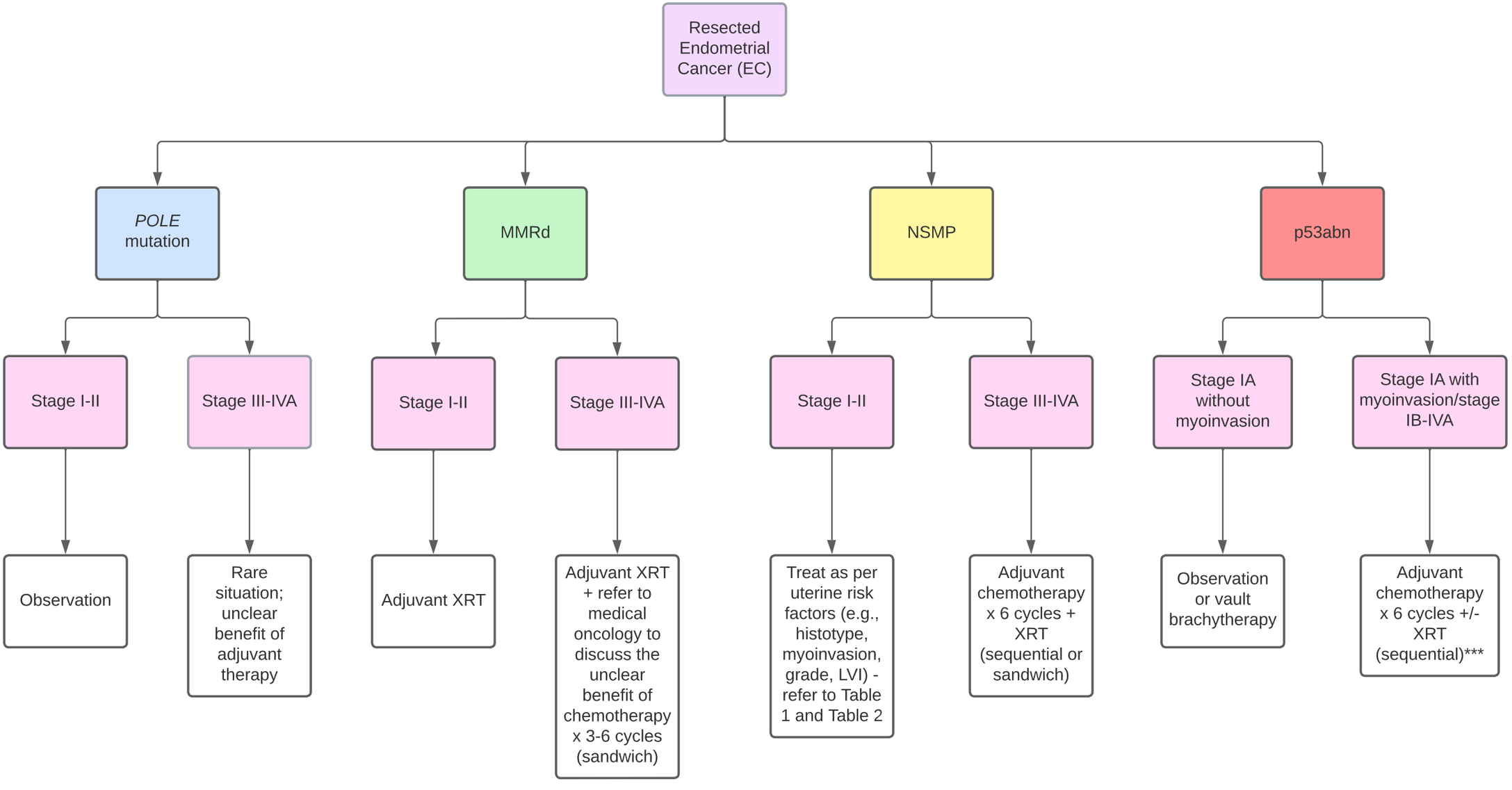

*** Consider eligibility to molecular subtype directed clinical trials for all ECs.**

** 3-5% of ECs have > 1 molecular feature ("multiple classifiers"). The presence of a pathogenic *POLE* mutation and p53 IHC abnormalities (p53 abn) and/or MMR protein loss (MMRd) should be treated as *POLE* mutated EC. A tumor with MMRd and p53abn should be treated as MMRd EC.

*** If XRT is considered, the "sequential" approach (i.e., chemotherapy x 6 cycles followed by XRT) is recommended over the "sandwich" approach (i.e., chemotherapy x 3 cycles followed by XRT followed by chemotherapy x 3 more cycles) as systemic therapy is more important in the p53abn subtype.