Guideline Page and Request	Panel Discussion/References	Institution Vote			
		YES	NO	ABSTAIN	ABSENT
MCC-D Internal request: To indicate that pembrolizumab is preferred over cytotoxic therapy options listed for treatment of disseminated disease.	Based on the data and discussion, the panel consensus was to reorganize the list of treatment options for disseminated disease such that the recommended immunotherapies, pembrolizumab among them, are listed directly under "Clinical trial (preferred)",along with a revised footnote: "Preliminary data from non-randomized trials in patients with MCC demonstrate that response rates of durable response are improved and survival is marginally better with *PD-1/PD-L1 blockade compared with cytotoxic therapy. The safety profiles for checkpoint immunotherapies are significantly different from cytotoxic therapies. Consult prescribing information for recommendations on detection and management of immune-related adverse events associated with checkpoint immunotherapies*. *Clinician and patient education is critical for safe administration of checkpoint immunotherapies*." Nghiem PT, et al. N Engl J Med 2016;374:2542-2552. Available at: https://www.ncbi.nlm.nih.gov/pubmed/27093365.	14	0	0	13
MCC-D External request: Submission request from Bristol-Myers Squibb Co. to review the clinical data that has been presented at the 2017 American Association for Cancer Research (AACR) Annual Congress Merkel Cell Carcinoma on the non-comparative, open-label, multi-cohort phase 1/2 study evaluated the use of nivolumab monotherapy or combination therapy in patients with virus-associated tumors, including Merkel cell carcinoma (MCC).	Based on the data and discussion, the panel consensus was to add nivolumab as a category 2A treatment option for disseminated disease, along with a revised footnote: "Preliminary data from non-randomized trials in patients with MCC demonstrate that response rates of durable response are improved and survival is marginally better *with PD-1/PD-L1 blockade compared with cytotoxic therapy. The safety profiles for checkpoint immunotherapies are significantly different from cytotoxic therapies. Consult prescribing information for recommendations on detection and management of immune-related adverse events associated with checkpoint immunotherapies. Clinician and patient education is critical for safe administration of checkpoint immunotherapies*." Topalian S, et al. Non-comparative, Open-label, Multiple Cohort, Phase 1/2 Study to Evaluate Nivolumab in Patients With Virus-associated Tumors (CheckMate 358): Efficacy and Safety in Merkel Cell Carcinoma. Oral Presentation at the 2017 American Association for Cancer Research (AACR) Annual Meeting; Apr 1-5, 2017; Washington, D.C., USA.	14	0	0	13

MCC-D External request: Submission request from EMD Serono to include avelumab as a preferred option for treatment of disseminated disease.	Based on the data and discussion, the panel consensus was to add avelumab as a category 2A treatment option for disseminated disease, along with a revised footnote: "Preliminary data from non-randomized trials in patients with MCC demonstrate that response rates of durable response are improved and survival is marginally better with *PD-1/PD-L1 blockade compared with cytotoxic therapy. The safety profiles for checkpoint immunotherapies are significantly different from cytotoxic therapies. Consult prescribing information for recommendations on detection and management of immune-related adverse events associated with checkpoint immunotherapies. Clinician and patient education is critical for safe administration of checkpoint immunotherapies.*" Panel consensus was not to designate avelumab as a preferred option. See submission for references	14	0	0	13