Cancer Care Quality Program

Treatment Pathways

EFFECTIVE: MAY 1, 2017
LAST REVIEWED FEBRUARY 28, 2017

UPDATES FOR 1ST QUARTER 2017: EFFECTIVE MAY 1, 2017

UPDATES TO EXISTING TO CANCER TREATMENT PATHWAYS

- Breast Cancer: Neoadjuvant
  - Removed AC (21 day cycle): doxorubicin (Adriamycin) and cyclophosphamide (Cytoxan) for Neoadjuvant | HER2 Negative
- Breast Cancer: Adjuvant
  - Removed AC (21 day cycle): doxorubicin (Adriamycin) and cyclophosphamide (Cytoxan) for Adjuvant | HER2 Negative
UPDATES TO EXISTING TO CANCER TREATMENT PATHWAYS (CONTINUED)

- **Breast Cancer: Metastatic Disease**
  - Removed epirubicin (Ellence) for Metastatic disease | HER2 Negative | First and subsequent lines of therapy (1st line +)
  - Changed Metastatic disease | HER2 Positive | First and subsequent lines of therapy to First line of therapy
  - Added paclitaxel (Taxol) and trastuzumab (Herceptin) for metastatic disease | HER2 Positive | First line of therapy
  - Added paclitaxel (Taxol) and trastuzumab (Herceptin) for metastatic disease | HER2 Positive | Second and subsequent lines of therapy (2nd line +)
  - Added pertuzumab (Perjeta), trastuzumab (Herceptin), and docetaxel (Taxotere) for metastatic disease | HER2 Positive | Second and subsequent lines of therapy (2nd line +)
  - Added pertuzumab (Perjeta), trastuzumab (Herceptin), and paclitaxel (Taxol) for metastatic disease | HER2 Positive | Second and subsequent lines of therapy (2nd line +)

- **Breast Cancer: Endocrine**
  - Recategorization of tumor type

- **Central Nervous System (CNS) Cancer**
  - Retiring all pathways from this tumor type

- **Gastric, Esophageal, and Gastroesophageal Junction Cancer**
  - Removing ECF: epirubicin (Ellence) and cisplatin (Platinol) and fluoruracil (5FU) for Primary therapy | Resectable and unresectable disease

- **Lung Cancer: Small Cell**
  - Changed Extensive Stage | First and subsequent lines of therapy (1st line +) | Relapse greater than 6 months to Extensive Sstage | First line of therapy (1st line)
  - Removing carboplatin (Paraplatin) and irinotecan (Camptosar) for Extensive Stage | First line of therapy
  - Removing cisplatin (Platinol) and etoposide (Toposar) for Extensive Stage | First line of therapy
  - Removing cisplatin (Platinol) and irinotecan (Camptosar) for Extensive Stage | First Line of therapy
  - Added carboplatin (Paraplatin) and etoposide (Toposar) for Second and subsequent lines of therapy (2nd line +) | Relapse > than 6 months
  - Removed irinotecan (Camptosar) for Second and subsequent lines of therapy (2nd line +) | Relapse > than 6 months
  - Removed paclitaxel (Taxol) for Second and subsequent lines of therapy (2nd line +) | Relapse > than 6 months

- **Myeloma: Multiple Myeloma**
  - Changed Primary/first line (1st line) therapy or salvage therapy if during of response is greater than 6 months to Primary/First line (1st line) therapy | Transplant candidates
  - Removed PAD: bortezomib (Velcade), doxorubicin (Adriamycin), and dexamethasone for Primary/First line (1st line) therapy | Transplant candidates
  - Removed VCD (CyBorD): bortezomib (Velcade), dexamethasone, and cyclophosphamide (Cytoxan) for Primary/First line (1st line) therapy | Transplant candidates
  - Changed Primary/first line (1st line) therapy or salvage therapy if duration response is greater than 6 months | ineligible for transplant (not ASCF candidate) to Primary/First line (1st line) Therapy | Ineligible for transplant
  - Added: CyBorD or VCD: bortezomib (Velcade), cyclophosphamide (Cytoxan), and dexamethasone for Primary/First line (1st line) Therapy | Ineligible for transplant
  - Added: VRD/VDR: bortzomib (Velcade), lenalidomide (Revlimid) and dexamethasone for Primary/First line (1st line) Therapy | Ineligible for transplant
  - Added Maintenance therapy | Post-transplant
  - Added: lenalidomide (Revlimid) for Maintenance therapy | Post-transplant
  - Changed Second and subsequent lines of therapy (2nd line +) if duration response is less than 6 months | ECOG PS: 0,1,2 to Relapsed Disease | Second and subsequent lines of therapy (2nd line +)
  - Added: DRD: daratumumab (Darzalex), lenalidomide (Revlimid), and dexamethasone to Relapsed Disease | Second and subsequent lines of therapy (2nd line +)
  - Added: DVD: daratumumab (Darzalex), bortezomib (Velcade), and dexamethasone to Relapsed Disease | Second and subsequent lines of therapy (2nd line +)
  - Removed: VCD (CyBorD): bortezomib (Velcade), cyclophosphamide (Cytoxan), and dexamethasone from Relapsed Disease | Second and subsequent lines of therapy (2nd line +)
  - Changed Third and subsequent lines of therapy (3rd line +) if disease progression <60 days of completing last therapy | ECOG PS: 0,1,2 to Relapsed Disease | Third and subsequent lines of therapy (3rd line +)
Cancer Care Quality Program

The goal of the Cancer Care Quality Program is to help provide access to quality and affordable cancer care. A key component of the Cancer Care Quality Program is Cancer Treatment Pathways (“Pathways”).

The Pathways are developed using a rigorous process of evidence-based medicine. Pathways differ from clinical practice guidelines in that the objective of a Pathway is to identify a subset of regimens supported by clinical evidence and practice guidelines with the goal of further reducing unwarranted variation in care and cost. Pathways are selected based on: clinical benefit (efficacy), safety/side effects (especially those leading to hospitalizations & impacting quality of life), strength of national guideline recommendations, and cost of regimens. The Pathways developed for this Program are intended to support quality cancer care.

Pathways are not available for every medical condition but are intended to be applicable for 80%-90% of individuals with the most common types of cancer. Selecting the best cancer treatment depends upon a number of factors – the type of cancer, the stage, the biomarkers or specific genetic profile of the cancer, and unique aspects of each individual's medical condition. Given the complexity of cancer and all of the unique individual circumstances, it would not be possible to have a Pathway for every specific situation. The treating oncologist will determine if, in his/her medical opinion, a Pathway treatment regimen is the best option for a patient or whether, given his or her unique circumstances, another treatment regimen will be a better treatment for him or her.

It is important to note that we will review requested services in accordance with our medical policies and clinical guidelines. When a request is received from a provider that requires medical necessity review, whether it is a Pathway or non-pathway regimen it may be authorized if it is determined to be medically necessary pursuant to our medical policies and clinical guidelines.

Feedback to enhance the Cancer Care Quality Program, Pathways, and/or questions can be emailed to cancer.quality@anthem.com. Requests for the evidence summaries reviewed to develop individual Pathways can also be sent to the same email address.
Bladder Cancer Pathways (Urothelial)

**Neoadjuvant Therapy | Clinical Stage II, III, or Stage IV without evidence of metastases (cT2, cT3, cT4a, cT4b)**

CMV: cisplatin (Platinol), methotrexate, and vinblastine (Velban) 4,5

ddMVAC: dose dense methotrexate, vinblastine (Velban) doxorubicin (Adriamycin), and cisplatin (Platinol) 1,3,16,19

Gemcitabine (Gemzar), and cisplatin (Platinol) 2

**Adjuvant Therapy | Stage I or II after TURBT* or following resection of recurrent or persistent disease**

BCG: bacillus calmette-guerin intravesical 20-24

Mitomycin C intravesical 20,24

**Metastatic Disease | First Line Therapy (1st line)**

Gemcitabine (Gemzar), and cisplatin (Platinol) 6,17,18
Breast Cancer Pathways: Neoadjuvant

Neoadjuvant Therapy | HER2 Negative

AC → weekly T: doxorubicin (Adriamycin) and cyclophosphamide (Cytoxan) (every 3 weeks) followed by weekly paclitaxel (Taxol) 8, 9, 23, 54
ddAC → weekly T: dose dense doxorubicin (Adriamycin) and cyclophosphamide (Cytoxan) followed by weekly paclitaxel (Taxol) 13, 23, 33-34
TC: docetaxel (Taxotere) and cyclophosphamide (Cytoxan) 10, 20
AC (21 day cycles): doxorubicin (Adriamycin) and cyclophosphamide (Cytoxan) 8, 20, 30, 46, 47, 51  No Longer Pathway Effective 5/1/2017

Neoadjuvant Therapy | HER2 Positive

AC→TH : doxorubicin (Adriamycin), and cyclophosphamide (Cytoxan) followed by paclitaxel (Taxol) and trastuzumab (Herceptin) 25, 38, 40, 45, 48, 50
TCH: docetaxel (Taxotere), carboplatin (Paraplatin), and trastuzumab (Herceptin) 40, 50

Neoadjuvant Therapy | HER2 Positive | Hormone receptor (ER/PR) negative

TCH+P: docetaxel (Taxotere), carboplatin (Paraplatin), trastuzumab (Herceptin), and pertuzumab (Perjeta) 41-42, 56-57
Breast Cancer Pathways: Adjuvant

**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) 

AC (21 day cycles): doxorubicin (Adriamycin) and cyclophosphamide (Cytoxan)  

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

**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*

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*No Longer Pathway Effective 5/1/2017*
# Breast Cancer Pathways: Advanced/Metastatic Disease

## Metastatic disease | HER2 Negative | First and subsequent lines of therapy (1st line+)

<table>
<thead>
<tr>
<th>Drug</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capecitabine (Xeloda)</td>
<td>13, 27-30</td>
</tr>
<tr>
<td>Doxorubicin (Adriamycin)</td>
<td>13-18</td>
</tr>
<tr>
<td>Epirubicin (Ellence)</td>
<td>19 No Longer Pathway Effective 5/1/2017</td>
</tr>
<tr>
<td>Gemcitabine (Gemzar)</td>
<td>20</td>
</tr>
<tr>
<td>Paclitaxel (Taxol)</td>
<td>13, 16, 24-26</td>
</tr>
<tr>
<td>Vinorelbine (Navelbine)</td>
<td>21-23</td>
</tr>
</tbody>
</table>

## Metastatic disease | HER2 Positive | First and subsequent lines of therapy (1st line+)

No Longer Pathway Effective 5/1/2017

<table>
<thead>
<tr>
<th>Drug</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Capecitabine (Xeloda) and trastuzumab (Herceptin)</td>
<td>13, 36-39</td>
</tr>
<tr>
<td>Gemcitabine (Gemzar) and trastuzumab (Herceptin)</td>
<td>40, 41</td>
</tr>
<tr>
<td>Paclitaxel (Taxol) and trastuzumab (Herceptin)</td>
<td>Added Effective 5/1/2017</td>
</tr>
<tr>
<td>Pertuzumab (Perjeta), trastuzumab (Herceptin), and docetaxel (Taxotere)</td>
<td>12, 33-35</td>
</tr>
<tr>
<td>Pertuzumab (Perjeta), trastuzumab (Herceptin), and paclitaxel (Taxol)</td>
<td>34</td>
</tr>
<tr>
<td>Vinorelbine (Navelbine) and trastuzumab (Herceptin)</td>
<td>36,42,43</td>
</tr>
</tbody>
</table>

## Metastatic disease | HER2 Positive | First line of therapy (1st line) (Added Effective 5/1/2017)

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<tr>
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<td>40, 41</td>
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<tr>
<td>Paclitaxel (Taxol) and trastuzumab (Herceptin)</td>
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</tr>
<tr>
<td>Pertuzumab (Perjeta), trastuzumab (Herceptin), and docetaxel (Taxotere)</td>
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</tr>
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<td>34</td>
</tr>
<tr>
<td>Vinorelbine (Navelbine) and trastuzumab (Herceptin)</td>
<td>36,42,43</td>
</tr>
</tbody>
</table>

## Metastatic disease | HER2 Positive | Second and subsequent lines of therapy (2nd line+)

<table>
<thead>
<tr>
<th>Drug</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ado-trastuzumab emtansine (Kadcyla)</td>
<td>50</td>
</tr>
<tr>
<td>Capecitabine (Xeloda) and lapatinib (Tykerb)</td>
<td>44,45</td>
</tr>
<tr>
<td>Capecitabine (Xeloda) and trastuzumab (Herceptin)</td>
<td>20, 36-39</td>
</tr>
<tr>
<td>Gemcitabine (Gemzar) and trastuzumab (Herceptin)</td>
<td>40,42</td>
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<tr>
<td>Pertuzumab (Perjeta), trastuzumab (Herceptin), and paclitaxel (Taxol)</td>
<td>Added Effective 5/1/2017</td>
</tr>
<tr>
<td>Trastuzumab (Herceptin) and lapatinib (Tykerb)</td>
<td>48</td>
</tr>
<tr>
<td>Trastuzumab (Herceptin) monotherapy</td>
<td>25,46,47</td>
</tr>
<tr>
<td>Vinorelbine (Navelbine) and trastuzumab (Herceptin)</td>
<td>42,43</td>
</tr>
</tbody>
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Breast Cancer Pathways:  
Endocrine Therapy for Recurrent or Metastatic Disease

**First line therapy (1st line) | Recurrent or Metastatic Disease | Hormone receptor positive**

- Anastrozole (Arimidex)\* 1,6,7,10,11,22,33
- Fulvestrant, high dose (Faslodex)\* 5,7,22,26,33,42
- Letrozole (Femara)\* 3,12-14,38
- Letrozole (Femara) and palbociclib (Ibrance)\* 40
- Tamoxifen** 12,26

**Second and subsequent lines of therapy (2nd line +) | Recurrent or Metastatic Disease | Hormone receptor positive**

- Anastrozole (Arimidex)\* 1,6,7,10,11,22,33
- Exemestane (Aromasin)\* 4,20,21,39
- Fulvestrant, high dose* (Faslodex)
- Fulvestrant (Faslodex) and palbociclib* (Ibrance)40
- Letrozole (Femara)\* 3,12-14,38
- Tamoxifen** 12,26

**First and subsequent lines of therapy | Recurrent or Metastatic Disease | Hormone receptor positive | HER2 positive**

- Anastrozole (Arimidex) and trastuzumab (Herceptin)* 46 (Added Effective 5/1/2017)
- Letrozole (Femara) and trastuzumab (Herceptin)* 49 (Added Effective 5/1/2017)

* With ovarian suppression for premenopausal individuals. Ovarian suppression utilizes LHRH agonists given as monthly injections. 3-month depot dosing does not reliably suppress estrogen levels.

** Tamoxifen is considered Pathway for premenopausal individuals with or without ovarian suppression
<table>
<thead>
<tr>
<th>Condition</th>
<th>Therapy</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>**Adult Low Grade Astrocytoma, Oligodendroglioma</td>
<td>Adjuvant Therapy**</td>
<td>No Longer Pathway Effective 5/1/2017</td>
</tr>
<tr>
<td>PCV: procarbazine (Matulane), lomustine (CeeNU), and vincristine (Oncovin)</td>
<td></td>
<td>No Longer Pathway Effective 5/1/2017</td>
</tr>
<tr>
<td>**Anaplastic glioma, anaplastic oligodendroglioma, anaplastic astrocytoma, anaplastic oligoastrocytoma</td>
<td>Adjuvant Therapy</td>
<td>ECOG PS: 0, 1, 2</td>
</tr>
<tr>
<td>PCV: procarbazine (Matulane), lomustine (CeeNU), vincristine (Oncovin), and Radiation Therapy (RT)</td>
<td></td>
<td>No Longer Pathway Effective 5/1/2017</td>
</tr>
<tr>
<td>Temozolomide (Temodar) and Radiation Therapy (RT)</td>
<td></td>
<td>No Longer Pathway Effective 5/1/2017</td>
</tr>
<tr>
<td>**Anaplastic glioma, anaplastic oligodendroglioma, anaplastic astrocytoma, anaplastic oligoastrocytoma</td>
<td>Adjuvant Therapy</td>
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</tr>
<tr>
<td>Temozolomide (Temodar)</td>
<td></td>
<td>No Longer Pathway Effective 5/1/2017</td>
</tr>
<tr>
<td>**Glioblastoma</td>
<td>Primary therapy (if unresectable) or adjuvant therapy (after resection)</td>
<td>ECOG PS: 0, 1, 2**</td>
</tr>
<tr>
<td>Temozolomide (Temodar) and Radiation Therapy (RT)</td>
<td></td>
<td>No Longer Pathway Effective 5/1/2017</td>
</tr>
</tbody>
</table>
Chronic Myelogenous Leukemia (CML) Pathways

**First Line Therapy**

Dasatinib* (Sprycel) 1,2,30

Imatinib (Gleevec) 1,3,6,7,30-34

**Second Line Therapy**

Following treatment failure, suboptimal response ‡, or intolerance to First Line Therapy

Bosutinib (Bosulif) 23,33

Dasatinib (Sprycel) 1,2,30

Nilotinib** (Tasigna) 16-18, 31-32 For patients with V299L mutation

Ponatinib† (Iclusig) 26 For patients with T315I mutation

*For patients who are intermediate or high-risk Sokal or Hasford Score:
  Sokal: Intermediate Risk=0.8-1.2; High Risk>1.2
  Hasford: Intermediate Risk=781-1480; High Risk>1480

**For patients with V299L mutation

† For patients with T315I mutation

‡ Defined as lack of complete hematologic response or BCR-ABL1 transcripts>10% (IS) or lack of partial cytogenetic response on bone marrow cytogenetics.
Colorectal Cancer Pathways

**Adjuvant Therapy**

Capecitabine (Xeloda) \(^3,5,2,6,9\)

FLOX\(^*\): fluorouracil (5-FU), leucovorin, and oxaliplatin (Eloxatin) \(^5,8,4,9,6,9\)

FULV: fluorouracil (5FU) and leucovorin \(^1,3,4,7,49,52,6,9\)

Modified FOLFOX-6\(^*\): fluorouracil (5-FU), leucovorin, and oxaliplatin (Eloxatin) \(^7,8,51,56,6,0,6,9\)

**Metastatic disease | RAS Wild Type (WT) or Mutant (MT)\(^\dagger\) | First or second lines of therapy (1st line or 2nd line)**

Capecitabine (Xeloda) \(^2,7\)

FOLFIRI: fluorouracil (5FU), leucovorin, and irinotecan (Camptosar) \(^1,8,2,3,3,2,3,4,8,1\)

FOLFIRI: fluorouracil (5FU), leucovorin, and irinotecan (Camptosar) with bevacizumab (Avastin) \(^2,1,2,3,1,3,6,4,4,4,5,8,6,6,6,6,8,8,3\)

FOLFOXIRI: fluorouracil (5FU), leucovorin, irinotecan (Camptosar), oxaliplatin (Eloxatin), and bevacizumab (Avastin) \(^2,1,6,6,7,6,8,8,3\)

FULV: fluorouracil (5FU) and leucovorin \(^2,2,2,7,3,5,8,1\)

FULV: fluorouracil (5FU) and leucovorin with bevacizumab (Avastin) \(^2,2,2,5,3\)

Modified FOLFOX-6: fluorouracil (5FU), leucovorin, and oxaliplatin (Eloxatin) \(^2,4,2,6,2,8,3,0,3,4\)

Modified FOLFOX-6: fluorouracil (5FU), leucovorin, and oxaliplatin (Eloxatin) with bevacizumab (Avastin) \(^2,5,2,6,2,8,3,3,4,4,4,5,7,0\)

**Metastatic disease | RAS WT | Second lines of therapy (2nd line)**

FOLFIRI: fluorouracil (5FU), leucovorin, and irinotecan (Camptosar) with panitumumab (Vectibix) \(^1,1,4,3,6,2\)

FOLFOX-6: fluorouracil (5FU), leucovorin, and oxaliplatin (Eloxatin) with panitumumab (Vectibix) \(^1,2,5,3,5,9\)

Irinotecan (Camptosar) and panitumumab (Vectibix) \(^47\)

**Metastatic disease | RAS WT or MT\(^\dagger\) | Third and subsequent lines of therapy (3rd line+)**

Trifluridine + tipiracil (Lonsurf) \(^8,5\)

**Metastatic disease | RAS WT | Third and subsequent lines of therapy (3rd line+)**

Irinotecan (Camptosar) and panitumumab (Vectibix) \(^47\)

Panitumumab (Vectibix) monotherapy \(^1,3,5,6,6,1\)

*Patients with stage II MSI-H (microsatellite instability - high) colorectal cancer are not included in the Adjuvant Pathway.

†Dose & sequence of administration differ between modified FOLFOX-6 and FLOX

‡Exon 2 KRAS, non-exon 2 KRAS, and NRAS mutations
# Gastric, Esophageal, and Gastroesophageal Junction Cancer (Adenocarcinoma) Pathways

## Primary therapy | Resectable and unresectable disease

**Cisplatin (Platinol) and fluorouracil (5FU)**

ECF: epirubicin (Ellence) and cisplatin (Platinol), and fluorouracil (5FU)  
No Longer Pathway Effective 5/1/2017

Fluorouracil (5FU) and cisplatin (Platinol) with concurrent radiation therapy (RT)

Paclitaxel (Taxol) and carboplatin (Paraplatin) with concurrent radiation therapy (RT)

## Post-operative treatment

Fluorouracil (5FU) and leucovorin with concurrent radiation therapy (RT)

## Recurrent/metastatic or locally advanced/inoperable disease | HER2 Negative | First line of therapy (1st line)

**Cisplatin (Platinol) and fluorouracil (5FU)**

Fluorouracil (5FU) and irinotecan (Camptosar)

FLO/FOLFOX: fluorouracil (5FU), leucovorin, and oxaliplatin (Eloxatin)

FLP: fluorouracil (5FU), leucovorin, and cisplatin (Platinol)

## Recurrent/metastatic or locally advanced/inoperable disease | HER2 Positive | First line of therapy (1st line)

**Cisplatin (Platinol), fluorouracil (5FU), and trastuzumab (Herceptin)**

## Recurrent/metastatic or locally advanced/inoperable disease | Second line of therapy (2nd line)

Irinotecan (Camptosar)

Paclitaxel (Taxol)
Head and Neck Cancer Pathways

Hypopharynx and larynx: candidate for local therapy (M0) | Primary systemic therapy & concurrent radiation therapy (RT)
High dose cisplatin (Platinol)* with concurrent radiation therapy (RT) 3

Hypopharynx and larynx: candidate for local therapy (M0) | Post-operative systemic therapy & concurrent radiation therapy (RT)
High dose cisplatin (Platinol)* with concurrent radiation therapy (RT) 10

Lip, oral cavity, oropharynx, ethmoid sinus, maxillary sinus, occult primary: candidate for local therapy (M0) | Primary systemic therapy & concurrent radiation therapy (RT)
High dose cisplatin (Platinol)* with concurrent radiation therapy (RT) 3

Lip, oral cavity, oropharynx, ethmoid sinus, maxillary sinus, occult primary: candidate for local therapy (M0) | Post-operative systemic therapy & concurrent radiation therapy (RT)
High dose cisplatin (Platinol)* with concurrent radiation therapy (RT) 10

Nasopharynx: candidate for local therapy (M0) | Primary systemic therapy & concurrent radiation therapy (RT) followed by adjuvant therapy
High dose cisplatin (Platinol)* with concurrent radiation therapy (RT) following by cisplatin (Platinol) and fluorouracil (5FU) 13

Nasopharynx | Metastatic and recurrent disease | First Line and subsequent lines of therapy | Performance Status 0,1,2
Cisplatin (Platinol)** and fluorouracil (5FU) 14,18,24,29
Cisplatin (Platinol)** and gemcitabine (Gemzar) 29
Cisplatin (Platinol)** and paclitaxel (Taxol) 18,22
Cisplatin (Platinol) OR carboplatin (Paraplatin) (single agent) 20-22
Gemcitabine (Gemzar) 31
Methotrexate 24,26
Paclitaxel (Taxol) 23

Non-Nasopharyngeal (Squamous cell) | Metastatic and recurrent disease | First Line | Performance Status 0,1,2
Carboplatin (Paraplatin), fluorouracil (SFU), and cetuximab (Erbitux)14
Cisplatin (Platinol), fluorouracil (SFU), and cetuximab (Erbitux)14

Non-nasopharyngeal (Squamous cell) | Metastatic and recurrent disease | Second Line and Subsequent lines of therapy | Performance Status 0,1,2
Fluorouracil (SFU) 22
Methotrexate 24,26
Nivolumab (Opdivo) 35 (Added Effective 3/1/2017)
Paclitaxel (Taxol) 23

*High dose cisplatin is defined as weekly dosing to achieve 200-300 mg/m2 total cisplatin dose
**Substitution of carboplatin for cisplatin, and vice-versa, is acceptable for metastatic disease
Hodgkin’s Lymphoma Pathways

Classical Hodgkin | Early or Late Stage | with or without Radiation Therapy (RT)

ABVD: doxorubicin (Adriamycin), bleomycin (Blenoxane), vinblastine (Velban), and dacarbazine (DTIC) \(^{1,10,30,32}\)
Kidney Cancer Pathways

Metastatic | First line therapy (1st line) | Clear Cell and Non-clear Cell

- Pazopanib (Votrient)\(^4\)\(^-\)\(^7\)
- Sunitinib (Sutent)\(^1\)\(^-\)\(^3\)
- Temsirolimus (Torisel)\(^12\)

Metastatic | Second line therapy (2nd line) | Clear Cell

- Axitinib (Inlyta)\(^22\)
- Cabozantinib (Cabometyx)\(^28,30,31\)
- Nivolumab (Opdivo)\(^29,30,32\)
- Sorafenib (Nexavar)\(^22,24\)
# Lung Cancer: Non-Small Cell Pathways

## Adjuvant Therapy

- Cisplatin (Platinol) and vinorelbine (Navelbine) \(^{53,54}\)
- Gemcitabine (Gemzar) and cisplatin (Platinol)
- Paclitaxel (Taxol) and carboplatin (Paraplatin) \(^{52}\)

## Primary Therapy for Locally Advanced / Unresectable | Stage III (Added effective 12/1/2016)

- Paclitaxel (Taxol) (Q3Wks) and carboplatin (Paraplatin) with XRT\(^{52}\).

## Metastatic disease | ALK+ or ROS1+ | First line (1st line)

- Crizotinib (Xalkori) \(^{1,58}\)

## Metastatic disease | EGFR+ | First line (1st line)

- Afatinib (Gilotrif) \(^6\)
- Erlotinib (Tarceva) \(^{41,42,73,87}\)

## Metastatic disease | Non-squamous | ECOG PS: 0, 1, 2 | First line (1st line)

- Carboplatin (Paraplatin)* and paclitaxel (Taxol) \(^{7-16,54}\)
- Cisplatin (Platinol)* and gemcitabine (Gemzar) \(^{8,11,13,22,25}\)
- Cisplatin (Platinol)* and pemetrexed (Alimta) \(^{17,18}\)
- Paclitaxel (Taxol) and carboplatin (Paraplatin) and bevacizumab (Avastin) \(^{13,14,30,31}\)

## Metastatic disease | Squamous | ECOG PS: 0, 1, 2 | First line (1st line)

- Carboplatin (Paraplatin)* and paclitaxel (Taxol) \(^{7-16}\)
- Cisplatin (Platinol)* and gemcitabine (Gemzar) \(^{8,11,13,17,23,75}\)

## Metastatic disease | PD-L1 Positive | First line (1st line)

- Pembrolizumab (Keytruda)\(^{102}\)

## Metastatic disease | Non-squamous | ECOG PS: 0, 1, 2 | Maintenance

- Continuation bevacizumab (Avastin) \(^{36,38}\)
- Continuation pemetrexed (Alimta) \(^{39}\)
- Switch pemetrexed (Alimta) \(^{41}\)

*Substitution of carboplatin (Paraplatin) for cisplatin (Platinol), and vice-versa, is allowed
<table>
<thead>
<tr>
<th>Metastatic disease</th>
<th>ALK+ or EGFR+</th>
<th>ECOG PS: 0, 1, 2</th>
<th>Second line (2nd line) after targeted 1st line therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carboplatin (Paraplatin)* and paclitaxel (Taxol)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cisplatin (Platinol)* and gemcitabine (Gemzar)</td>
<td>63</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cisplatin (Platinol)* and pemetrexed (Alimta)</td>
<td></td>
<td></td>
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<table>
<thead>
<tr>
<th>Metastatic disease</th>
<th>EGFR T790M mutation</th>
<th>Second line (2nd line) after targeted 1st line therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Osimertinib (Tagrisso)</td>
<td>86,90</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Metastatic disease</th>
<th>Non-squamous</th>
<th>ECOG PS: 0, 1, 2</th>
<th>Second line (2nd line)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Docetaxel (Taxotere)</td>
<td>43-47, 55</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nivolumab (Opdivo)</td>
<td>72</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pemetrexed (Alimta)</td>
<td>31,32</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Metastatic disease</th>
<th>Squamous</th>
<th>ECOG PS: 0, 1, 2</th>
<th>Second line (2nd line)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nivolumab (Opdivo)</td>
<td>59, 61</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Substitution of carboplatin (Paraplatin) for cisplatin (Platinol), and vice-versa, is allowed.
Lung Cancer: Small Cell Lung Cancer Pathways

**Limited Stage | Primary, Adjuvant, or First Line Therapy (1st line)**

Carboplatin (Paraplatin) and etoposide (Toposar) ± XRT³

Cisplatin (Platinol) and etoposide (Toposar) ± XRT¹,².

**Extensive Stage | First and subsequent lines of therapy (1st line +) | Relapse greater than 6 months** No Longer Pathway Effective 5/1/2017

**Extensive Stage | First line of therapy (1st line) (Added Effective 5/1/2017)**

Carboplatin (Paraplatin) and etoposide (Toposar)⁹

Carboplatin (Paraplatin) and irinotecan (Camptosar)¹⁰ No Longer Pathway Effective 5/1/2017

Cisplatin (Platinol) and etoposide (Toposar)⁴,⁵,⁶,⁷,⁸, No Longer Pathway Effective 5/1/2017

Cisplatin (Platinol) and irinotecan (Camptosar)⁵,⁶ No Longer Pathway Effective 5/1/2017

**Second and subsequent lines of therapy (2nd line +) | Relapse greater than 6 months**

Carboplatin (Paraplatin) and etoposide (Toposar)⁹ (Added Effective 5/1/2017)

Irinotecan (Camptosar)¹⁷ No Longer Pathway Effective 5/1/2017

Paclitaxel (Taxol)¹¹,¹² No Longer Pathway Effective 5/1/2017
# Melanoma Pathways

<table>
<thead>
<tr>
<th>Metastatic Disease*</th>
<th>First (1st line)</th>
<th>ECOG PS: 0, 1, 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nivolumab (Opdivo)</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Metastatic Disease</th>
<th>First and subsequent lines of therapy (1st line +)</th>
<th>ECOG PS: 0, 1, 2</th>
<th>BRAF mutated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dabrafenib (Tafinlar) and trametinib (Mekinist)</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Metastatic Disease</th>
<th>Second and subsequent lines of therapy (2nd line +)</th>
<th>ECOG PS: 0, 1, 2*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ipilimumab (Yervoy)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Regardless of BRAF status
Myeloma Pathways

Primary/First line (1st line) Therapy | Transplant candidates

PAD: bortezomib (Velcade), doxorubicin (Adriamycin), and dexamethasone 5, 81, 90 No Longer Pathway Effective 5/1/2017
VCD (CyBorD): bortezomib (Velcade), dexamethasone, and cyclophosphamide (Cytoxan) 9-10, 79 No Longer Pathway Effective 5/1/2017
VRD/VDR: bortezomib (Velcade), lenalidomide (Revlimid) and dexamethasone 88

Primary/first line (1st line) therapy or salvage therapy if duration response is greater than 6 months | Ineligible for transplant (not ASCT candidate) No Longer Pathway Effective 5/1/2017

Primary/First Line (1st line) Therapy | Ineligible for transplant (Added Effective 5/1/2017)
CyBorD or VDC: bortezomib (Velcade), cyclophosphamide (Cytoxan), and dexamethasone (Added Effective 5/1/2017)
R-dex: lenalidomide (Revlimid) and low-dose dexamethasone 11,34,35
VRD/VDR: bortezomib (Velcade), lenalidomide (Revlimid) and dexamethasone (Added Effective 5/1/2017)
VD: bortezomib (Velcade) and dexamethasone 1,3,24,85

Maintenance therapy | Post-transplant (Added Effective 5/1/2017)
Lenalidomide (Revlimid) (Added Effective 5/1/2017)

Relapsed Disease | Second and subsequent lines of therapy (2nd line+)

CRd or KRd: carfilzomib (Kyprolis), lenalidomide (Revlimid), and dexamethasone 82
DRD: daratumumab (Darzalex), lenalidomide (Revlimid), and dexamethasone 100 (Added Effective 5/1/2017)
DVD: daratumumab (Darzalex), bortezomib (Velcade), and dexamethasone 103 (Added Effective 5/1/2017)
VCD (CyBorD): bortezomib (Velcade), cyclophosphamide (Cytoxan), and dexamethasone 32,46,47 No Longer Pathway Effective 5/1/2017

Relapsed Disease | Third and subsequent lines of therapy (3rd line+)

Daratumumab (Darzalex)95
Elotuzumab (Empliciti), lenalidomide (Revlimid), and dexamethasone97
# NHL: Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma Pathways

<table>
<thead>
<tr>
<th>First Line Therapy (1st line)</th>
<th>with 17p Deletion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ibrutinib (Imbruvica)</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>First Line Therapy (1st line)</th>
<th>without 17p Deletion or Unspecified</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCR: fludarabine (Fludara), cyclophosphamide (Cytoxan), and rituximab (Rituxan)</td>
<td>1-2,39</td>
</tr>
<tr>
<td>Ibrutinib (Imbruvica)</td>
<td>46,47</td>
</tr>
<tr>
<td>Obinutuzumab (Gazyva) and chlorambucil (Leukeran)</td>
<td>16</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Second and subsequent lines of therapy (2nd line +)</th>
<th>with 17p Deletion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ibrutinib (Imbruvica)</td>
<td>28,37,41,46,47</td>
</tr>
<tr>
<td>Idelalisib (Zydelig)</td>
<td>43</td>
</tr>
<tr>
<td>Idelalisib (Zydelig) and rituximab (Rituxan)</td>
<td>38</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Second and subsequent lines of therapy (2nd line +)</th>
<th>without 17p Deletion or Unspecified</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCR: fludarabine (Fludara), cyclophosphamide (Cytoxan), and rituximab (Rituxan)</td>
<td>1-2</td>
</tr>
<tr>
<td>Ibrutinib (Imbruvica)</td>
<td>28,37, 41,46,47</td>
</tr>
<tr>
<td>Idelalisib (Zydelig)</td>
<td>43</td>
</tr>
<tr>
<td>Idelalisib (Zydelig) and rituximab (Rituxan)</td>
<td>38</td>
</tr>
<tr>
<td>Rituximab (Rituxan) and bendamustine (Bendeka, Treanda)</td>
<td>13-15,42</td>
</tr>
</tbody>
</table>
NHL: Diffuse Large B-Cell Lymphoma Pathways

First Line (1st line) therapy

R-CHOP 21: cyclophosphamide (Cytoxan), doxorubicin (Adriamycin), vincristine (Oncovin), prednisone, and rituximab (Rituxan) ²⁴
R-CEOP: cyclophosphamide (Cytoxan), etoposide (Toposar), vincristine (Oncovin), prednisone, and rituximab (Rituxan) ¹³ ¹⁴ ⁴⁰

Second and subsequent line of therapy (2nd line+) | Transplant candidates

R-GDP: gemcitabine (Gemzar), dexamethasone, carboplatin (Paraplatin), and rituximab (Rituxan) ²³ ²⁴ OR
gemcitabine (Gemzar), dexamethasone, cisplatin (Platinol), and rituximab (Rituxan) ²³ ²⁴
R-ICE: ifosfamide (Ifex), carboplatin (Paraplatin), etoposide (Toposar), and rituximab (Rituxan) ¹⁸ ¹⁹ ²⁹

Second and subsequent line of therapy (2nd line+)

BR: bendamustine (Bendeka, Treanda) and rituximab (Rituxan) ³² ³³
Rituximab (Rituxan)
R-GDP: gemcitabine (Gemzar), dexamethasone, carboplatin (Paraplatin), and rituximab (Rituxan) ²³ ²⁴ OR
gemcitabine (Gemzar), dexamethasone, cisplatin (Platinol), and rituximab (Rituxan) ²³ ²⁴
R-GemOx: gemcitabine (Gemzar), oxaliplatin (Eloxatin), and rituximab (Rituxan) ²⁵ ²⁷
R-ICE: ifosfamide (Ifex), carboplatin (Paraplatin), etoposide (Toposar), and rituximab (Rituxan) ¹⁸ ¹⁹ ²⁹
NHL: Follicular Lymphoma and Marginal Zone Lymphoma Pathways

**Gastric MALT (Mucosa-associated Lymphoid Tissue) Lymphoma: Stage IE or IIE, (H. pylori positive)**

Antibiotic therapy for *H. pylori* eradication

**Gastric MALT Lymphoma: Stage IE or IIE (H. pylori negative) or Splenic Marginal Zone Lymphoma**

Rituximab (Rituxan)

**Follicular (Grade I-II) Lymphoma and Marginal Zone Lymphomas | First Line Therapy (1st line)**

BR: bendamustine (Bendeka, Treanda) and rituximab (Rituxan)

Chlorambucil (Leukeran)

Chlorambucil (Leukeran) and rituximab (Rituxan)

Cyclophosphamide (Cytoxan)

Cyclophosphamide (Cytoxan) and rituximab (Rituxan)

Rituximab (Rituxan)

R-CHOP (21 day cycles): cyclophosphamide (Cytoxan), doxorubicin (Adriamycin), vincristine (Oncovin), prednisone, and rituximab (Rituxan)

R-CVP: cyclophosphamide (Cytoxan), vincristine (Oncovin), prednisone, and rituximab (Rituxan)

**Follicular Lymphoma (Grade III) | First Line Therapy (1st line)**

R-CEOP: cyclophosphamide (Cytoxan), etoposide (Toposar), vincristine (Oncovin), prednisone, and rituximab (Rituxan)

R-CHOP (21 day cycles): cyclophosphamide (Cytoxan), doxorubicin (Adriamycin), vincristine (Oncovin), prednisone, and rituximab (Rituxan)

**Follicular Lymphoma | Maintenance**

Rituximab (Rituxan) every 3 months for 2 years (8 doses)

*Splenectomy is also a recommended treatment option for Splenic Marginal Zone Lymphoma*
NHL: Follicular Lymphoma and Marginal Zone Lymphoma Pathways
(Continued)

Follicular and Marginal Zone Lymphomas | Second and subsequent lines of therapy (2nd line +)

BR: bendamustine (Bendeka, Treanda) and rituximab (Rituxan) 32-33
R rituximab (Rituxan) 23-24
R-CEOP: cyclophosphamide (Cytoxan), etoposide (Toposar), vincristine (Oncovin), prednisone, and rituximab (Rituxan) 35-37
R-CHOP (21 day cycles): cyclophosphamide (Cytoxan), doxorubicin (Adriamycin), vincristine (Oncovin), prednisone, and rituximab (Rituxan) 2-5
R-GDP: gemcitabine (Gemzar), dexamethasone, carboplatin (Paraplatin), and rituximab (Rituxan) 23-24 OR gemcitabine (Gemzar), dexamethasone, cisplatin (Platinol), and rituximab (Rituxan) 23-24
R-GemOx: gemcitabine (Gemzar), oxaliplatin (Eloxatin), and rituximab (Rituxan) 25-27
R-ICE: ifosfamide (Ifex), carboplatin (Paraplatin), etoposide (Toposar), and rituximab (Rituxan) 18, 29

*Splenectomy is also a recommended treatment option for Splenic Marginal Zone Lymphoma
NHL: Mantle Cell Lymphoma Pathways

**First Line Therapy (1st line) | Transplant Candidate**

Alternating R-CHOP/R-DHAP: cyclophosphamide (Cytoxan), doxorubicin (Adriamycin), vincristine (Vincasar), prednisone, rituximab (Rituxan), alternating with dexamethasone, cisplatin (Platinol), cytarabine (Cytosar-U), and rituximab (Rituxan)⁴,⁵,¹⁸,¹⁹

Nordic Regimen: dose-intensified rituximab (Rituxan), cyclophosphamide (Cytoxan), vincristine (Vincasar), doxorubicin (Adriamycin), prednisone, alternating with rituximab (Rituxan), and high-dose cytarabine (Cytosar-U)³

**First Line Therapy | Ineligible for transplant (not ASCT candidate)**

Bendamustine (Bendeka, Treanda) and rituximab (Rituxan)⁹,¹⁰

**Second and subsequent lines of therapy (2nd line+)**

Bendamustine (Bendeka, Treanda) and rituximab (Rituxan)³¹,³²

Bortezomib (Velcade)¹⁶-¹⁸

FCMR: fludarabine (Fludara), cyclophosphamide (Cytoxan), mitoxantrone (Novantrone), and rituximab (Rituxan)¹³

Ibrutinib (Imbruvica)¹⁹,²⁰

Lenalidomide (Revlimid)²¹-²³ *

* Following two prior therapies, including bortezomib
### Ovarian Cancer Pathways

**Adjuvant Therapy | Stage IA/B (Grade 2 or 3) or IC (Grade 1-3)**

- Carboplatin (Paraplatin)* and paclitaxel (Taxol) \(^2, 5, 7\)
- Carboplatin (Paraplatin)* and dose dense paclitaxel (Taxol) \(^6, 8\)

**Adjuvant or primary Therapy | Stage II, III, IV**

- IV paclitaxel (Taxol) and Intraperitoneal (IP) cisplatin (Platinol) + IP paclitaxel (Taxol) \(^1, 4, 9\)
- Carboplatin (Paraplatin)* and paclitaxel (Taxol) \(^1, 4, 7\)
- Carboplatin (Paraplatin)* and dose dense paclitaxel (Taxol) \(^6, 8, 45\)

**Recurrent Disease | First or subsequent line of therapy (1st line+) | platinum-sensitive†**

- Carboplatin (Paraplatin)* and paclitaxel (Taxol) \(^8, 9, 15\)
- Carboplatin (Paraplatin)* and weekly paclitaxel (Taxol)
- Carboplatin (Paraplatin) and gemcitabine (Gemzar) \(^12, 13, 49\)
- Cisplatin (Platinol) and gemcitabine (Gemzar) \(^16\)

**Recurrent Disease | Second or subsequent line of therapy (2nd line+) | platinum resistant**

- Bevacizumab (Avastin) \(^42\)
- Bevacizumab (Avastin) and paclitaxel (Taxol) \(^37, 38, 50\)
- Bevacizumab (Avastin) and topotecan (Hycamtin) \(^36, 37, 50\)
- Docetaxel (Taxotere) \(^17\)
- Gemcitabine (Gemzar) \(^19-20\)
- Liposomal doxorubicin (Doxil or Lipodox) \(^19-21, 50\)
- Topotecan (Hycamtin) \(^21, 24\)
- Vinorelbine (Navelbine) \(^34-35\)
- Weekly paclitaxel (Taxol) \(^22, 23\)

*Substitution of carboplatin (Paraplatin) for cisplatin (Platinol), and vice-versa, is allowed.

†Platinum sensitive is defined as recurrence >6 months after prior platinum-based therapy
# Pancreatic Cancer (Adenocarcinoma)

## Pathways

### Adjuvant Therapy

FULV: fluorouracil (5FU) and leucovorin 4, 6, 9  
Gemcitabine (Gemzar) 1, 3, 7

### Locally Advanced/Unresectable and Metastatic Disease | First Line Therapy (1st line) | ECOG PS: 0, 1, 2

FOLFIRINOX: fluorouracil (5FU), leucovorin, irinotecan (Camptosar), and oxaliplatin (Eloxatin) 21  
Gemcitabine (Gemzar) 5, 15-19, 21  
Gemcitabine (Gemzar) and nab-paclitaxel (Abraxane) 15

### Locally Advanced/Unresectable and Metastatic Disease | Second Line Therapy (2nd line) | ECOG PS: 0, 1, 2

No Longer Pathway effective 3/1/2017

<table>
<thead>
<tr>
<th>Drug组合</th>
<th>状态</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fluorouracil (5FU) and leucovorin</td>
<td>No Longer Pathway effective 3/1/2017</td>
</tr>
<tr>
<td>Fluorouracil (5FU), leucovorin, and oxaliplatin (Eloxatin)</td>
<td>No Longer Pathway effective 3/1/2017</td>
</tr>
<tr>
<td>Gemcitabine (Gemzar)</td>
<td>No Longer Pathway effective 3/1/2017</td>
</tr>
</tbody>
</table>
# Prostate Cancer (Adenocarcinoma) Pathways

## Adjuvant Therapy | Post- prostatectomy | Lymph node positive (LN+)

- Goserelin (Zoladex) $^{1,2}$
- Leuprolide (Eligard/Lupron)$^{1,2}$
- Triptorelin (Trelstar) $^{1,2}$

## Intermediate risk | Primary treatment with radiation therapy (RT)

- Goserelin (Zoladex)$^{* 3,5}$
- Leuprolide (Eligard/Lupron)$^{* 3,5}$
- Triptorelin (Trelstar)$^{* 3,5}$

## High Risk (T3a or Gleason 8-10), Very High Risk (T3b-T4), and Locally Advanced Prostate Cancer (LN+) | Primary treatment with radiation therapy (RT)

- Goserelin (Zoladex)$^{* 4}$
- Histrelin (Vantas)$^{* 4}$
- Leuprolide (Eligard/Lupron)$^{* 4}$
- Triptorelin (Trelstar)$^{* 4}$

## Recurrent and Metastatic disease | Hormone Sensitive

- Docetaxel (Taxotere)$^{**}$ (q 3 wks) with Androgen Deprivation Therapy (ADT) $^{19}$
- Goserelin (Zoladex)$^{** 6}$
- Histrelin (Vantas)$^{** 6}$
- Leuprolide (Eligard/Lupron)$^{** 6}$
- Triptorelin (Trelstar)$^{** 6}$

*May be coadministered with bicalutamide (Casodex) or flutamide (Eulexin) for up to 30 days in patients who are at risk of developing symptoms associated with testosterone flare.

**ADT: histrelin (Vantas), goserelin (Zoladex), leuprolide (Eligard/Lupron), triptorelin (Trelstar)
Recurrent and Metastatic Disease | Hormone Resistant | First and subsequent lines of therapy (1st line+)

Abiraterone (Zytiga)** with continue ADT 8,12,25,27
Degarelix (Firmagon) with bicalutamide (Casodex) 7
Docetaxel (Taxotere)** (q3 wks) with continue ADT 10,19
Goserelin (Zoladex) with bicalutamide (Casodex) 6,7
Leuprolide ( Eligard/Lupron) with bicalutamide (Casodex) 6,7
Triptorelin (Trelstar) with bicalutamide (Casodex) 6,7

Recurrent and Metastatic Disease | Hormone Resistant | Second and subsequent lines of therapy (2nd line+)

Cabazitaxel (Jevtana)** with ADT 11
Docetaxel** rechallenge with ADT 21,22
Enzalutamide (Xtandi)** with ADT 16
Continued ADT ** with supportive care ± dexamethasone 13-16,23,24

*May be coadministered with bicalutamide (Casodex) or flutamide (Eulexin) for up to 30 days in patients who are at risk of developing symptoms associated with testosterone flare.

**ADT: histrelin (Vantas), goserelin (Zoladex), leuprolide (Eligard/Lupron), triptorelin (Trelstar)
# Testicular (Germ Cell Tumors) Cancer Pathways

## Seminoma | Stage II-IIIA | Primary Therapy

**EP:** etoposide (Toposar) and cisplatin (Platinol)⁴

**BEP:** bleomycin (Blenoxane), etoposide (Toposar), and cisplatin (Platinol)⁵

## Seminoma | Stage IIIB-C | Good Risk | and Metastatic Disease

**BEP:** bleomycin (Blenoxane), etoposide (Toposar), and cisplatin (Platinol)⁵,⁶

**VIP:** etoposide (Toposar), ifosfamide (Ifex), and cisplatin (Platinol)⁷ *No Longer Pathway effective 3/1/2017*

## Nonseminoma | Stage II-IIIA | Primary Therapy

**EP:** etoposide (Toposar) and cisplatin (Platinol)⁴

**BEP:** bleomycin (Blenoxane), etoposide (Toposar), and cisplatin (Platinol)⁵,⁶

## Nonseminoma | Stage IIIB-C | Primary Therapy

**BEP:** bleomycin (Blenoxane), etoposide (Toposar), and cisplatin (Platinol)⁵,⁶

**VIP:** etoposide (Toposar), ifosfamide (Ifex), and cisplatin (Platinol)⁷

## Nonseminoma | Adjuvant Therapy after RPLND*

**EP:** etoposide (Toposar) and cisplatin (Platinol)⁸,⁹,²⁶

* **RPLND:** Retroperitoneal Lymph Node Dissection
Uterine Cancer Pathways

Adjuvant Therapy | Stage III-IV or High Risk Histologies

Carboplatin (Paraplatin) and paclitaxel (Taxol)\textsuperscript{5,6}

Recurrent / Metastatic | First and Subsequent Lines of Therapy (1\textsuperscript{st} line+)

Carboplatin (Paraplatin) and paclitaxel (Taxol)\textsuperscript{5,27,28,29}

Cisplatin (Platinol) and doxorubicin (Adriamycin)\textsuperscript{24,25}
BLADDER CANCER REFERENCES


BREAST CANCER (ADJUVANT) PATHWAYS REFERENCES


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