

June 27, 2016

NCCN Guidelines Panel

[submissions@nccn.org](mailto:submissions@nccn.org)

Re: Consideration of review of data for inclusion of genetic testing recommendations for hereditary melanoma

Dear NCCN Guidelines Panel,

I would like to formally submit for your consideration the following information for review in the format requested:

Name: Sancy Leachman, MD, PhD

Company/Organization: Oregon Health & Science University

Address: 3303 SW Bond Ave.; Suite CH16D; Portland, OR; 97239

Phone: 503-494-6024

E-mail: leachmas@ohsu.edu

Date of request: 06-27-16

NCCN Guidelines Panel: Melanoma

**Specific changes:** Add a data-based recommendation for attainment of personal and family history of melanoma and relevant cancers related to hereditary melanoma along with recommendations for counseling and testing of appropriate individuals.

**FDA approval:** N/A

**Rationale:** New data on the role of melanoma genetic testing and testing of children from melanoma families has been published and shows improved compliance with prevention recommendations if genetic test reporting is performed without negative psychological consequences.

**Citation of literature:**

1. A systematic review of interventions to improve adherence to melanoma preventive behaviors for individuals at elevated risk. Wu YP, Aspinwall LG, Conn BM, Stump T, Grahmann B, Leachman SA. *Prev Med*. 2016 Jul;88:153-67.
2. Genetic test reporting enhances understanding of risk information and acceptance of prevention recommendations compared to family history-based counseling alone. Taber JM, Aspinwall LG, Stump TK, Kohlmann W, Champine M, Leachman SA. *J Behav Med*. 2015 Oct;38(5):740-53.
3. Discussion of photoprotection, screening, and risk behaviors with children and grandchildren after melanoma genetic testing. Wu YP, Aspinwall LG, Michaelis TC, Stump T, Kohlmann WG, Leachman SA. *J Community Genet*. 2016 Jan;7(1):21-31.
4. Impact of melanoma genetic test reporting on perceived control over melanoma prevention. Aspinwall LG, Stump TK, Taber JM, Kohlmann W, Leaf SL, Leachman SA. *J Behav Med*. 2015 Oct;38(5):754-65.
5. Unaffected family members report improvements in daily routine sun protection 2 years following melanoma genetic testing. Aspinwall LG, Taber JM, Kohlmann W, Leaf SL, Leachman SA. *Genet Med*. 2014 Nov;16(11):846-53.
6. Perceived risk following melanoma genetic testing: a 2-year prospective study distinguishing subjective estimates from recall. Aspinwall LG, Taber JM, Kohlmann W, Leaf SL, Leachman SA. *J Genet Couns*. 2014 Jun;23(3):421-37.
7. Partner involvement in conduct of skin self-examinations remains low following CDKN2A/p16 genetic test reporting and counseling. Taber JM, Aspinwall LG, Leaf SL, Kohlmann W, Leachman SA. *J Am Acad Dermatol*. 2013 Nov;69(5):842-4.
8. Melanoma genetic counseling and test reporting improve screening adherence among unaffected carriers 2 years later. Aspinwall LG, Taber JM, Leaf SL, Kohlmann W, Leachman SA. *Cancer Epidemiol Biomarkers Prev*. 2013 Oct;22(10):1687-97.
9. Genetic testing for hereditary melanoma and pancreatic cancer: a longitudinal study of psychological outcome. Aspinwall LG, Taber JM, Leaf SL, Kohlmann W, Leachman SA. *Psychooncology*. 2013 Feb;22(2):276-89.
10. Parental preferences for CDKN2A/p16 testing of minors. Taber JM, Aspinwall LG, Kohlmann W, Dow R, Leachman SA. *Genet Med*. 2010 Dec;12(12):823-38.
11. Patterns of photoprotection following CDKN2A/p16 genetic test reporting and counseling. Aspinwall LG, Leaf SL, Kohlmann W, Dola ER, Leachman SA. *J Am Acad Dermatol*. 2009 May;60(5):745-57.
12. CDKN2A/p16 genetic test reporting improves early detection intentions and practices in high-risk melanoma families. Aspinwall LG, Leaf SL, Dola ER, Kohlmann W, Leachman SA. *Cancer Epidemiol Biomarkers Prev*. 2008 Jun;17(6):1510-9.