Breast Cancer Pathways: Adjuvant

Patient Name:_____ Date of Birth:_____

Member Number: _____ Treatment Start Date:_____

Pathology:_____ **Stage**:_____

Line of Therapy: __Neoadjuvant/Pre-Op __Adjuvant/Post-Op **ECOG Performance Status**:_____ ICD-10 Code:_____

Biomarkers/Characteristics: (Select all that apply)

Estrogen Receptor (ER): __Negative __Positive

Progesterone Receptor (PR): __Negative __Positive

HER2 status by FISH/CISH: __Negative __Positive __Equivocal

or by IHC: __0 __1+ __2+ __3+

OncotypeDx: __Low* __Intermediate __High __Not Done/Reported

Include ovarian suppression (pre-menopause only): __Yes __No __Unknown

Adjuvant Therapy | HER2 Negative*

___**ddAC → weekly T**: dose dense doxorubicin (Adriamycin) and cyclophosphamide followed by weekly paclitaxel

___**TC**: docetaxel (Taxotere) and cyclophosphamide

Adjuvant Therapy | HER2 Positive

___**AC → TH**: doxorubicin (Adriamycin) and cyclophosphamide followed by paclitaxel and trastuzumab (Herceptin)†

___**TCH**: docetaxel (Taxotere), carboplatin, and trastuzumab (Herceptin)†

___**TH**: paclitaxel and trastuzumab (Herceptin)† **(Pathway for stage I, HER2 positive breast cancer only)**

Adjuvant Therapy | HER2 Negative | Hormone Receptor (ER/PR) Negative | Residual Disease following Neoadjuvant Therapy

___Capecitabine (Xeloda)

Adjuvant Therapy | HER2 Positive | Residual Disease following Neoadjuvant Therapy

___Trastuzumab emtansine (Kadcyla)

*Adjuvant chemotherapy pathways do NOT apply to individuals with hormone-receptor positive, lymph node negative, OncotypeDX™ LOW risk score

†Administration of trastuzumab (Herceptin) is limited to 17 cycles (approximately 1 year)

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.

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