**Supplementary Table 1: General recommendations for management of the Hereditary Polyposis Syndromes**

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| A | All patients diagnosed with a HPS should be registered in a national register to promote research as well as equal and sufficient health care irrespectively of where the patient lives (In Denmark registration is performed in the Danish HNPCC register) |
| B | Patients suspected of, or diagnosed with a HPS and/or having a family history with HPS, should be referred for genetic counseling and testing |
| C | Genetic testing in a patient, whose phenotype does not point towards a specific HPS, should include at least the following genes: *APC, AXIN2, POLE, POLD1, MUTYH, NTHL1, MSH2, MLH1, MLH3, MSH3, MSH6, STK11, SMAD4, BMPR1A, PTEN, RNF43, GREM1, MLH2, PMS2*  |
| D | Mosaicism should be considered in patients strongly suspected of HPS but where genetic testing is negative.  |
| E | When deciding on a surveillance program for HPS patients and/or family members at risk, one should consider both patient- and family histories, including age at diagnosis of polyposis and cancer occurrences (age and site). |
| F | Colectomy or subtotal colectomy as well as gastrectomy should be considered in patients with a polyp burden not manageable by endoscopy.  |