

# Uterine Cancer Pathways

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Member Number: \_\_\_\_\_ Treatment Start Date: \_\_\_\_\_

Pathology: \_\_\_\_\_ Stage: \_\_\_\_\_

Line of Therapy:  Neoadjuvant/Pre-Op  Adjuvant/Post-Op  
 1<sup>st</sup> Line  2<sup>nd</sup> Line  3<sup>rd</sup> Line  3<sup>rd</sup> Line+  Maint

ECOG Performance Status: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

Biomarkers/Characteristics: (select all that apply)

Estrogen Receptor:  Positive  Negative

Progesterone Receptor:  Positive  Negative

## Adjuvant Therapy | Stage III-IV or High Risk Histologies

Carboplatin and paclitaxel

## Recurrent /Metastatic | First and Subsequent Lines of Therapy (1<sup>st</sup> Line+)

Carboplatin and paclitaxel

Cisplatin and doxorubicin (Adriamycin)

Note: Pathways are independent of specific health plan medical policy coverage criteria. Health plan medical policy/clinical guidelines should be consulted to determine whether proposed services will be covered.

