Specific Changes: Incorporate a recommendation for genetic risk assessment/testing for individuals meeting specified personal and family history criteria to the Initial Clinical Assessment algorithm for newly diagnosed patients (page ME-1) and as part of the discussion of risk factors (page MS-2).

FDA Clearance: Not applicable.

Rationale: It is estimated that 10% of melanomas are due to inherited mutations in melanoma susceptibility genes and criteria for genetic counseling/testing relevant to melanoma patients are available from the American College of Medical Genetics and the International Melanoma Genetics Consortium. Using criteria of 3 or more melanomas diagnosed in an individual or family, or a mix of melanoma and pancreatic cancer diagnoses in a single individual or close relatives, up to 41% of individuals are positive for pathogenic variants in the genes CDKN2A and CDK4. It may be appropriate to reduce the criteria to 2 cases of melanoma and/or pancreatic cancer in an individual or family, especially in areas of lower melanoma incidence. Providing specific language around the type of personal/family history warranting genetic risk assessment for melanoma patients facilitates the ascertainment of appropriate candidates for genetic testing to identify cancer risks relevant to their own care and the care of their relatives.

The following articles are submitted in support of this proposed change. We would like to acknowledge the contributions of NCCN panel members who are also co-authors or co-contributors of some of these publications:


Sincerely, 

[Signature]

Johnathan Lancaster, MD, PhD
Chief Medical Officer, Myriad Genetic Laboratories Inc.