<table>
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<th>Guideline Page and Request</th>
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| **VULVA-A**               | Based on a review of the data, the panel consensus supported the inclusion of the following bullet under “Pathologic Assessment of Squamous Cell Carcinoma” in the Principles of Pathology: *Consider TMB testing through a validated and/or FDA-approved assay.*  
Reference:  
| **VULVA-E**               | Based on the review of the data in the noted reference and the recent FDA approval, the panel consensus was to include pembrolizumab as an option for patients with advanced tumor mutational burden-high (TMB-H) vulvar cancer who have progressed following prior treatment and have no satisfactory alternative treatment. The new indication is listed as follows: “Pembrolizumab (second-line therapy for PD-L1–positive, MSI-high (MSI-H)/MMR deficient (dMMR) or TMB-Hd tumors” This is a category 2A, [useful in certain circumstances] recommendation.  
The following corresponding footnote was also added: *For the treatment of patients with unresectable or metastatic tumor mutational burden-high (TMB-H) ≥10 mutations/megabase (mut/Mb) tumors, as determined by an FDA-approved test, that have progressed following prior treatment and who have no satisfactory alternative treatment options.*  
Reference:  