.sisbq.org/uploads/5/6/8/7/5687930/glicocaliceoncologico.pdf; http://www.fcenews.it, http://www.fceonline.it/images/docs/glicocalice oncologico valutazione.pdf

19) **Simone Caramel and Sergio Stagnaro** Quantum Biophysical Semeiotics of Oncological Inherited Real Risk of Myelopathy: The diagnostic role of glycocalyx. http://www.sisbq.org/uploads/5/6/8/7/5687930/qbs_myelopathy_glycocalyx_english.pdf

20) **Sergio Stagnaro.** Do NEJM Editors know Oncological Terrain? Vitamine D and Cancer Primary Prevention. Oncological Terrain plays a central Role. 15 May 2011. http://wwwshiphusemeioticscom-stagnaro.blogspot.com/2011/05/do-nejm-editors-know-oncological.html

21) **Sergio Stagnaro.** Oncological Terrian's Paramount Role in Fighting Cancer . 2012 MENA Health World, January 2012, Vol. 1, Pg 16. http://www.mhwmag.net/levelthree.aspx?magazine_subsection_id=3047&all_lk_id=252&magazine_section_id=1&magazine_id=4

22) **Sergio Stagnaro.** Bedside Evaluating Colorectal Cancer Oncological Terrain-Dependent, Inherited Real Risk, plays a central Role in Primary Prevention. 8 March, 2012. http://stagnaro-wwwsemeioticabiofisicait.blogspot.com/2012/03/bedside-evaluating-colorectal-cancer.html

23) **Sergio Stagnaro and Simone Caramel (2013).** The Role of Modified Mediterranean Diet and Quantum Therapy in Oncological Primary Prevention. Bentham PG., **Current Nutrition & Food Science** ISSN (Print): 1573-4013; ISSN (Online): 2212-3881. VOLUME: 9, ISSUE: 1; DOI: 10.2174/1573401311309010011; http://www.benthamscience.com/contents-JCode-CNF-Vol-00000009-Iss-00000001.htm

24) **Sergio Stagnaro and Simone Caramel.** Oncological Terrain-Dependent, Inherited Real Risk of Cervical Cancer: patophysiology, diagnosis and primary prevention – 2013. http://www.sisbq.org/uploads/5/6/8/7/5687930/cervicalcancerirr_2013.pdf

25) **Sergio Stagnaro.** Early bedside Diagnosis of Pancreas Cancer, starting from its Oncological Terrain-Dependent, Inherited Real Risk http://www.sisbq.org/uploads/5/6/8/7/5687930/norimbergasign_pancreascancer.pdf ; Slide Presentation at URL http://www.sisbq.org/uploads/5/6/8/7/5687930/cancropancreas_2015.pdf

26) . **Sergio Stagnaro.** Vallebona's Manoeuvre*. Under renal experimental decongestion, the significant increase in blood flow in oncological tissue plays a central diagnostic and differential diagnostic role. https://sergiostagnaro.wordpress.com/2018/06/27/vallebonas-manoeuvre-under-renal-experimental-decongestion-the-significant-increase-in-blood-flow-in-oncological-tissue-plays-a-central-diagnostic-and-differential-

diagnostic-role/ ; http://www.sisbq.org/uploads/5/6/8/7/5687930/vallebonamanouvre.pdf ; https://dabpensiero.wordpress.com/2018/06/27/vallebonas-manoeuvre-under-renal-experimental-decongestion-the-significant-increase-in-blood-flow-in-oncological-tissue-plays-a-central-diagnostic-and-differential-diagnostic-role/

27) **Sergio Stagnaro (2018).** Manovra di Moncada*: Diagnosi Differenziale tra Lesione Benigna e Maligna in 15 secondi.http://www.sisbq.org/uploads/5/6/8/7/5687930/manovradimoncada.pdf

28) **Sergio Stagnaro (2018).** Veronesi's Sign: Bedside diagnosing Pancreas Cancer from Birth, i.e., its Inherited Real Risk. http://www.sisbq.org/uploa…/5/6/8/7/5687930/veronesisign.pdf

29) **Sergio Stagnaro.** Iter Diagnostico del Cancro Pancreatico ad iniziare dal suo Reale Rischio Congenito, dipendente dal Terreno Oncologico. http://www.sisbq.org/uploads/5/6/8/7/5687930/iterdiagnosticocancropancreas.pdf; https://dabpensiero.wordpress.com/2018/06/22/iter-diagnostico-del-cancro-pancreatico-ad-iniziare-dal-suo-reale-rischio-congenito-dipendente-dal-terreno-oncologico/

30) **Sergio Stagnaro.** Il Reale Rischio Congenito di Linfoma. Diagnosi, Diagnosi Differenziale e Terapia. http://www.sisbq.org/uploads/5/6/8/7/5687930/rrclinfoma.pdf

31) **Stagnaro Sergio.** Reale Rischio Semeiotico Biofisico. I Dispositivi Endoarteriolari di Blocco neoformati, patologici, tipo I, sottotipo a) oncologico, e b) aspecifico. Ediz. Travel Factory, www.travelfactory.it, Roma, 2009.