

Breast Cancer Pathways: Adjuvant

Patient Name: _____ Date of Birth: _____

Member Number: _____ Treatment Start Date: _____

ICD-10 Code: _____ Pathology: _____

Stage: __0__IA__IB__IIA__IIB__IIIA__IIIB__IIIC__IV__Recurrent

Line of Treatment: __Neoadjuvant/Pre-Op__ Adjuvant/Post-Op

ECOG Performance Status: __0__1__2__3__4

Biomarker:

Estrogen Receptor: __Positive__Negative

Progesterone Receptor: __Positive__Negative

HER2 status: __Positive__Negative by __IHC__FISH

Menopausal Status: Pre / Peri / Post / NA (patient is male)

OncotypeDx: __Low*__Intermediate__High__Not Done/Not Reported

Adjuvant Therapy | HER2 Negative*

AC → weekly T: doxorubicin (Adriamycin) and cyclophosphamide (Cytoxan) (every 3 weeks) followed by weekly paclitaxel (Taxol)

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

TC: docetaxel (Taxotere) and cyclophosphamide (Cytoxan)

Adjuvant Therapy | HER2 Positive

AC → TH: doxorubicin (Adriamycin) and cyclophosphamide (Cytoxan) followed by paclitaxel (Taxol) and trastuzumab (Herceptin)

TCH: docetaxel (Taxotere), carboplatin (Paraplatin) and trastuzumab (Herceptin)

TH: paclitaxel (Taxol) and trastuzumab (Herceptin) **(Pathway for stage I HER2+ breast cancer only)**

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

Note: Pathway lists are solely for the purpose of eligibility for enhanced reimbursement and 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.

