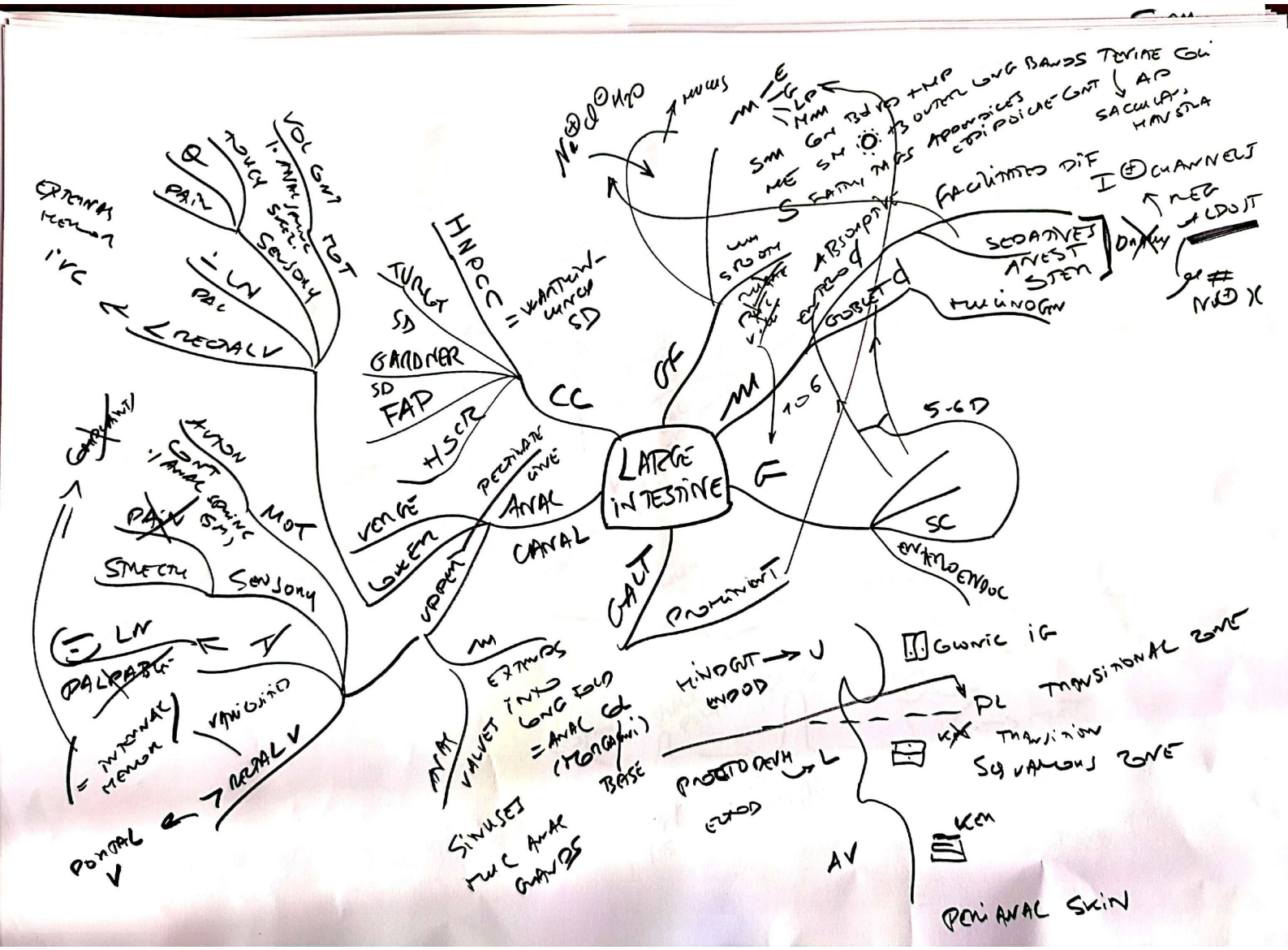
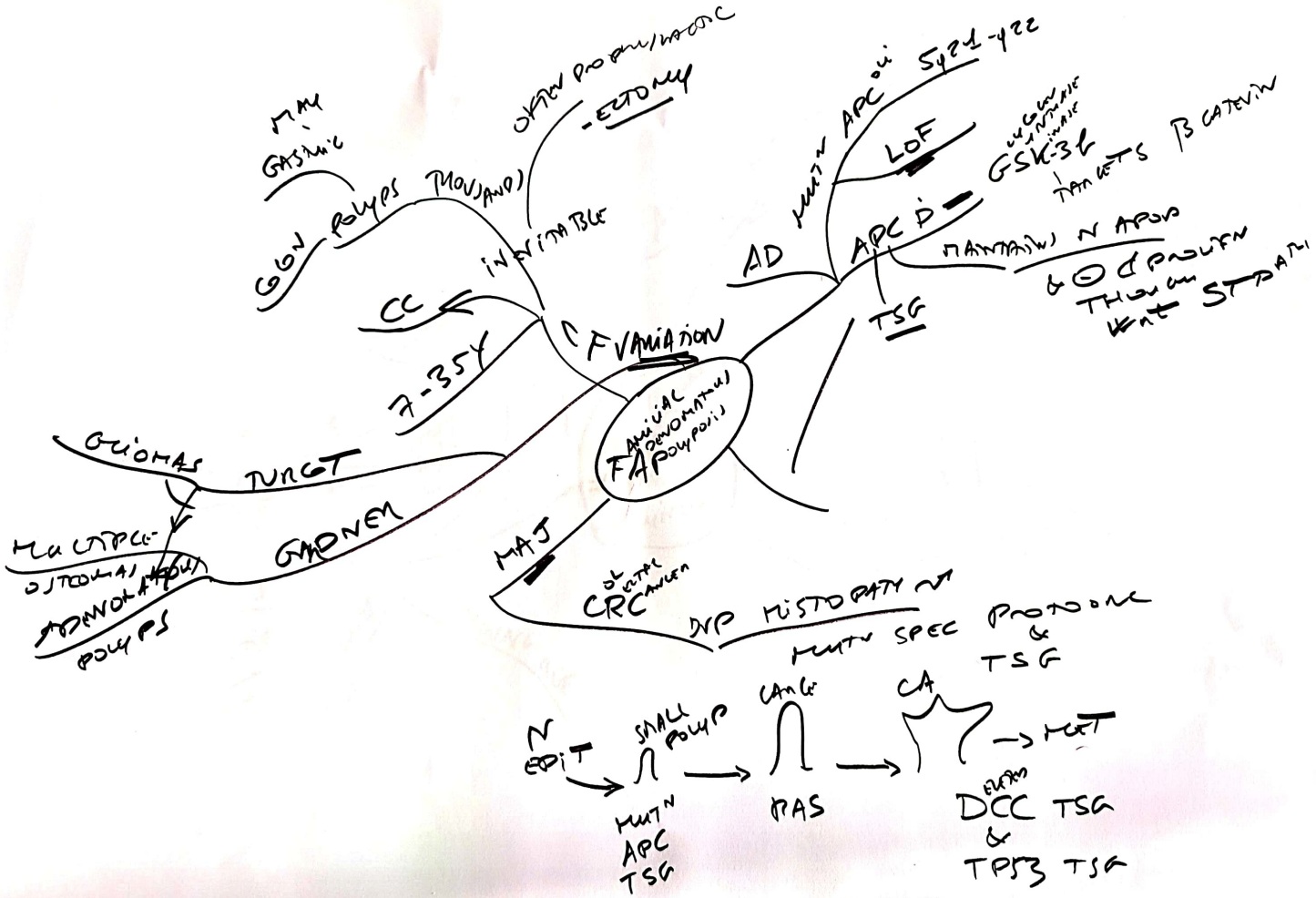
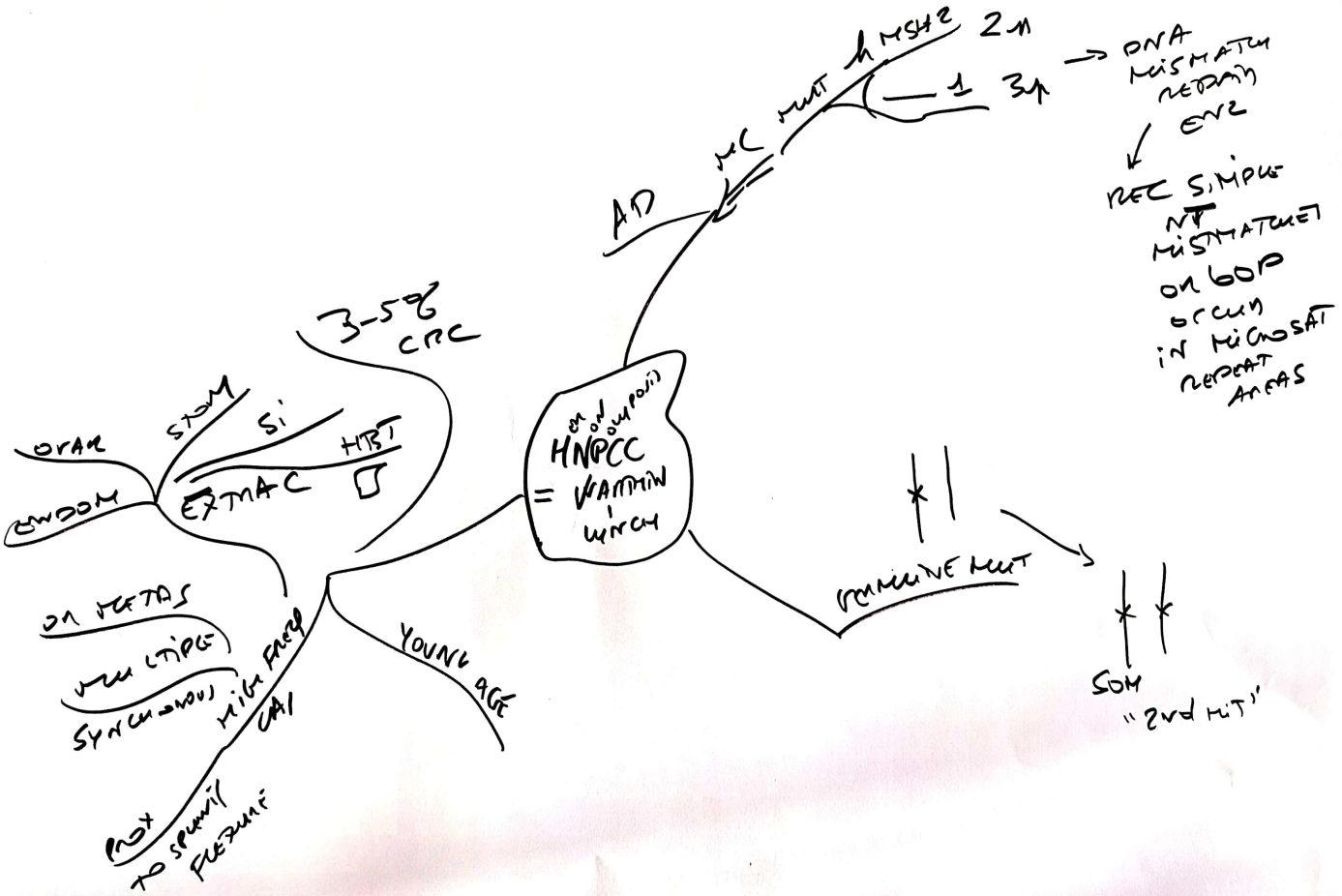

LARGE INTESTINE
CC
GF
M
G
GAUT
HNPCC
= HAMPTON-HANCOCK SD
TURCOT
SD
GARDNER
SD
FAP
HSCR
VENGE
LOWER
UPPER
PECTINATE LINE
ANAL CANAL
MOT
SENSORY
STRETCH
PAIN
CONT
ANAL
ANTON
PAIN
PAL
PAIN
TOUCH
Q
VOL CONT
ANAL
SENSORY
MOT
PAC
LN
RECTAL V
PONDAL V
VANGUIND
INTERNAL MENOR
EXTERNAL MENOR
ANAL VALVES
SINUSES
PUBC ANAL GLANDS
EXTRUDES INTO LONG FOLD = ANAL CL (MORGAGNI)
BASE
HINDGUT → U
HINDOD
PROCTODEUM → L
EMOD
AV
GUNIC IG
PL
TRANSITIONAL ZONE
TRANSITION
SQUAMOUS ZONE
KCM
PERIANAL SKIN
SCDAMVES
ANEST
STEN
DAMMY
FACILITATES DIF
I ⊕ CHANNELS
NEG
LDOST
NA ⊕ X
MUCINOGEN
GOBLET
ABSORPTIVE
SM GLAND
SM GLAND BLVD TMP
SM ⊙ ABOUTER LONG BANDS TERINE GLI
APONEUROSIS
EPIPOLICHE GMT
AP
SACULAR
HAUSTRA
FATTY MASS
S
SC
ENTOMOENDOC
5-6D
1-6
NA ⊕ H2O
HMWS
M
E
LP
MM
ORGANS MENOR
IVC
LN
RECTAL V


FAP
ANNUAL ADENOMATOUS POLYPOSIS
CF VARIATION
AD
MUT'N APC ↓ Syd1-422
LOF
GSK-3β
TARGETS β CATENIN
APC ↓
MAINTAINS N APOP
TSG
CC
7-35Y
INEVITABLE
OPTIONAL PROPHYLACTIC
-ECTOMY
MAY
GASTRIC
GOO POLYPS THOUSANDS
GLIOMAS
TURCOT
MULTIPLE OSTEOMAS
ADENOMATOUS POLYPS
GARDNER
MAJ
CRC
DYP HISTOPATH N
MUTN SPEC PROTOONC & TSG
N EPIT
SMALL POLYP
MUT'N APC TSG
CANCER
RAS
CA
EVENTS
DCC TSG & TP53 TSG
→ MET


HNPCC
= Lynch
Lynch
AD
MC mut
hMSH2
2n
1
3n
→ DNA mismatch repair enz
REC simple NT mismatches or 60P occur in microsat repeat areas
3-5% CRC
STOM
Si
HBT
ORAL
ENDOM
EXTRAC
Ø
Ø METAS
MULTIPLE
SYNCHRONOUS
High freq CA1
PROX to splenic flexure
YOUNG age
germline mut
SOM
"2nd hit"