<table>
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<th>Guideline Page and Request</th>
<th>Panel Discussion/References</th>
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| SCL-C (1 of 3) Principles of Systemic Therapy | Based on the available data in the submission and discussion, the panel consensus was to not include pembrolizumab as a systemic therapy treatment option for unresectable or metastatic microsatellite instability high (MSI-H) or deficient mismatch repair (dMMR) solid tumors that have progressed following prior treatment and have no satisfactory alternative treatment options.  
See Submission for data. | YES | NO | ABSTAIN | ABSENT | 0 | 22 | 1 | 6 |

External request: Submission from Merck & Co. for the inclusion of pembrolizumab as a systemic therapy treatment option for unresectable or metastatic microsatellite instability high (MSI-H) or deficient mismatch repair (dMMR) solid tumors that have progressed following prior treatment and have no satisfactory alternative treatment options.
**SCL-F (2 of 3)
Principles of Radiation Therapy**

External request: Submission request from the American Society for Radiation Oncology (ASTRO): Recommend adding dosing regimen for Thoracic RT under Small Cell Lung Cancer, extensive stage after chemotherapy.

Based on panel discussion and noted reference, the census was to revise statement: "Consolidative thoracic RT is beneficial for selected patients with extensive-stage SCLC with CR or good response to systemic therapy. Studies have demonstrated that consolidative thoracic RT up to definitive doses is well tolerated, results in fewer symptomatic chest recurrences, and improves long-term survival in some patients. The Dutch CREST randomized trial of modest-dose thoracic RT (30 Gy in 10 fractions) in patients with extensive stage SCLC that responded to systemic therapy demonstrated significantly improved 2-year overall survival and 6-month PFS, although the protocol-defined primary endpoint of 1-year overall survival was not significantly improved. Subsequent exploratory analysis found the benefit of consolidative thoracic RT is limited to the majority of patients who had residual thoracic disease after systemic therapy."