<table>
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<th>Guideline Page and Request</th>
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| **PROS-2**  
External request:  
Submission from Myriad Genetic Laboratories, Inc.  
Specific changes: Remove the History and Physical bullet point "Family history of BRCA1/2 mutations" and replace the Family history bullet point with "Family history and genetic risk assessment", adding a footnote: "A family history of prostate cancer increases risk for the disease. In some cases, a personal and/or family history of cancer, including prostate, colorectal, pancreatic, breast, and/or ovarian, may be a sign of an inherited cancer syndrome associated with an increased risk for prostate cancer, i.e. mutations in the genes BRCA1 and BRCA2. Men who meet existing criteria for hereditary cancer risk assessment and testing should be referred appropriately and the results incorporated into the prostate cancer screening risk benefit discussion (see "NCCN Guidelines for Genetic/Familial High-Risk Assessment: Breast and Ovarian, Guidelines for Genetic/Familial High-Risk Assessment: Colorectal")."  
Based on a review of data and discussion, the panel did not use the language proposed in the submission. However, the panel supported adding the following language:  
- The bullet listed under the baseline evaluation was change to "Family or personal history of high-risk germline mutations."
- Footnote "c" was modified and currently states: "If there is a known or suspected cancer susceptibility gene, referral to a cancer genetics professional is recommended. BRCA1/2 pathogenic mutation carriers are associated with an increased risk of prostate cancer before age 65 years, and prostate cancer in men with germline BRCA2 mutations occurs earlier and is more likely to be associated with prostate cancer mortality. Information regarding germline mutations should be used as part of the discussion about prostate cancer screening." | YES | NO | ABSTAIN | ABSENT |
| 19 | 0 | 0 | 9 |
| **External request:**  
Submission from Exosome Diagnostics, Inc.  
Specific changes: Recommend the EPI non-DRE simple urine test in patients with PSA levels between 2-10ng/mL who have not yet had a biopsy.  
Based on a review of data and discussion, the panel consensus did not support the inclusion of the EPI non-DRE simple urine test. | YES | NO | ABSTAIN | ABSENT |
| 0 | 19 | 0 | 9 |