

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.

