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NCCN Guidelines Panel: Survivorship

Specific Changes: 1) Incorporate recommendation for genetic risk assessment/testing to identify patients with an increased risk for second primary malignancies as a bullet point on page SURV-3, 2) include elements of genetic risk assessment in Survivorship Concerns as part of Survivorship Assessment questionnaire on pages SURV-A/B, 3) list resources for genetic risk assessment on page SURV-B2¹ and 4) provide additional emphasis on the importance of identifying risk for second primary malignancies due to syndromic genetic susceptibility in the discussion of second primary cancers on page MS-4.

FDA Clearance: Not applicable.

Rationale: Although these guidelines already contain language recognizing the contribution of genetic susceptibility to the risk of second primary malignancies in cancer survivors they do not yet recommend genetic risk assessment as a routine component of survivorship care or provide guidance as to which individuals are most appropriate for this intervention. Greater attention to this element of survivorship care is essential, since many cancer survivors have not been, and are still not being assessed for genetic risk at the time of their initial diagnosis. This is a missed opportunity to implement proven interventions to mitigate the risk for additional malignancies through targeted screening, risk-reducing surgeries and other risk reduction strategies.

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:

Febbraro T, et al. Adherence patterns to National Comprehensive Cancer Network (NCCN) guidelines for referral to cancer genetic professionals. *Gynecol Oncol.* 2015 138:109-14. PMID: 25933682.

¹ I.e., <http://www.cancer.org/cancer/cancercauses/geneticsandcancer/heredity-and-cancer>

Bellcross CA, et al. Characteristics associated with genetic counseling referral and BRCA1/2 testing among women in a large integrated health system. Genet Med. 2015 17:43-50. PMID:24946155.

Saam J, et al. Hereditary cancer-associated mutations in women diagnosed with two primary cancers: an opportunity to identify hereditary cancer syndromes after the first cancer diagnosis. Oncology. 2015 88:226-33. PMID: 25503195.

Daly M et al. NCCN Clinical Practice Guidelines in Oncology®: Genetic/Familial High-Risk Assessment: Breast and Ovarian. V 2.2015. June 25. Available at <http://www.nccn.org>.

Provenzale D, et al. NCCN Clinical Practice Guidelines in Oncology® Genetic/Familial High-Risk Assessment: Colorectal. V 1.2015. May 4. Available at <http://www.nccn.org>.

Ajani JA, et al. NCCN Clinical Practice Guidelines in Oncology®: Gastric Cancer. V3.2015. March 23. Available at <http://www.nccn.org>.

Sincerely,

A handwritten signature in black ink, appearing to read 'Johnathan Lancaster', with a stylized flourish at the end.

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