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Date of request: October 29, 2019  
NCCN Guidelines Panel: Survivorship

Specific Changes:

On page SURV-3, modify bullet points 7 thru 9 as follows, including the addition of a new bullet point:

- Regular updating of family cancer history is recommended to reassess hereditary risk, based on new family diagnoses, as well as broader genetic risk assessment and testing criteria recommended by NCCN and other professional societies. Many current cancer survivors were not assessed at the time of their initial diagnosis, which may have occurred prior to the recent expansion in knowledge about hereditary cancer risk.
- Genetic risk assessment and/or testing should be considered for appropriate candidates to identify those with an increased risk for subsequent malignancies, as well as to identify individuals for whom hormonal therapies may be contraindicated (see SMP-B). Genetic testing may also provide opportunities to identify and reduce risks in relatives of cancer survivors.
- Based on guidelines from NCCN, the US Preventative Services Task Force (USPSTF) and the American Association of Breast Surgeon (ASBS), genetic risk assessment/testing is appropriate for all breast cancer survivors, all survivors of epithelial ovarian cancer, survivors of colorectal or endometrial cancer diagnosed at age 50 or younger, high-grade prostate cancer, or pancreatic cancer. Many other survivors of rare cancers, cancers diagnosed at young ages, multiple primary cancers, or those with one or more relatives with the same or related cancers are also candidates for testing per guidelines from NCCN and other expert groups.
- Criteria for genetic risk assessment and testing, and for management of patients with known germline mutations linked to an increased risk for cancer, can be found in the following NCCN guidelines:  
(Add NCCN Guidelines for Prostate Cancer and NCCN Guidelines for Melanoma to the list)

Rationale: Guidelines for genetic risk assessment and testing from NCCN expert panels, as well as other professional societies (i.e., US Preventative Services Task Force, American Society of Breast Surgeons), been steadily expanded and now include many individuals who would not have been considered appropriate candidates just a few years ago. Many current cancer survivors have not been evaluated using current guidelines, which are based on recent evidence demonstrating the high prevalence and significant clinical relevance of germline mutations in a wider selection of patients than previously thought. These individuals may have significant risks for new cancers that could be mitigated through increased screening, preventative surgeries or risk reducing agents. Additionally, the identification of a

germline mutation in a survivor has profound implications for risk reduction in relatives. Studies have repeatedly documented under-identification of appropriate candidates for genetic testing among newly diagnosed individuals, a problem that is particularly acute in under-served populations. Therefore, this represents an important opportunity in the survivorship setting.

The NCCN Prostate Cancer and Melanoma panels have added content regarding criteria for genetic risk assessment/testing, and some management recommendations for mutation carriers, and should be added to the list of resources.

#### References:

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Sincerely,

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