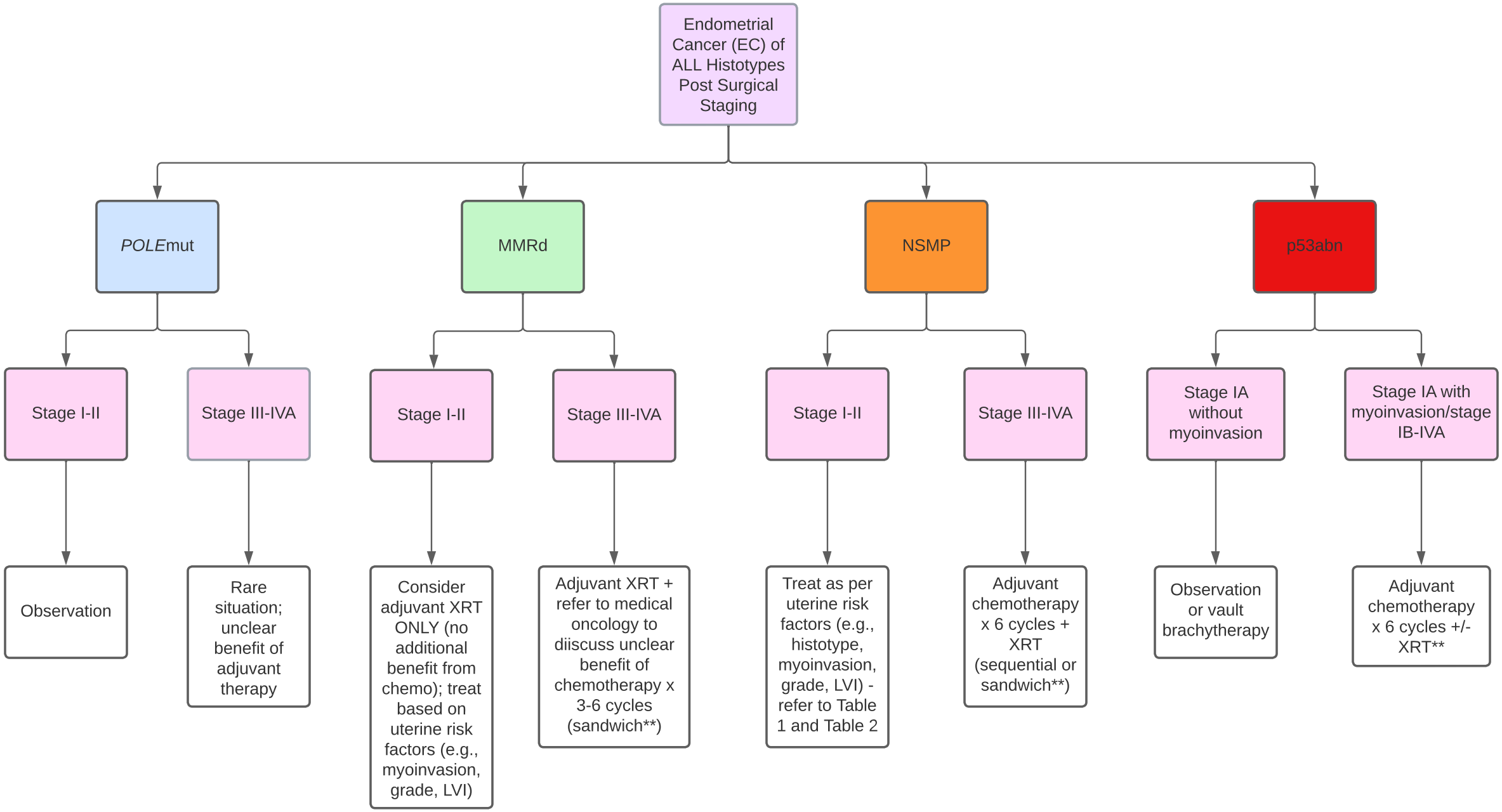

Consider eligibility to molecular subtype directed clinical trials for all ECs.

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

** Sandwich = chemotherapy x 3 cycles, followed by XRT, followed by chemotherapy x 3 cycles.
Sequential = chemotherapy x 6 cycles followed by XRT

For p53abn, consider "sequential" over "sandwich" as systemic chemotherapy is believed to be critical and should be prioritized for this molecular subtype.