### PANC-1
External request: Submission from Myriad Genetics Laboratories, Inc. requesting the incorporation of recommendations for familial/genetic risk assessment into the treatment algorithm, including consideration of genetic testing for all newly diagnosed patients with pancreatic cancer utilizing a panel including all genes with a known association with pancreatic cancer risk.

Based on data in the noted references, panel consensus supported the addition of a recommendation to obtain a family history during the initial workup of patients with a clinical suspicion of pancreatic cancer. The following footnote was also added: “If pancreatic cancer is diagnosed, consider referral for genetic counseling for patients who are young or who have a family history of cancer.”

See submission for references.

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### PANC-9
External request: Submission from Celgene Corporation requesting the review of recently updated data regarding the use of albumin-bound paclitaxel as a preferred option and category 1 recommendation for patients with metastatic pancreatic cancer and poor performance status.

Based on data in the noted references, panel consensus supported gemcitabine + albumin-bound paclitaxel as an option for the treatment of locally advanced unresectable and metastatic disease, for patients with KPS ≥70. In the guidelines, good performance status is defined as ECOG 0-1 with good pain management, patent biliary stent, and adequate nutritional intake. The following footnote has been added where gemcitabine + albumin-bound paclitaxel is listed for patients with locally advanced unresectable and metastatic disease with good performance status: “FOLFIRINOX should be limited to those with ECOG 0-1. Gemcitabine + albumin-bound paclitaxel is reasonable for patients with KPS ≥70.” Based on limited data, panel consensus did not support the addition gemcitabine + albumin-bound paclitaxel as an option for any patient with a poor performance status.

References: