“Body Mass Index in Early Adulthood and Endometrial Cancer Risk for Mismatch Repair Gene Mutation Carriers”

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1. What kind of study is this? What are the general limitations of this kind of study?
2. Can you clinically summarize the Lynch Syndrome? What are the current indications for screening, and what is the screening test?
3. What are the hazards of a questionnaire study? How can you mitigate the limitations?
4. What is the pathophysiologic basis for the authors’ hypothesis?
5. What is the mechanism of development of endometrial cancer in the presence of the MSH gene mutation?
6. The authors try to control for confounding factors (see statistical analysis section). Were there any that might have been missed? Conversely, were there any factors that were not important?
7. The mean age of diagnosis of endometrial cancer was 47.6 years for carriers and 44.5 years for noncarriers. Does this match what we know about the general population of patients with endometrial cancer?
8. The estimated body mass index (BMI) at 20 years of age was 21.8 for both carriers and noncarriers. Does this fit with what we understand about patients who develop endometrial cancer in their 40s?
9. What is the conclusion of the study? Does it make sense? If a woman is obese but has the mutation, is she at less risk for developing endometrial cancer than a noncarrier patient?
10. Is the presence of a mutation protective against endometrial cancer?
11. Do these results differ from those of some other studies (see references 16–18)?