Guideline Page and Request	Panel Discussion/References	Institution Vote			
		YES	NO	ABSTAIN	ABSENT
Endometrial Carcinoma **ENDO-10** Internal request: For radiation for local recurrence, consider adding "± systemic therapy" to EBRT	Based on a review of the data and discussion, panel consensus supported adding "± systemic therapy" as follows: • For Therapy for Relapse: "No prior RT to site of recurrence" and "Previous brachytherapy only" pathways: o EBRT ± brachytherapy ± *systemic therapy* o Additional Therapy: EBRT ± brachytherapy ± *systemic therapy*	31	0	0	0
ENDO-D External Request: Submission from Merck & Co., Inc (03/19/20) requesting that the recommendation for pembrolizumab in the treatment of unresectable or metastatic, MSI-H/dMMR endometrial tumors be changed from category 2A to category 1.	Based on review of the data and discussion, the panel consensus did not support the category designation change for pembrolizumab from a category 2A to a category 1 for the treatment of unresectable or metastatic, MSI-H/dMMR endometrial tumors. See submission for references.	0	31	0	0
External request: Submission from Merck & Co., Inc. (04/29/20) requesting the inclusion of updated dosing recommendations for pembrolizumab, either 200 mg every 3 weeks or 400 mg every 6 weeks administered as a 30-minute intravenous (IV) infusion until disease progression, unacceptable toxicity, or up to 24 months for the treatment of adult patients with endometrial carcinoma, including microsatellite instability-high (MSI-H)	Based on a review of the data and discussion, the panel consensus did not support including pembrolizumab dosing into the Endometrial Carcinoma Guidelines. See submission for references.	0	31	0	0

Guideline Page and Request	Panel Discussion/References	Institution Vote			
		YES	NO	ABSTAIN	ABSENT
ENDO-A External request: Submission from Glaxo Smith Kline (05/15/20) requesting to consider adding a new category, such as “Biomarker Directed Therapy,” in addition to the Chemotherapy Regimens category in the table.	Based on discussion, the panel consensus supported adding a new section header category for “*Biomarker-directed systemic therapy for second-line treatment*” to the table for Recurrent, Metastatic, or High-Risk Disease.	31	0	0	0
External request: Submission from Glaxo Smith Kline (05/15/20) requesting the panel to consider adding dostarlimab as a preferred regimen for the treatment of adult patients with recurrent or advanced EC that has progressed on or following prior platinum-containing treatment whose tumors are dMMR.	The Panel consensus was to defer the submission until FDA approval of dostarlimab.	0	31	0	0

Guideline Page and Request	Panel Discussion/References	Institution Vote			
		YES	NO	ABSTAIN	ABSENT
Uterine Sarcoma **UTSARC-C** **External request:** Submission from Bristol Myers Squibb Company (12/04/19) request to review clinical trial data from the National Cancer Institute-Molecular Analysis for Therapy Choice (NCI-MATCH) regarding nivolumab for uterine carcinosarcoma/malignant mixed Müllerian tumor, and leiomyosarcoma of uterus that is mismatch repair-deficient (dMMR).	Based on a review of the data and discussion, the panel consensus did not support including nivolumab into the Uterine Sarcoma Guidelines. See submission for references.	0	31	0	0