How To Use This Test

Note that each test will assess a set of common variant(s) and variants that may be more or less common in certain populations. Therefore, this test is designed to be used in conjunction with an appropriate medical history, and your healthcare provider can help you interpret the results.

The test results should be used to inform healthcare decisions and should not be considered as a definitive diagnosis. Your healthcare provider will provide additional information about the test results and any necessary follow-up care.

In the general population, about 1 in 200 people will be diagnosed with colorectal cancer during their lifetime.

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Lifestyle, family history, and other factors can also influence the chances of developing colorectal cancer.

You may have a personal or family history of colorectal cancer or multiple colorectal polyps, have a body mass index (BMI) of 30 or higher, or have a loved one with colorectal cancer or a personal history of colorectal cancer.

About MUTYH-Associated Polyposis

MUTYH is a gene that plays a role in DNA repair. When a person has MUTYH-associated polyposis (MAP), they may have more colorectal polyps than usual, which can increase their risk of colorectal cancer. People with this condition often have a history of colorectal polyps and cancer in their family.

You may have a personal or family history of colorectal cancer or colorectal polyps, or you may have an increased risk of colorectal cancer due to other factors such as age, BMI, or family history.

Learn more about MAP and colorectal cancer.
Frequently Asked Questions

MUTYH-associated polyposis (MAP) is one of the many hereditary colon cancer syndromes. People with MAP are more prone to develop colon cancer than those without a family history of colon cancer, and they are at an increased risk of developing colorectal cancer. They may also have a slightly increased risk of developing breast, endometrial, and ovarian cancers. MAP is rare, with an estimated prevalence of about 1 in 20,000 people in the general population.

**MUTYH**-Associated Polyposis

**What does the test do?**

The test looks for two specific genetic changes in the MUTYH gene, called IVS5-1 and IVS13-1. These changes are not found in the general population and indicate a potential predisposition to colon cancer.

**What does this test not do?**

The test does not diagnose any type of cancer or other health condition. It is not a substitute for current medical care. People with a family history of colon cancer should consult with their healthcare provider about their risk of developing colon cancer.

**How can I get tested?**

People with a family history of colon cancer can request a MUTYH genetic test. This test is available through various medical providers and genetic testing companies. It is important to discuss the test with your healthcare provider to determine if it is appropriate for your family history.

**The report you receive includes the results of a mammogram colonoscopy and a colon test called a stool test in people of Northern European descent. What if I'm of Northern European descent?**

Even though Northern European ancestry is common in people of Northern European descent, the test does not change results of people of other ethnicities.

**How long does it take to get the results?**

The results of the test can be expected by your healthcare provider within 3-4 weeks.

**What are the next steps if I have a positive result?**

If you have a positive result, your healthcare provider will discuss the implications of the test and recommend appropriate follow-up tests and treatments. It is important to consult with your healthcare provider to develop a personalized plan.

**What should I do if I get a negative result?**

If you get a negative result, it means that you do not have a genetic mutation associated with MAP. However, it is important to continue regular screening for colon cancer as recommended by healthcare providers.