

NCCN Guidelines for Genetics/Familial High-Risk Assessment: Breast and Ovarian V.1.2020 – Meeting on 04/25/19

Guideline Page and Request	Panel Discussion/References	Institution Vote			
		YES	NO	ABSTAIN	ABSENT
<p>CRIT-1 Internal request Consider the inclusion of other high-risk penetrance genes in addition to BRCA1/2.</p> <p>External request Submission request from Myriad Genetic Laboratories to change top line of page BRCA-1 (now CRIT-1) from “BRCA1/2 testing criteria” to “BRCA1/2 and PALB2 testing criteria”.</p>	<p>The panel discussion and consensus was to include other high-risk penetrance in addition to BRCA1/2, including PALB2.</p> <p>See Submission for references</p>	24	0	0	5
<p>CRIT-1 External request Submission request from Myriad Genetic Laboratories to add the following bullet (with footnote) to the list of testing criteria on page BRCA-1 (now CRIT-1) acknowledging that individuals who are affected with an HBOC-related cancer can use genetic test results to guide current or future treatment.</p> <ul style="list-style-type: none"> Bullet: Individuals with a diagnosis of breast cancer regardless of age or family history are candidates for germline genetic testing. Footnote: Increasing evidence suggests that the identification of pathogenic/likely pathogenic variants may direct use of targeted therapies <p>Submission from University of Minnesota Medical Center, Fairview, M Health to recommend changing the bullet point on page 12 from “Personal history of breast cancer + one or more of the following:” to “Personal history of breast cancer” and to delete the subpoints under the bullet point.</p>	<p>Based on a review of data and discussion, the panel consensus did not support the addition of these specific recommendations into the Guidelines. The panel supported adding the following testing criterion: To aid in systemic therapy decision-making, such as for HER2-negative metastatic breast cancer.</p>	2	22	0	5
<p>CRIT-1 External request Submission request from Myriad Genetic Laboratories on page BRCA-1 (now CRIT-1):</p>	<p>The panel discussion and consensus was not to modify CRIT-1 as requested.</p>	0	24	0	5

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<ol style="list-style-type: none"> 1. Add text to bullet at bottom of first column “Personal history of ovarian carcinoma” so it reads, “Personal history of ovarian carcinoma (this criteria warrants <i>BRIP1</i>, <i>RAD51C</i>, <i>RAD51D</i> testing)” 2. Add additional text to footnote k that says “If the patient has a family history of ovarian cancer, add <i>BRIP1</i>, <i>RAD51C</i>, <i>RAD51D</i> to the testing.” 	<p>See Submission for references.</p>				
<p>CRIT-1 External request Submission request from Myriad Genetic Laboratories to modify BRCA-1 (now CRIT-1)</p> <ol style="list-style-type: none"> 1. Modify the 3rd bullet point on the 2nd column as follows and add an additional footnote to: <ul style="list-style-type: none"> • Personal history of metastatic prostate cancer or NCCN risk group High or Very High prostate cancer*. • Footnote: *See the relevant NCCN treatment guidelines (NCCN Guidelines for Prostate Cancer) for further details. 2. Modify the 4th bullet on the 2nd column as follows and add an additional footnote to: <ul style="list-style-type: none"> • Personal history of prostate cancer at any age with* (Note: Sub-bullets remain the same) • Footnote: *For men considering active surveillance or watchful waiting, consider germline testing regardless of family history as germline mutations status may impact management decisions (see NCCN Guidelines for Prostate Cancer treatment. 3. Modify footnote g to include prostate cancer specific mortality as a criteria for metastatic prostate cancer. <ul style="list-style-type: none"> • Metastatic prostate cancer is biopsy-proven and/or with radiographic evidence and includes distant metastasis, regional bed or nodes or prostate 	<p>The panel discussion and consensus was not to modify CRIT-1 as requested.</p> <p>See Submission for references.</p> <p>The panel discussion and consensus was not to modify CRIT-1 as requested.</p> <p>The panel discussion and consensus was to modify footnote by adding the statement, “Prostate cancer-specific mortality should be a surrogate for metastatic disease for family history purposes.”</p>	<p>8</p> <p>0</p> <p>24</p>	<p>13</p> <p>24</p> <p>0</p>	<p>1</p> <p>0</p> <p>0</p>	<p>7</p> <p>5</p> <p>5</p>

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<p>cancer-specific mortality. It is not a biochemical recurrence.</p> <ul style="list-style-type: none"> Note: Patients may not be aware of the specific cancer-related details of their male relatives who had prostate cancer, especially documentation of metastasis. Prostate cancer specific mortality should be a surrogate for metastatic disease for family history purposes. 					
<p>External request Submission request from Oneinfifty to recommend that criteria for genetic risk evaluation include women and men with Ashkenazi Jewish heritage, regardless of personal or known family history.</p>	<p>Based on the discussion, the panel did not use the language proposed in the submission. However, the panel supported adding the following language: “Testing may be considered in the following scenarios: An unaffected Ashkenazi Jewish individual” with a corresponding footnote, “Testing for three founder mutations of <i>BRCA1/2</i> may be offered to unaffected men and women as early as age 18–25 years, who have one grandparent identified as of Ashkenazi Jewish ancestry, irrespective of cancer history in the family, as part of longitudinal studies. For those without access to longitudinal research studies, testing may be provided if there is access to pre-test education along with post-test counseling, additional genetic testing if indicated, and high-risk management. Testing should not be offered outside of a medical framework or clinical trial.”</p>	0	24	0	5