### OV-5
**External request:** Submission from Foundation Medicine, Inc., to consider adding comprehensive genomic profiling (CGP) as part of the work-up for patients experiencing relapse or recurrent disease.

- Panel consensus supported the addition of “tumor molecular testing” to the additional follow-up recommendations for patients with stage I-IV disease, if rising CA-125 and/or clinical relapse occurs while monitoring those with complete response to primary therapy.
- The following footnote has been added: "Validated molecular testing should be performed in a CLIA-approved facility using the most recent available tumor tissue. Testing should include at least: BRCA 1/2, homologous recombination pathway genes, and microsatellite instability or DNA mismatch repair."
- Based on limited data, panel consensus did not support the inclusion of specific assays such as CGP or NGS.

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### OV-6
**External request:** Submission from Myriad Genetic Laboratories, Inc., to consider adding a recommendation to determine tumor homologous recombination deficiency (HRD) status to inform risk/benefit ratio associated with PARP inhibitor maintenance therapy.

- Panel consensus supported the inclusion of tumor molecular testing prior to therapy for persistent or recurrent disease.
- The following footnote has been added: "Validated molecular testing should be performed in a CLIA-approved facility using the most recent available tumor tissue. Testing should include at least: BRCA 1/2, homologous recombination pathway genes, and microsatellite instability or DNA mismatch repair."

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### OV-B (6 of 8)
**External request:** Submission from Merck & Co. to consider adding pembrolizumab as a systemic therapy 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.

- Based on data in the noted references, the panel consensus was to include pembrolizumab as an acceptable recurrence therapy option for microsatellite instability-high [MSI-H] or mismatch repair deficient [dMMR] solid tumors. It has been added to the other potentially active recurrence therapies for patients with epithelial (including LCOH)/Fallopian tube/primary peritoneal cancers, as a category 2A recommendation.

**References:**