Cancer Care Quality Program

Treatment Pathways

EFFECTIVE: AUGUST 1, 2017
LAST REVIEWED MAY 23, 2017

UPDATES FOR 2ND QUARTER 2017

UPDATE TO EXISTING CANCER TREATMENT PATHWAYS

- Chronic Myelogenous Leukemia (CML)
  - Added ‘for intermediate or high risk disease’ to dasatinib (Sprycel) | First Line Therapy (1st line)
  - Added nilotinib (Tasigna) for intermediate or high risk disease | First Line Therapy (1st line)
  - Removed ‘for patients with V299L mutation’ from nilotinib (Tasigna) | Second Line Therapy (2nd line) | Following treatment failure, suboptimal response†, or intolerance to first line therapy
  - Removed ‘for patients with T3151 mutation’ from ponatinib (Iclusig) | Second Line Therapy (2nd line) | Following treatment failure, suboptimal response†, or intolerance to first line therapy
  - Added Ponatinib (Iclusig) | Third line of therapy (3rd line)
- Melanoma
  - Removed nivolumab (Opdivo) | Metastatic Disease | First line (1st line) | ECOG PS: 0,1,2
- Added pembrolizumab (Keytruda) | Metastatic Disease | First and subsequent lines of therapy (1st line +) | Any BRAF status | ECOG PS: 0,1,2
- Removed dabrafenib (Tafinlar) and trametinib (Mekinist) | Metastatic Disease | First and subsequent lines of therapy (1st line +) | ECOG PS: 0,1,2 | BRAF mutated
- Added vemurafenib (Zelboraf) and cobimetinib (Cotellic) | Metastatic Disease | First line of therapy (1st line) | BRAF mutated | Symptomatic disease | ECOG PS: 0,1,2

**NHL: Diffuse Large B-Cell Lymphoma**
- Removed dabrafenib (Tafinlar) and trametinib (Mekinist) | Metastatic Disease | First and subsequent lines of therapy (1st line +) | ECOG PS: 0,1,2 | BRAF mutated

**NHL: Follicular Lymphoma and Marginal Zone Lymphoma**
- Changed Follicular (Grade I-II) Lymphoma and Marginal Zone Lymphoma | First Line Therapy (1st line) to Follicular (Grade I-III) Lymphoma and other Marginal Zone Lymphomas | First line of therapy (1st line)
- Removed chlorambucil (Leukeran) | Follicular (Grade I-II) Lymphoma and Marginal Zone Lymphoma | First Line Therapy (1st line)
- Removed chlorambucil (Leukeran) and rituximab (Rituxan) | Follicular (Grade I-II) Lymphoma and Marginal Zone Lymphoma | First Line Therapy (1st line)
- Added chlorambucil (Leukeran) | Follicular (Grade I-III) Lymphoma and other Marginal Zone Lymphomas | First line of therapy (1st line) | additional options for the elderly or infirm
- Added chlorambucil (Leukeran) and rituximab (Rituxan) | Follicular (Grade I-III) Lymphoma and other Marginal Zone Lymphomas | first line of therapy (1st line) | additional options for the elderly or infirm
- Added cyclophosphamide and rituximab (Rituxan) | Follicular (Grade I-III) Lymphoma and other Marginal Zone Lymphomas | First line of therapy (1st line) | additional options for the elderly or infirm
- Removed rituximab (Rituxan) every 3 months for 2 years (8 doses) | Follicular Lymphoma | Maintenance
- Removed BR: bendamustine (Bendeka, Treanda) and rituximab (Rituxan) | Follicular and Marginal Zone Lymphomas | Second and subsequent lines of therapy (2nd line+)
- Removed rituximab (Rituxan) | Follicular and Marginal Zone Lymphomas | Second and subsequent lines of therapy (2nd line+)
- Removed R-CEOP | Follicular and Marginal Zone Lymphomas | Second and subsequent lines of therapy (2nd line+)
- Removed R-CHOP | Follicular and Marginal Zone Lymphomas | Second and subsequent lines of therapy (2nd line+)
- Removed R-GDP | Follicular and Marginal Zone Lymphomas | Second and subsequent lines of therapy (2nd line+)
- Removed R-GemOX | Follicular and Marginal Zone Lymphomas | Second and subsequent lines of therapy (2nd line+)
- Removed R-ICE | Follicular and Marginal Zone Lymphomas | Second and subsequent lines of therapy (2nd line+)

**Pancreatic Cancer (Adenocarcinoma)**
- Added capecitabine (Xeloda) and gemcitabine (Gemzar) | Adjuvant Therapy
- Added OFF as pathway | Locally Advanced/Unresectable and Metastatic Disease | Second line of therapy (2nd line) | ECOG PS: 0,1,2

**Testicular (Germ Cell Tumors) Cancer**
- Removed VIP | Nonseminoma | Stage IIIB-C | Primary Therapy
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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 (Urothelial) Pathways

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

CMV: cisplatin, methotrexate, and vinblastine

ddMVA: dose dense methotrexate, vinblastine, doxorubicin (Adriamycin), and cisplatin

Gemcitabine (Gemzar) and cisplatin

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

BCG: bacillus calmette-guerin intravesical

Mitomycin C intravesical

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

Gemcitabine (Gemzar) and cisplatin

*TURBT: Transurethral Resection of Bladder Tumor
# Breast Cancer Pathways: Neoadjuvant

## Neoadjuvant Therapy | HER2 Negative

<table>
<thead>
<tr>
<th>Weekly Therapy</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td>AC weekly T</td>
<td>doxorubicin (Adriamycin) and cyclophosphamide (every 3 weeks) followed by weekly paclitaxel&lt;sup&gt;8,9,23,54&lt;/sup&gt;</td>
</tr>
<tr>
<td>ddAC weekly T</td>
<td>dose dense doxorubicin (Adriamycin) and cyclophosphamide followed by weekly paclitaxel&lt;sup&gt;13,23,33-34&lt;/sup&gt;</td>
</tr>
<tr>
<td>TC</td>
<td>docetaxel (Taxotere) and cyclophosphamide&lt;sup&gt;10,20&lt;/sup&gt;</td>
</tr>
</tbody>
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## Neoadjuvant Therapy | HER2 Positive

<table>
<thead>
<tr>
<th>Weekly Therapy</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>AC-TH</td>
<td>doxorubicin (Adriamycin) and cyclophosphamide followed by paclitaxel and trastuzumab (Herceptin)&lt;sup&gt;25,38,40,45,48,50&lt;/sup&gt;</td>
</tr>
<tr>
<td>TCH</td>
<td>docetaxel (Taxotere), carboplatin, and trastuzumab (Herceptin)&lt;sup&gt;40,50&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Weekly Therapy</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>TCH+P</td>
<td>docetaxel (Taxotere), carboplatin, trastuzumab (Herceptin), and pertuzumab (Perjeta)&lt;sup&gt;41,42,56-57&lt;/sup&gt;</td>
</tr>
</tbody>
</table>
Breast Cancer Pathways: Adjuvant

**Adjuvant Therapy | HER2 Negative**

- AC → weekly T: doxorubicin (Adriamycin) and cyclophosphamide (every 3 weeks) followed by weekly paclitaxel\[^{1-3}\]
- ddAC → weekly T: dose dense doxorubicin (Adriamycin) and cyclophosphamide followed by weekly paclitaxel\[^{5-7}\]
- TC: docetaxel (Taxotere) and cyclophosphamide\[^{3, 4}\]

**Adjuvant Therapy | HER2 Positive**

- AC→TH: doxorubicin (Adriamycin) and cyclophosphamide followed by paclitaxel and trastuzumab (Herceptin)\[^{7, 10-12}\]
- TCH: docetaxel (Taxotere), carboplatin, and trastuzumab (Herceptin)\[^{11}\]
- TH: paclitaxel and trastuzumab (Herceptin)\[^{13}\] *(Pathway for stage I HER2 Positive breast cancer only)*

*Adjuvant chemotherapy pathways do NOT apply to individuals with Hormone-Receptor positive, lymph node negative, OncotypeDX™ LOW risk score
Breast Cancer Pathways: Advanced/Metastatic Disease

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

- Capecitabine (Xeloda)\textsuperscript{13,27-30}
- Doxorubicin (Adriamycin)\textsuperscript{13-18}
- Gemcitabine (Gemzar)\textsuperscript{20}
- Paclitaxel\textsuperscript{13,16,24-26}
- Vinorelbine (Navelbine)\textsuperscript{21-23}

Metastatic disease | HER2 Positive | First line of therapy (1st line)

- Capecitabine (Xeloda) and trastuzumab (Herceptin)\textsuperscript{13,36-39}
- Gemcitabine (Gemzar) and Trastuzumab (Herceptin)\textsuperscript{40,41}
- Paclitaxel and trastuzumab (Herceptin)
- Pertuzumab (Perjeta), trastuzumab (Herceptin), and docetaxel (Taxotere)\textsuperscript{12,33-35}
- Pertuzumab (Perjeta), trastuzumab (Herceptin), and paclitaxel\textsuperscript{34}
- Vinorelbine (Navelbine) and trastuzumab (Herceptin)\textsuperscript{36,42,43}

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

- Ado-trastuzumab emtansine (Kadcyla)\textsuperscript{50}
- Capecitabine (Xeloda) and lapatinib (Tykerb)\textsuperscript{44,45}
- Capecitabine (Xeloda) and trastuzumab (Herceptin)\textsuperscript{20,36-39}
- Gemcitabine (Gemzar) and trastuzumab (Herceptin)\textsuperscript{40,42}
- Paclitaxel and trastuzumab (Herceptin)
- Pertuzumab (Perjeta), trastuzumab (Herceptin), and docetaxel (Taxotere)
- Pertuzumab (Perjeta), trastuzumab (Herceptin), and paclitaxel
- Trastuzumab (Herceptin) and lapatinib (Tykerb)\textsuperscript{48}
- Trastuzumab (Herceptin) monotherapy\textsuperscript{25,46,47}
- Vinorelbine (Navelbine) and trastuzumab (Herceptin)\textsuperscript{32,43}
Breast Cancer Pathways: Endocrine Therapy for Recurrent or Metastatic Disease

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

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Reference(s)</th>
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<tbody>
<tr>
<td>Anastrozole (Arimidex)</td>
<td>1, 6, 7, 10, 11, 22, 33</td>
</tr>
<tr>
<td>Fulvestrant, (Faslodex) high dose</td>
<td>5, 7, 22, 26, 33, 42</td>
</tr>
<tr>
<td>Letrozole (Femara)</td>
<td>3, 12, 14, 38</td>
</tr>
<tr>
<td>Letrozole (Femara) and palbociclib (Ibrance)</td>
<td>40</td>
</tr>
<tr>
<td>Tamoxifen†</td>
<td>12, 26</td>
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</table>

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

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Reference(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anastrozole (Arimidex)</td>
<td>1, 6, 7, 10, 11, 22, 33</td>
</tr>
<tr>
<td>Exemestane (Aromasin)</td>
<td>4, 20, 21, 39</td>
</tr>
<tr>
<td>Fulvestrant (Faslodex) high dose</td>
<td></td>
</tr>
<tr>
<td>Fulvestrant (Faslodex) and palbociclib (Ibrance)</td>
<td>40</td>
</tr>
<tr>
<td>Letrozole (Femara)</td>
<td>3, 12, 14, 38</td>
</tr>
<tr>
<td>Tamoxifen†</td>
<td>12, 26</td>
</tr>
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</table>

**First and subsequent lines of therapy (1st line +) | Recurrent or Metastatic Disease | Hormone receptor positive | HER2 positive**

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Reference(s)</th>
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<tbody>
<tr>
<td>Anastrozole (Arimidex) and trastuzumab (Herceptin)</td>
<td>46</td>
</tr>
<tr>
<td>Letrozole (Femara) and trastuzumab (Herceptin)</td>
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* 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
Chronic Myelogenous Leukemia (CML) Pathways

**First Line Therapy (1st line)**

Dasatinib* (Sprycel) for intermediate or high risk disease\(^1,2,30,37-39\)

Imatinib (Gleevec)\(^1,4,6,8,30,33-35\)

Nilotinib* (Tasigna) for intermediate or high risk disease\(^6,8,31,32\) (Added Effective 8/1/2017)

**Second Line Therapy (2nd line) | Following treatment failure, suboptimal response†, or intolerance to first line therapy**

Bosutinib (Bosulif)\(^23,33\)

Dasatinib (Sprycel)\(^1,2,9,10,12,36\)

Nilotinib (Tasigna)\(^16-18,31,32\)

Ponatinib‡ (Iclusig)\(^26\)

**Third line of therapy (3rd line) (Added Effective 8/1/2017)**

Ponatinib (Iclusig)\(^26\) (Added Effective 8/1/2017)

* For patients with intermediate or high risk disease based on Sokal or Hasford Score:
  - Sokal: Intermediate Risk=0.8-1.2; High Risk>1.2
  - Hasford: Intermediate Risk=781-1480; High Risk>1480

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

‡ Pathway option for second line therapy only after failure, suboptimal response, or intolerance of a second generation TKI has been used in the first line setting, or T315I mutation has been identified.
### Colorectal Cancer Pathways

#### Adjuvant Therapy

Capecitabine (Xeloda)\(^3,52,69\)

- **FLOX**: fluorouracil (5-FU), leucovorin, and oxaliplatin\(^5,8,49,69\)
- **FULV**: fluorouracil (5FU) and leucovorin\(^1,3,4,7,49,52,69\)
- **Modified FOLFOX-6**: fluorouracil (5-FU), leucovorin, and oxaliplatin\(^7,8,51,56,60,69\)

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<table>
<thead>
<tr>
<th>Metastatic disease</th>
<th>RAS Wild Type (WT) or Mutant (MT)(^\dagger)</th>
<th>First or second lines of therapy (1(^{\text{st}}) line or 2(^{\text{nd}}) line)</th>
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<tr>
<td>Capecitabine (Xeloda)(^27)</td>
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<tr>
<td><strong>FOLFIRI</strong>: fluorouracil (5FU), leucovorin, and irinotecan (Camptosar)(^18,23,30,32,34,81)</td>
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<tr>
<td><strong>FOLFIRI</strong>: fluorouracil (5FU), leucovorin, and irinotecan (Camptosar) with bevacizumab (Avastin)(^21,23,31,36,44,45,58,66,68,83)</td>
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<td></td>
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<tr>
<td><strong>FOLFOXIRI</strong>: fluorouracil (5FU), leucovorin, irinotecan (Camptosar), oxaliplatin, and bevacizumab (Avastin)(^21,66,67,68,83)</td>
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<tr>
<td><strong>FULV</strong>: fluorouracil (5FU) and leucovorin(^22,27,35,81)</td>
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<tr>
<td><strong>FULV</strong>: fluorouracil (5FU) and leucovorin with bevacizumab (Avastin)(^22,35)</td>
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<tr>
<td><strong>Modified FOLFOX-6</strong>: fluorouracil (5FU), leucovorin, and oxaliplatin(^24,26,28,30,34)</td>
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<tr>
<td><strong>Modified FOLFOX-6</strong>: fluorouracil (5FU), leucovorin, and oxaliplatin with bevacizumab (Avastin)(^25,26,28,33,44,45,70)</td>
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<table>
<thead>
<tr>
<th>Metastatic disease</th>
<th>RAS WT</th>
<th>Second lines of therapy (2(^{\text{nd}}) line)</th>
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<tr>
<td><strong>FOLFIRI</strong>: fluorouracil (5FU), leucovorin, and irinotecan (Camptosar) with panitumumab (Vectibix)(^11,43,62)</td>
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</tr>
<tr>
<td><strong>FOLFOX-6</strong>: fluorouracil (5FU), leucovorin, and oxaliplatin with panitumumab (Vectibix)(^12,53,59)</td>
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Irinotecan (Camptosar) and panitumumab (Vectibix)\(^47\)

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<table>
<thead>
<tr>
<th>Metastatic disease</th>
<th>RAS WT or MT(^\dagger)</th>
<th>Third and subsequent lines of therapy (3(^{\text{rd}}) line +)</th>
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<tbody>
<tr>
<td>Trifluridine + tipiracil (Lonsurf)(^85)</td>
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<table>
<thead>
<tr>
<th>Metastatic disease</th>
<th>RAS WT</th>
<th>Third and subsequent lines of therapy (3(^{\text{rd}}) line +)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irinotecan (Camptosar) and panitumumab (Vectibix)(^47)</td>
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<td></td>
</tr>
<tr>
<td>Panitumumab (Vectibix) monotherapy(^13,56,61)</td>
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* Patients with stage II MSI-H (microsatellite instability - high) colorectal cancer are not included in the Adjuvant Pathway.
\(^\dagger\) Dose & sequence of administration differ between modified FOLFOX-6 and FLOX
\(^\dagger\) 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 and fluorouracil (5FU)\(^3,4\)
- Fluorouracil (5FU) and cisplatin with concurrent radiation therapy (RT)\(^35\)
- Paclitaxel and carboplatin with concurrent RT\(^5\)

## Post-operative treatment

- Fluorouracil (5FU) and leucovorin with concurrent RT\(^38\)

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

- Cisplatin and fluorouracil (5FU)\(^15,19,21,26\)
- Fluorouracil (5FU) and irinotecan (Camptosar)\(^25,26\)
- **FLO/FOLFOX**: fluorouracil (5FU), leucovorin, and oxaliplatin\(^27\)
- **FLP**: fluorouracil (5FU), leucovorin, and cisplatin\(^27\)

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

- Cisplatin, fluorouracil (5FU), and trastuzumab (Herceptin)\(^15\)

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

- Irinotecan (Camptosar)\(^24,29\)
- Paclitaxel\(^33\)
# Head and Neck Cancer Pathways

## Hypopharynx and larynx: candidate for local therapy (M0) | Primary systemic therapy & concurrent radiation therapy (RT)

- High dose cisplatin* with concurrent RT³

### Hypopharynx and larynx: candidate for local therapy (M0) | Post-operative systemic therapy & concurrent radiation therapy (RT)

- High dose cisplatin* with concurrent RT¹⁰

## 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* with concurrent RT³

### 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* with concurrent RT¹⁰

## Nasopharynx: candidate for local therapy (M0) | Primary systemic therapy & concurrent radiation therapy (RT) followed by adjuvant therapy

- High dose cisplatin* with concurrent RT following by cisplatin and fluorouracil (5FU)¹³

### Nasopharynx | Metastatic and recurrent disease | First Line and subsequent lines of therapy | Performance Status 0,1,2

- Cisplatin† and fluorouracil (5FU)¹⁴,¹⁸,²⁴,²⁹
- Cisplatin† and gemcitabine (Gemzar)²⁹
- Cisplatin† and paclitaxel¹⁸,²²
- Cisplatin OR carboplatin (single agent)²⁰,²²
- Gemcitabine (Gemzar)³¹
- Methotrexate²⁴,²⁶
- Paclitaxel²³

### Non-Nasopharyngeal (Squamous cell) | Metastatic and recurrent disease | First Line | Performance Status 0,1,2

- Carboplatin, fluorouracil (5FU), and cetuximab (Erbitux)¹⁴
- Cisplatin, fluorouracil (5FU), 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 (5FU)²²
- Methotrexate²⁴,²⁶
- Nivolumab (Opdivo)³⁵
- Paclitaxel²³

---

* High dose cisplatin is defined as dosing to achieve 200–300 mg/m² total cisplatin dose during the course of radiotherapy.

† 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, vinblastine, and dacarbazine (DTIC)\textsuperscript{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 and vinorelbine (Navelbine)\(^{53,54}\)
- Gemcitabine (Gemzar) and cisplatin
- Paclitaxel and carboplatin\(^{52}\)

### Primary Therapy for Locally Advanced / Unresectable | Stage III
- Paclitaxel (every 3 weeks) and carboplatin with XRT\(^{92}\)

### Metastatic disease | ALK Positive or ROS1 Positive | First line (1st line)
- Crizotinib (Xalkori)\(^{1,58}\)

### Metastatic disease | EGFR Positive | 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* and paclitaxel\(^7-16,54\)
- Cisplatin* and gemcitabine (Gemzar)\(^8,11,13,22-25\)
- Cisplatin* and pemetrexed (Alimta)\(^{17,18}\)
- Paclitaxel, carboplatin, and bevacizumab (Avastin)\(^{13,14,30,31}\)

### Metastatic disease | Squamous | ECOG PS: 0, 1, 2 | First line (1st line)
- Carboplatin* and paclitaxel\(^7-16\)
- Cisplatin* 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)\(^{41}\)

* Administered at a dose of 2 mg/kg (up to a maximum of 200 mg).
† In the setting of recurrent/metastatic NSCLC, a substitution of carboplatin for cisplatin (or vice-versa) will be considered a Pathway option.
<table>
<thead>
<tr>
<th>Metastatic disease</th>
<th>ALK Positive or EGFR Positive</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* and paclitaxel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cisplatin* and gemcitabine (Gemzar)*53</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cisplatin* and pemetrexed (Alimta)</td>
<td></td>
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</tbody>
</table>

<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)*186,90</td>
<td></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)*43-47,55</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nivolumab (Opdivo)*72</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pemetrexed (Alimta)*31,32</td>
<td></td>
<td></td>
<td></td>
</tr>
</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)*59,61</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* In the setting of recurrent/metastatic NSCLC, a substitution of carboplatin for cisplatin (or vice-versa) will be considered a Pathway option

† For patients with EGFR T790M mutation
Lung Cancer: Small Cell Lung Cancer Pathways

### Limited Stage | Primary, Adjuvant, or First Line Therapy (1st line)
- Carboplatin and etoposide (Toposar) ± XRT³
- Cisplatin and etoposide (Toposar) ± XRT¹,²

### Extensive Stage | First line of therapy (1st line)
- Carboplatin and etoposide (Toposar)⁹

### Second and subsequent lines of therapy (2nd line +) | Relapse greater than 6 months
- Carboplatin and etoposide (Toposar)⁹
## Melanoma Pathways

<table>
<thead>
<tr>
<th>Metastatic Disease*</th>
<th>First (1st line)</th>
<th>ECOG PS: 0, 1, 2</th>
<th>No Longer Pathway Effective 8/1/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nivolumab (Opdivo)</td>
<td>No Longer Pathway Effective 8/1/2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pembrolizumab (Keytruda)</td>
<td>Added Effective 8/1/2017</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Metastatic Disease</th>
<th>First and subsequent lines of therapy (1st line +)</th>
<th>Any BRAF status</th>
<th>ECOG PS: 0, 1, 2 (Added Effective 8/1/2017)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nivolumab (Opdivo)</td>
<td>No Longer Pathway Effective 8/1/2017</td>
<td></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>
<th>No Longer Pathway Effective 8/1/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pembrolizumab (Keytruda)</td>
<td>Added Effective 8/1/2017</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Metastatic Disease</th>
<th>First line of therapy (1st line)</th>
<th>BRAF mutated †</th>
<th>Symptomatic disease</th>
<th>ECOG PS: 0, 1, 2 (Added Effective 8/1/2017)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dabrafenib (Tafinlar) and trametinib (Mekinist)</td>
<td>No Longer Pathway Effective 8/1/2017</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Metastatic Disease</th>
<th>Second and subsequent lines of therapy (2nd line +)</th>
<th>BRAF mutated †</th>
<th>ECOG PS: 0, 1, 2 (Added Effective 8/1/2017)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vemurafenib (Zelboraf) and cobimetinib (Cotellic)</td>
<td>Added Effective 8/1/2017</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

*Administered at a dose of 2 mg/kg (up to a maximum of 200 mg).

† BRAF mutations include V600E and V600K mutations.
# Myeloma Pathways

<table>
<thead>
<tr>
<th>Primary/First line of therapy (1st line)</th>
<th>Transplant candidates</th>
</tr>
</thead>
<tbody>
<tr>
<td>VRD/VDR: bortezomib (Velcade), lenalidomide (Revlimid), and dexamethasone&lt;sup&gt;88&lt;/sup&gt;</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary/First Line of therapy (1st line)</th>
<th>Ineligible for transplant</th>
</tr>
</thead>
<tbody>
<tr>
<td>CyBorD or VDC: bortezomib (Velcade), cyclophosphamide, and dexamethasone</td>
<td></td>
</tr>
<tr>
<td>R-dex: lenalidomide (Revlimid) and low-dose dexamethasone&lt;sup&gt;11,34,35&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>VRD/VDR: bortezomib (Velcade), lenalidomide (Revlimid), and dexamethasone</td>
<td></td>
</tr>
<tr>
<td>VD: bortezomib (Velcade) and dexamethasone&lt;sup&gt;1,3,24,85&lt;/sup&gt;</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Maintenance therapy</th>
<th>Post-transplant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lenalidomide (Revlimid)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Relapsed Disease</th>
<th>Second and subsequent lines of therapy (2nd line +)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRd or KRd: carfilzomib (Kyprolis), lenalidomide (Revlimid), and dexamethasone&lt;sup&gt;82&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>DRD: daratumumab (Darzalex), lenalidomide (Revlimid), and dexamethasone&lt;sup&gt;100&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>DVD: daratumumab (Darzalex), bortezomib (Velcade), and dexamethasone&lt;sup&gt;103&lt;/sup&gt;</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Relapsed Disease</th>
<th>Third and subsequent lines of therapy (3rd line +)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daratumumab (Darzalex)&lt;sup&gt;95&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>Elotuzumab (Empliciti), lenalidomide (Revlimid), and dexamethasone&lt;sup&gt;97&lt;/sup&gt;</td>
<td></td>
</tr>
</tbody>
</table>
# NHL: Chronic Lymphocytic Leukemia (CLL) / Small Lymphocytic Lymphoma (SLL) 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>46,47</td>
</tr>
</tbody>
</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, 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, 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 of therapy (1st line)**

R-CHOP (21): cyclophosphamide, doxorubicin (Adriamycin), vincristine (Vincasar), prednisone, and rituximab (Rituxan)\(^1\)\(^-\)\(^4\)

R-CEOP: cyclophosphamide, etoposide (Toposar), vincristine (Vincasar), prednisone, and rituximab (Rituxan)\(^13\)\(^-\)\(^4\)\(^2\)\(^0\)\(^\)\(^4\)\(^1\) **No Longer Pathway Effective 8/1/2017**

**First line of therapy (1st line) | Contraindication to anthracycline (Added Effective 8/1/2017)**

R-CEOP: cyclophosphamide, etoposide (Toposar), vincristine (Vincasar), prednisone, and rituximab (Rituxan)\(^13\)\(^-\)\(^4\)\(^0\)\(^4\)\(^1\) **(Added Effective 8/1/2017)**

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

R-GDP: gemcitabine (Gemzar), dexamethasone, cisplatin, and rituximab (Rituxan) OR gemcitabine (Gemzar), dexamethasone, carboplatin, and rituximab (Rituxan)\(^2\)\(^3\)\(^-\)\(^4\)\(^3\)

R-ICE: ifosfamide (Ifex), carboplatin, etoposide (Toposar), and rituximab (Rituxan)\(^1\)\(^8\)\(^-\)\(^1\)\(^9\)\(^-\)\(^2\)\(^9\)

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

BR: bendamustine (Bendeka, Treanda) and rituximab (Rituxan)\(^3\)\(^2\)\(^-\)\(^3\)\(^3\)

R-GDP: gemcitabine (Gemzar), dexamethasone, cisplatin, and rituximab (Rituxan) OR gemcitabine (Gemzar), dexamethasone, carboplatin, and rituximab (Rituxan)\(^2\)\(^3\)\(^-\)\(^4\)\(^3\)

R-GemOx: gemcitabine (Gemzar), oxaliplatin, and rituximab (Rituxan)\(^2\)\(^5\)\(^-\)\(^2\)\(^7\)

R-ICE: ifosfamide (Ifex), carboplatin, etoposide (Toposar), and rituximab (Rituxan)\(^1\)\(^8\)\(^-\)\(^1\)\(^9\)\(^-\)\(^2\)\(^9\) **No Longer Pathway Effective 8/1/2017**

Rituximab (Rituxan) monotherapy **reserved for frail patients or elderly patients**
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 eradication33,34

Splenic Marginal Zone Lymphoma † OR Gastric MALT Lymphoma: First line of therapy (1st line)
Rituximab (Rituxan) monotherapy27-29

Follicular (Grade I-II) Lymphoma and Marginal Zone Lymphomas | First Line Therapy (1st line) No Longer Pathway Effective 8/1/2017

Follicular (Grade I-IIIA) Lymphoma and other Marginal Zone Lymphomas | First line of therapy (1st line) (Added Effective 8/1/2017)
BR: bendamustine (Bendeka, Treanda) and rituximab (Rituxan)5-6
Chlorambucil (Leukeran)10 No Longer Pathway Effective 8/1/2017
Chlorambucil (Leukeran) and rituximab (Rituxan)10-11 No Longer Pathway Effective 8/1/2017
Cyclophosphamide11-13 No Longer Pathway Effective 8/1/2017
Cyclophosphamide and rituximab (Rituxan) No Longer Pathway Effective 8/1/2017
R-CHOP (21): cyclophosphamide, doxorubicin (Adriamycin), vincristine (Vincasar), prednisone, and rituximab (Rituxan)1-3,5
R-CVP: cyclophosphamide, vincristine (Vincasar), prednisone, and rituximab (Rituxan)1,4
Rituximab (Rituxan) monotherapy7,17

Follicular (Grade I-IIIA) Lymphoma and other Marginal Zone Lymphomas | First line of therapy (1st line) | Additional options for the elderly or infirm (Added Effective 8/1/2017)
Chlorambucil (Leukeran)10 (Added Effective 8/1/2017)
Chlorambucil (Leukeran) and rituximab (Rituxan)10,11 (Added Effective 8/1/2017)
Cyclophosphamide11-13 (Added Effective 8/1/2017)
Cyclophosphamide and rituximab (Rituxan) (Added Effective 8/1/2017)

Follicular Lymphoma (Grade III) | First Line Therapy (1st line)
R-CHOP (21): cyclophosphamide, doxorubicin (Adriamycin), vincristine (Vincasar), prednisone, and rituximab (Rituxan)1-3,5
R-CEOP: cyclophosphamide , etoposide (Toposar), vincristine (Vincasar), prednisone, and rituximab (Rituxan)35,37

Follicular Lymphoma | Maintenance No Longer Pathway Effective 8/1/2017
Rituximab (Rituxan) every 3 months for 2 years (8 doses)16 No Longer Pathway Effective 8/1/2017

* Gastric MALT with translocation 11;18 (t11;18) (q21;q21) predicts a lower response rate to anti-H.pylori treatment. Radiation therapy or other local intervention may be indicated.

† Splenectomy is also a recommended option for Splenic Marginal Zone Lymphoma (NCCN 2A).
NHL: Follicular Lymphoma and Marginal Zone Lymphoma Pathways
(Continued)

**Follicular and Marginal Zone Lymphomas | Second and subsequent lines of therapy (2nd line +) No Longer Pathway Effective 8/1/2017**

**BR:** bendamustine (Bendeka, Treanda) and rituximab (Rituxan)\(^{32-33}\) No Longer Pathway Effective 8/1/2017

Rituximab (Rituxan)\(^{23-24}\) No Longer Pathway Effective 8/1/2017

**R-CEOP:** cyclophosphamide, etoposide (Toposar), vincristine (Vincasar), prednisone, and rituximab (Rituxan)\(^{35-37}\) No Longer Pathway Effective 8/1/2017

**R-CHOP (21 day cycles):** cyclophosphamide, doxorubicin (Adriamycin), vincristine (Vincasar), prednisone, and rituximab (Rituxan)\(^{2-5}\) No Longer Pathway Effective 8/1/2017

**R-GDP:** gemcitabine (Gemzar), dexamethasone, carboplatin, and rituximab (Rituxan)\(^{23-24}\) OR

gemcitabine (Gemzar), dexamethasone, cisplatin, and rituximab (Rituxan)\(^{23-24}\) No Longer Pathway Effective 8/1/2017

**R-GemOx:** gemcitabine (Gemzar), oxaliplatin, and rituximab (Rituxan)\(^{25-27}\) No Longer Pathway Effective 8/1/2017

**R-ICE:** ifosfamide (Ifex), carboplatin, etoposide (Toposar), and rituximab (Rituxan)\(^{18, 29}\) No Longer Pathway Effective 8/1/2017
# NHL: Mantle Cell Lymphoma Pathways

### First line of therapy (1st line) | Transplant Candidate

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

**Nordic Regimen:** dose-intensified rituximab (Rituxan), cyclophosphamide, vincristine (Vincasar), doxorubicin (Adriamycin), prednisone, alternating with rituximab (Rituxan), and high-dose cytarabine (Cytosar-U)\(^9\)

### First line of therapy (1st line) | Ineligible for transplant (not ASCT candidate)

**BR:** bendamustine (Bendeka, Treanda) and rituximab (Rituxan)\(^9,10\)

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

**BR:** bendamustine (Bendeka, Treanda) and rituximab (Rituxan)\(^31, 32\)

**Bortezomib (Velcade)\(^16-18\)**

**FCMR:** fludarabine (Fludara), cyclophosphamide, 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* and paclitaxel\(^2,5,7\)
- Carboplatin* and dose dense paclitaxel\(^6,8\)

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

- IV paclitaxel and Intraperitoneal (IP) cisplatin + IP paclitaxel\(^1,49\)
- Carboplatin* and paclitaxel\(^1-4,7\)
- Carboplatin* and dose dense paclitaxel\(^6,8,45\)

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

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

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

- Bevacizumab (Avastin)\(^42\)
- Bevacizumab (Avastin) and paclitaxel\(^37,38,50\)
- 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\(^22-23\)

*Substitution of carboplatin for cisplatin, and vice-versa, is allowed.

\(^\dagger\)Platinum sensitive is defined as recurrence >6 months after prior platinum-based therapy
Pancreatic Cancer (Adenocarcinoma) Pathways

**Adjuvant Therapy**

Capecitabine (Xeloda) and gemcitabine (Gemzar)\(^{36, 40}\) *(Added Effective 8/1/2017)*

**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\(^{5, 21}\)

Gemcitabine (Gemzar)\(^{5, 15, 21}\)

Gemcitabine (Gemzar) and nab-paclitaxel (Abraxane)\(^{5, 15, 33}\)

**Locally Advanced/Unresectable and Metastatic Disease | Second line of therapy (2nd line) | ECOG PS: 0,1,2 (Added Effective 8/1/2017)**

**OFF**: Fluorouracil (5FU), leucovorin, and oxaliplatin\(^{32}\) *(Added Effective 8/1/2017)*

Gemcitabine (Gemzar) monotherapy\(^{21}\) *(Added Effective 8/1/2017)*
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) (every 3 weeks) 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) (every 3 weeks) 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 ADT11
Docetaxel** rechallenge with ADT21,22
Enzalutamide (Xtandi)** with ADT16
Continued ADT ** with supportive care ± dexamethasone13-16,23,24

*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**

**BEP:** bleomycin, etoposide (Toposar), and cisplatin

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

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

**BEP:** bleomycin, etoposide (Toposar), and cisplatin

**Nonseminoma | Stage II-IIIA | Primary Therapy**

**BEP:** bleomycin, etoposide (Toposar), and cisplatin

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

**Nonseminoma | Stage IIIB-C | Primary Therapy**

**BEP:** bleomycin, etoposide (Toposar), and cisplatin

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

*No Longer Pathway Effective 8/1/2017*

**Nonseminoma | Adjuvant Therapy after RPLND***

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

*RPLND: Retroperitoneal Lymph Node Dissection*
Uterine (Endometrial) Cancer Pathways

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

Carboplatin and paclitaxel\(^6\)

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

Carboplatin and paclitaxel\(^{27,29}\)

Cisplatin and doxorubicin (Adriamycin)\(^{24,25}\)


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