Specific Changes: Revise the final bullet point discussing genetic counseling and testing in the “Hysterectomy and Pathologic Evaluation” section on page ENDO-B to the following:

- Genetic counseling and testing for patients without MMR abnormalities, but who have a significant family history of endometrial and/or colorectal cancer, or those for whom tumor test results are not available, but who meet Lynch syndrome testing criteria (See Lynch syndrome/HNPCC in the NCCN Guidelines for Genetic/Familial High-Risk Assessment: Colorectal).

FDA Clearance: Not applicable.

Rationale: Although universal testing of endometrial carcinomas for MMR deficiency is an excellent step toward identifying individuals with Lynch syndrome, there are situations where tumor testing may not be available. As reflected on page LS-2 of the NCCN Guidelines for Genetic/Familial High-Risk Assessment: Colorectal guidelines, there should be an accommodation for direct to germline testing when an individual meets testing criteria and tumor is not available. Having this additional detail replicated in the Uterine Neoplasms guideline makes it easier for treating physicians to easily identify appropriate patients and will help to ensure that patients who cannot undergo tumor testing can still benefit from this important genetic assessment.

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,

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