Specific Changes: On page PANC-1, revise footnote a to: “If pancreatic cancer is diagnosed, consider genetic counseling and testing, especially for patients who are young, of Ashkenazi Jewish ancestry, or who have a family history of pancreatic or other cancers”.

FDA Clearance: Not applicable.

Rationale: We previously requested consideration of a recommendation for genetic testing of all newly diagnosed pancreatic cancer patients based on studies demonstrating that 3.8% to 21.9% of pancreatic cancer patients carry clinically significant germline pathogenic variants in inherited cancer genes, with the higher percentages in those with a family history of pancreatic (8.0%), breast (10.7%), colorectal cancer (11.1%), or Ashkenazi Jewish ancestry (4.6% to 19.2%). Three additional studies have been published since August of last year. The suggested modifications to the existing footnote highlight the importance of testing in Ashkenazi Jewish patients, and draw attention to the important point that a family history of a wide range of cancers increases the likelihood of finding a clinically significant germline mutation.

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.

Germline mutation prevalence studies:


Sincerely,

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