

Cancer Prone Disease Section

Short Communication

Familial adenomatous polyposis (FAP)

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Identity

Other names: Adenomatous polyposis of the colon; Gardner syndrome

Inheritance: Autosomal dominant disorder; frequency is about $2.5/10^5$ newborns; neomutation in 20%; variable expressivity; penetrance close to 100% by the age of 40 yrs.

Clinics

Phenotype and clinics

Multiple adenomatous polyps of the colon and the rectum. Polyps also develop in the upper gastrointestinal tract. Other: pigmented retinal lesions (congenital hypertrophy of the retinal pigment epithelium), jaw cysts, sebaceous cysts, desmoid tumours, and osteomas.

Neoplastic risk

Colorectal cancer(s) develop from the polyps through a dysplastic stage. Malignancies may be found in other sites: liver (hepatoblastoma), brain (medulloblastoma), thyroid.

Prognosis

Colorectal cancer in early adult life (median age: 40 yrs) is the first cause of death in this disease.

Genes involved and Proteins

APC

Location: 5q21

Protein

Description: Tumour suppressor gene; the APC normal

gene product interacts with the adherens junction proteins a and b-catenin.

Mutations

Germinal: FAP is caused by a highly heterogeneous spectrum of point mutations that represents a problem for molecular genetic diagnosis; but all the mutations are chain terminating and some correlations between the position of the mutation and the phenotypic consequences have been described:

- Germline mutations between codons 1250 and 1464 are associated with profuse polyposis;
- An attenuated adenomatous polyposis coli (AAPC) is associated with mutations located very close to the 5-prime end of the APC gene;
- The extent of congenital hypertrophy of the retinal pigment epithelium (CHRPE) depends on the position of the protein-truncating mutation in APC; CHRPE lesions are almost always absent if the mutation occur before exon 9, but are consistently present if it occurs after this exon;
- Patients with a mutation between codons 1445 and 1578 do not express CHRPE; however, these patients developed severe desmoid tumours.

References

- Groden J, Thliveris A, Samowitz W, Carlson M, Gelbert L, Albertsen H, Joslyn G, Stevens J, Spirio L, Robertson M, et al. Identification and characterization of the familial adenomatous polyposis coli gene. *Cell*. 1991 Aug 9;66(3):589-600.
- Nishisho I, Nakamura Y, Miyoshi Y, Miki Y, Ando H, Horii A, Koyama K, Utsunomiya J, Baba S, Hedge P. Mutations of chromosome 5q21 genes in FAP and colorectal cancer patients. *Science*. 1991 Aug 9;253(5020):665-9.
- Powell SM, Zilz N, Beazer-Barclay Y, Bryan TM, Hamilton SR, Thibodeau SN, Vogelstein B, Kinzler KW. APC mutations occur early during colorectal tumorigenesis. *Nature*. 1992 Sep 17;359(6392):235-7.

Kinzler KW, Vogelstein B. Lessons from hereditary colorectal cancer. *Cell*. 1996 Oct 18;87(2):159-70.

Olschwang S, Tiret A, Laurent-Puig P, Muleris M, Parc R, Thomas G. Restriction of ocular fundus lesions to a specific subgroup of APC mutations in adenomatous polyposis coli patients. *Cell* 1993 Dec 3;75(5):959-68.

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