<table>
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<th>Guideline Page and Request</th>
<th>Panel Discussion/References</th>
<th>Institution Vote</th>
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| CRIT-1 and CRIT-2  
External request  
Submission request from Myriad Genetic Laboratories (03/13/20) to please update the list of high penetrance genes at the top of the page (“This often includes BRCA1, BRCA2, BRIP1, CDH1, PALB2, PTEN, RAD51C, RAD51D, TP53, Lynch syndrome associated genes, and certain findings in ATM and CHEK2, among others”). | The panel discussion and consensus was to not modify the list of genes as requested.  
See Submission for references | 0 | 24 | 0 | 5 |
| CRIT-1  
External request  
Submission request from Myriad Genetic Laboratories (03/25/20) to please include a single bullet point that states: “Personal history of breast cancer diagnosed ≤ 65 y regardless of family history.” Please then delete the other non-pertinent age-related bullet points throughout the testing criterion. | Based on a review of data and discussion, the panel consensus did not support the requested revisions due to insufficient available data.  
See Submission for references | 0 | 24 | 0 | 5 |
| External request  
Submission request from AstraZeneca (10/07/20) to  
- Page BRCA-2 (now GENE-1) under GENETIC TESTING:  
  o “Consider multi-gene testing, if appropriate”. Change to “Consider HRD genomic scar testing or multi-gene testing, if appropriate”.  
- Page BRCA-2, (now GENE-1) add an asterisk and footnote: *HRD genomic scar testing measures genomic instability associated with homologous | The Panel consensus was that these requests are outside of the scope of the Guidelines recommendations. | 0 | 24 | 0 | 5 |
- Page GENE-1 (now EVAL-A 3 of 6): Add a segment on HRD genomic scar testing

**GENE-1 (Now page EVAL-A 3 of 6) External request**
Submission request from Ambry Genetics (10/03/19) to

1. Change bullet 2 from “Patients who have a personal or family history suggestive of a single inherited cancer syndrome are most appropriately managed by genetic testing for that specific syndrome. When more than one gene can explain an inherited syndrome, then multi-gene testing may be more efficient and/or cost-effective” to “Patients who have a personal or family history suggestive of a single inherited cancer syndrome are most appropriately managed by genetic testing for that specific syndrome. However, there is extensive clinical and genetic overlap in hereditary breast or ovarian cancer. Therefore, multi-gene testing may be more efficient and/or cost effective as it allows for comprehensive assessment of clinically-actionable hereditary breast and ovarian cancer genes.”

![Table](https://example.com/table.png)

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<td>pathogenic variants, and an increase in diagnostic yield.</td>
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