Specific Changes: Recommend consideration of a multi-syndrome gene panel for patients meeting clinical testing criteria for a hereditary colon cancer syndrome.

FDA Clearance: Not applicable.

Rationale: Tumor testing is not always available for patients with a past cancer diagnosis or patients in the community setting. Furthermore, multiple studies have demonstrated that multi-syndrome panel testing significantly increases the number of individuals identified with clinically significant pathogenic variants for which there are guideline-supported medical management interventions. Challenges to single syndrome testing include syndrome overlap (e.g. BRCA1 or BRCA2 mutations in families with apparent Lynch syndrome), potential delay and expense incurred undergoing sequential testing for multiple syndromes, and complicated or limited family histories.

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.


Yurgelun MB, Masciari S, Joshi VA, Mercado RC, Lindor NM, Gallinger S, Hopper JL, Jenkins MA, Buchanan DD, Newcomb PA, Potter JD, Haile RW\textsuperscript{1}, Kucherlapati R\textsuperscript{1}, Syngal S\textsuperscript{1}; Colon Cancer Family Registry. Germline TP53 Mutations in Patients With Early-Onset Colorectal Cancer in the Colon Cancer Family Registry. JAMA Oncol. 2015 May;1(2):214-21.

Sincerely,

\[signature\]

Johnathan Lancaster, MD, PhD
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