Specific Change: On page GENE-3, add the following to the “Examples of clinical scenarios where multi-gene testing should be considered” in Table 3:

- Patients with a personal diagnosis of pancreatic cancer, regardless of family history, and patients with a family history of pancreatic and other cancers (especially melanoma, breast and colorectal) who do not definitively meet testing criteria strongly suggestive of a specific hereditary cancer syndrome.

Also, on page HRS-1, add the following bullet point under “CRITERIA FOR FURTHER EVALUATION FOR HIGH-RISK SYNDROMES”:

- Patients with a personal diagnosis of pancreatic cancer, and patients with a family history of pancreatic and other cancers (especially melanoma, breast and colorectal)

FDA Clearance: Not applicable.

Rationale: Pancreatic cancer is a feature of multiple hereditary cancer syndromes, including those that are the primary focus of this panel. A growing body of literature has demonstrated 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%). It is important to highlight the importance of testing all pancreatic cancer patients, and to emphasize that a family history of a wide range of cancers increases the likelihood of finding a clinically significant germline mutation. The large, and growing, number of genes with a demonstrated pancreatic cancer association points to a multi-gene panel as the most appropriate testing option in the majority of cases.

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.