Submitted by:	Chief Medical Officer
Name:	Johnathan Lancaster, MD, PhD
Company/Organization:	Myriad Genetic Laboratories, Inc.
Address:	320 Wakara Way, Salt Lake City, UT 84108
Phone:	801-505-5090
Email:	jlancaster@myriad.com

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NCCN Guidelines Panel:	Genetic/Familial High –Risk Assessment: Colorectal

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.

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Yurgelun MB, Allen B, Kaldate RR, Bowles KR, Judkins T, Kaushik P, Roa BB, Wenstrup RJ, Hartman AR, Syngal S. Identification of a Variety of Mutations in Cancer Predisposition Genes in Patients With Suspected Lynch Syndrome. Gastroenterology. 2015 Sep;149(3):604-613.

LaDuca H, Stuenkel AJ, Dolinsky JS, Keiles S, Tandy S, Pesaran T, Chen E, Gau CL, Palmaer E, Shoaepour K, Shah D, Speare V, Gandomi S, Chao E. Utilization of multigene panels in hereditary cancer predisposition testing: analysis of more than 2,000 patients. Genet Med. 2014 Nov;16(11):830-7.

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Sincerely,

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