

Colon Cancer Pathways

Patient Name: _____ Date of Birth: _____

Member ID: _____ Treatment Start Date: _____

Stage: _____ Pathology: _____

ECOG Status: 1 2 3 4 ICD-10 Code: _____

Line of Therapy:

- Neoadjuvant/Pre-op Adjuvant/Post Op 1st Line 2nd Line 3rd Line 3rd Line+ Maintenance

Biomarkers/Attributes: (select all that apply)

| | |
|--|--|
| K-RAS Genotype: <input type="checkbox"/> Mutation <input type="checkbox"/> Wild Type <input type="checkbox"/> Not Reported | NTRK Fusion: <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Not Reported |
| N-RAS Genotype: <input type="checkbox"/> Mutation <input type="checkbox"/> Wild Type <input type="checkbox"/> Not Reported | Microsatellite instability: <input type="checkbox"/> dMMR/MSI-H <input type="checkbox"/> MSI-L <input type="checkbox"/> Not Reported |
| BRAF: <input type="checkbox"/> V600E Mutation <input type="checkbox"/> V600K Mutation <input type="checkbox"/> Not Reported <input type="checkbox"/> Wild Type | PD-L1: <input type="checkbox"/> 1 – 49% <input type="checkbox"/> ≥ 50% <input type="checkbox"/> Negative <input type="checkbox"/> Not Reported |
| HER2 status by FISH/CISH: <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Not Reported <input type="checkbox"/> Equivocal | HER2 status by ICH: <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 0 |

Adjuvant

- Fluorouracil + Leucovorin + Oxaliplatin (FOLFOX)
- Capecitabine + Oxaliplatin (CAPEOX)
- Fluorouracil/Leucovorin
- Capecitabine (frail and elderly patients)

Neoadjuvant

- Fluorouracil + Leucovorin + Oxaliplatin (FOLFOX)
- Capecitabine + Oxaliplatin (CAPEOX)

Metastatic – First Line Therapy

- Fluorouracil + Leucovorin + Oxaliplatin (FOLFOX) +/- Bevacizumab*
- Fluorouracil + Leucovorin + Oxaliplatin (FOLFOX) +/- Panitumumab (KRAS/NRAS/BRAF WT, left sided tumor only)
- Fluorouracil + Leucovorin + Irinotecan (FOLFIRI) +/- Bevacizumab*
- Fluorouracil + Leucovorin + Irinotecan + Oxaliplatin (FOLFOXIRI) +/- Bevacizumab*
- Capecitabine + Oxaliplatin (CAPEOX)
- Pembrolizumab (MSI-H, dMMR)

Metastatic – First Line Therapy cont. (for patients who are not appropriate for intensive therapy)

- Fluorouracil + leucovorin +/- Bevacizumab
- Capecitabine +/- Bevacizumab

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Metastatic Second Line and Subsequent Lines of Therapy

- Fluorouracil + Leucovorin + Oxaliplatin (FOLFOX) +/- Bevacizumab*
- Fluorouracil + Leucovorin + Irinotecan (FOLFIRI) +/- Bevacizumab*
- Fluorouracil + Leucovorin + Oxaliplatin (FOLFOX) +/- Panitumumab (KRAS/NRAS/BRAF WT)
- Fluorouracil + Leucovorin + Irinotecan (FOLFIRI) +/- Panitumumab (KRAS/NRAS/BRAF WT)
- Pembrolizumab (MSI-H, dMMR)
- Encorafenib/ cetuximab (BRAF V600E mutation)

*a biosimilar agent may be preferred under the patient's specific health plan

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Note: Pathways are independent of specific OptumCare/health plan medical policy coverage criteria. OptumCare/health plan medical policy/clinical guidelines should be consulted to determine whether proposed services will be covered. Biosimilars or alternate formulations (along with the reference products) are considered on pathway unless otherwise specified by OptumCare/health plan formularies, medical policies, or preferred product rules.