<table>
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<th>Guideline Page and Request</th>
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<td><strong>SURV-B</strong> Internal Request Recommend adding lesbian, gay, bisexual, transgender (LGBT) specific survivorship information into the Survivorship guidelines.</td>
<td>Based on discussion, the panel consensus was to revise the “Survivorship Resources for Health Care Professionals and Patients” pages to include LGBTQ web resources in a new section for “Information About LGBTQ Individuals with Cancer”.</td>
<td>YES 24</td>
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| **SURV-3** External Request: Submission from Myriad Genetic Laboratories, Inc to modify bullet points 7-9 (including the addition of a new bullet) in the “Screening for Subsequent New Primary Cancers” as follows:  
- Regular updating of family cancer history is recommended to reassess hereditary risk, based on new family diagnoses, as well as broader genetic risk assessment and testing criteria recommended by NCCN and other professional societies. Many current cancer survivors were not assessed at the time of their initial diagnosis, which may have occurred prior to the recent expansion in knowledge about hereditary cancer risk.  
- Genetic risk assessment and/or testing should be considered for appropriate candidates to identify those with an increased risk for subsequent malignancies, as well as to identify individuals for whom hormonal therapies may be contraindicated (see SMP-B). Genetic testing may also provide opportunities to identify and reduce risks in relatives of cancer survivors.  
- New bullet: Based on guidelines from NCCN, the US Preventative Services | Based on a review of the data and discussion, the panel did not use the language proposed in the submission. However, the panel supported modifying the guidelines bullets to read as follows:  
- Periodic updating of family cancer history (when known) is recommended to reassess hereditary risk, as it should not be assumed that all cancer survivors were assessed at diagnosis. Genetic testing guidelines and knowledge about hereditary cancer risk evolve over time and new family diagnoses may occur making periodic assessment important.  
- New bullet: Genetic risk assessment is appropriate for all breast cancer survivors, all survivors of epithelial ovarian cancer, survivors of colorectal or endometrial cancer diagnosed at age 50 or younger, high-grade prostate cancer, or pancreatic cancer. Many other survivors of rare cancers, cancers diagnosed at young ages, multiple primary cancers, or those with one or more relatives with the same or related cancers are also candidates for risk assessment per guidelines from NCCN and other expert groups. Genetic testing is recommended for appropriate survivors based on results of the risk assessment.  
- Referral to genetic risk assessment and/or testing should be considered for appropriate candidates when available to identify those with an increased risk for subsequent malignancies. Genetic testing may also provide opportunities to identify and reduce risks in relatives of cancer survivors.  
- Criteria for genetic risk assessment and testing, and for management of patients with known germline mutations | 0 | 24 | 0 | 4 |
| Task Force (USPSTF) and the American Association of Breast Surgeon (ASBS), genetic risk assessment/testing is appropriate for all breast cancer survivors, all survivors of epithelial ovarian cancer, survivors of colorectal or endometrial cancer diagnosed at age 50 or younger, high-grade prostate cancer, or pancreatic cancer. Many other survivors of rare cancers, cancers diagnosed at young ages, multiple primary cancers, or those with one or more relatives with the same or related cancers are also candidates for testing per guidelines from NCCN and other expert groups. | linked to an increased risk for cancer can be found in the following NCCN Guidelines:  
- The panel added the NCCN Guidelines for Prostate Cancer and NCCN Guidelines for Melanoma to the list of guidelines. |