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Medical Oncology Value-Based Pathways

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Cigna Oncology Value-Based Pathways Program

Within the last few decades, the cost of cancer drugs has increased dramatically. The quality of cancer care also varies greatly despite national guidelines. To address these issues, Cigna's oncology value-based pathways program was created to promote the use of evidence-based, high-value cancer treatment regimens. Pathway regimens are a subset of regimens recommended by the National Comprehensive Cancer Network® (NCCN®) that deliver the best clinical outcomes for patients. The program's goal is to improve the quality of cancer care while controlling costs.

The oncology value-based pathways program is available for specific cancer types and stages, and will be updated based on new clinical evidence, new U.S. Food and Drug Administration (FDA) approvals, or expanded FDA indications.

Pathway regimen development

The oncology value-based pathways program was created to promote the use of evidence-based, high value, cancer treatment regimens. Pathway regimens are a subset of regimens recommended by the National Comprehensive Cancer Network® (NCCN®) that deliver the best clinical outcomes for patients.

Pathway regimens are identified by consolidating inputs from value frameworks established by the American Society of Clinical Oncology, NCCN, and the European Society for Medical Oncology. The value frameworks highlight regimens with superior clinical benefit and toxicity profiles. Drug costs are only considered when regimens have comparable clinical benefit and toxicity profiles.

Clinical pathways advisory panel

The advisory panel reviews the clinical appropriateness of selected pathway regimens. The advisory panel consists of board-certified medical oncologists and hematologists from Cigna, EviCore healthcare (EviCore), and community-based

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oncology practices. Advisors are also affiliated with leading academic medical centers.

How the program works

The pathway regimen will be highlighted during the prior authorization process on the EviCore website (EviCore.com). Providers who request one of the pathway regimens will receive immediate approval.*

Note:

* Other policies may apply in select situations.

If a provider does not request a pathway regimen, a prompt will appear and the provider will have the opportunity to select a pathway regimen. If the provider does not select a pathway regimen, an EviCore medical oncologist may contact the provider to discuss the patient's condition and the potential clinical benefits of a pathway regimen. The oncology value-based pathways program will not change Cigna's coverage determination criteria as outlined in the applicable coverage policy.

Cigna oncology value-based pathways

The oncology value-based pathways program will not apply to all clinical scenarios and is not a substitute for the experience and judgment of the treating provider. The treatment decision remains the responsibility of the treating provider.

Feedback Submission:

If you would like to submit information regarding our oncology value-based pathways program, please use our **feedback submission form**

Your message will be considered during the course of our regularly scheduled review cycle. Because of the large quantity of literature reviewed during each pathway review cycle, we are unable to respond to individual submissions.

Additional Information

Oncology Medications Policy (1403)

Cigna Oncology Value-Based Pathways

Anal Cancer Pathways

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Localized Disease: To be treated with Chemoradiation
Mitomycin + fluorouracil (5FU)
Mitomycin + capecitabine

Cigna Oncology Value-Based Pathways

Biliary Tract Cancers (Gallbladder, Extrahepatic, and Intrahepatic Cholangiocarcinoma) Pathways

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Unresectable/Metastatic: First Line	Unresectable/Metastatic: Second Line
Durvalumab + gemcitabine + cisplatin	FOLFOX (fluorouracil [5FU], leucovorin, and oxaliplatin)
Gemcitabine + cisplatin	FOLFIRI (fluorouracil [5FU], leucovorin, and irinotecan)
Capecitabine	Capecitabine
Gemcitabine	Gemcitabine

Cigna Oncology Value-Based Pathways

Bladder Cancer Pathways

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Locally Advanced Unresectable or Metastatic: First Line, Cisplatin Eligible	Locally Advanced Unresectable or Metastatic: First Line, Cisplatin Ineligible	Locally Advanced/ Unresectable Metastatic: Second Line Post Immunotherapy and Enfortumab	Locally Advanced Unresectable Metastatic: Second Line Post Chemotherapy and Immunotherapy	BCG-Naïve, High-Risk, Non-Muscle-Invasive Bladder Cancer (NMIBC), S/P TURBT
Pembrolizumab IV + enfortumab vedotin	Pembrolizumab IV + enfortumab vedotin	DDMVAC (dose-dense methotrexate, vinblastine, doxorubicin, and cisplatin)	Enfortumab vedotin	BCG induction & maintenance
Nivolumab IV + gemcitabine + cisplatin followed by nivolumab IV maintenance	Pembrolizumab IV	Gemcitabine + cisplatin		
Gemcitabine + cisplatin	Gemcitabine + carboplatin	Gemcitabine + carboplatin		
Avelumab maintenance (if no progression on platinum-based chemotherapy)		Paclitaxel		
		Docetaxel		
		Gemcitabine		

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Breast Cancer Pathways

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Neoadjuvant/Adjuvant

HER2 Negative/Hormone Receptor Positive	Triple Negative (HER2-, ER-, and PR-Negative) – 80kg or less patient
TC (docetaxel and cyclophosphamide)	NeoPact regimen with pembrolizumab IV weight-based dosing
Dose Dense AC (doxorubicin and cyclophosphamide) followed by weekly paclitaxel	

Metastatic, HER2 Negative

HER2 Negative; If Triple Negative, Only for Third Line and Beyond	Triple Negative, CPS ≥ 10: First Line
Docetaxel	Sacituzumab + pembrolizumab IV with weight-based dosing
Paclitaxel	
Gemcitabine	
Vinorelbine	
Capecitabine	
Doxorubicin	
Liposomal doxorubicin	

Cigna Oncology Value-Based Pathways

Metastatic, HER2 Positive

First Line	Second Line or beyond	Third Line or beyond	Fourth Line or beyond
Docetaxel + trastuzumab* + pertuzumab§	Fam-trastuzumab deruxtecan	Ado-trastuzumab emtansine	Chemo + trastuzumab*
Paclitaxel + trastuzumab* + pertuzumab§		Tucatinib + capecitabine + trastuzumab*	Lapatinib + trastuzumab*

* Use of preferred oncology medication products may be required for coverage. Refer to the health plan's coverage policy for additional information.

§ Pertuzumab, trastuzumab, and hyaluronidase-zzxf injection for subcutaneous use may be substituted for intravenous pertuzumab and intravenous trastuzumab.

Cigna Oncology Value-Based Pathways

Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma Pathways

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First Line: WITHOUT del (17P)/TP53 Mutation	First Line: WITH del (17P)/TP53 Mutation
Ibrutinib	Ibrutinib
Acalabrutinib	Acalabrutinib
Zanubrutinib	Zanubrutinib
Venetoclax + obinutuzumab	Venetoclax + obinutuzumab
Bendamustine + rituximab*	

* Use of preferred oncology medication products may be required for coverage. Refer to the health plan's coverage policy for additional information.

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Colorectal Cancer Pathways

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Metastatic: First or Second Line Therapy for RAS/RAF Wild Type – EGFR Inhibitor Planned	Metastatic: Subsequent Therapy with a VEGF Inhibitor	Metastatic: dMMR/MSI-H or POLE/POLD1 Mutation
Panitumumab-based therapy**	Bevacizumab* + FOLFIRI (fluorouracil [5FU], leucovorin, and irinotecan)	Pembrolizumab IV
	Bevacizumab* + irinotecan	

** This cohort does not apply to Cigna Pathwell Specialty Drug List Plans
* Use of preferred oncology medication products may be required for coverage. Refer to the health plan's coverage policy for additional information.

Cigna Oncology Value-Based Pathways

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Diffuse Large B-Cell Lymphoma Pathways

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Second Line Therapy, Relapsed Disease >12 Months: Intention to Transplant	Second Line Therapy, Relapsed Disease >12 Months: No Intention to Transplant or CAR T
ICE (ifosfamide, carboplatin and etoposide) +/- rituximab*	GemOx (gemcitabine and oxaliplatin) +/- rituximab*
GDP (gemcitabine, dexamethasone and cisplatin) +/- rituximab* or gemcitabine, dexamethasone and carboplatin) +/- rituximab*	GDP (gemcitabine, dexamethasone and cisplatin) +/- rituximab* or gemcitabine, dexamethasone and carboplatin) +/- rituximab*
DHAX (dexamethasone, cytarabine and oxaliplatin) +/- rituximab*	Polatuzumab vedotin +/- bendamustine +/- rituximab*
	Glofitamab + GemOx (gemcitabine and oxaliplatin)

* Use of preferred oncology medication products may be required for coverage. Refer to the health plan's coverage policy for additional information.

Cigna Oncology Value-Based Pathways

Endometrial Cancer Pathways

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pMMR, Stage IVB, Checkpoint Inhibitor Planned,Recurrent/Metastatic: First Line Therapy
Carboplatin + paclitaxel + pembrolizumab IV

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Esophageal and Esophagogastric Junction Cancer Pathways

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Unresectable/Recurrent Metastatic: First Line, Adenocarcinoma, HER2 Negative, MSS	Unresectable/Recurrent Metastatic: First Line, Squamous Cell, MSS	Unresectable/Recurrent/ Metastatic: Second-Line or Subsequent, Squamous Cell
FOLFOX (fluorouracil [5FU], leucovorin, and oxaliplatin)	FOLFOX (fluorouracil [5FU], leucovorin, and oxaliplatin)	Paclitaxel
CapeOx (capecitabine and oxaliplatin)	CapeOx (capecitabine and oxaliplatin)	Docetaxel
Fluorouracil [5FU] or capecitabine + cisplatin	Fluorouracil [5FU] or capecitabine + cisplatin	Irinotecan
Nivolumab IV + FOLFOX (fluorouracil [5FU], leucovorin, and oxaliplatin) (*For CPS ≥5 only*)	Nivolumab IV + (fluorouracil [5FU] or capecitabine) + cisplatin	Pembrolizumab IV (*For second line, CPS ≥10 and no prior CPI only*)
Nivolumab IV + CapeOx (capecitabine and oxaliplatin) (*For CPS ≥5 only*)	Nivolumab IV + FOLFOX (fluorouracil [5FU], leucovorin, and oxaliplatin)	Nivolumab IV (*For no prior CPI only*)
Pembrolizumab IV + (fluorouracil [5FU] or capecitabine) + cisplatin (*For CPS ≥10 only*)	Nivolumab IV + CapeOx (capecitabine and oxaliplatin)	
Pembrolizumab IV + FOLFOX (fluorouracil [5FU], leucovorin, and oxaliplatin) (*For CPS ≥10 only*)	Pembrolizumab IV + (fluorouracil [5FU] or capecitabine) + cisplatin (*For CPS ≥10 only*)	

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Unresectable/Recurrent Metastatic: First Line, Adenocarcinoma, HER2 Negative, MSS	Unresectable/Recurrent Metastatic: First Line, Squamous Cell, MSS	Unresectable/Recurrent/ Metastatic: Second-Line or Subsequent, Squamous Cell
Pembrolizumab IV + CapeOx (capecitabine and oxaliplatin) (*For CPS ≥10 only*)	Pembrolizumab IV + FOLFOX (fluorouracil [5FU], leucovorin, and oxaliplatin) (*For CPS ≥10 only*)	
Tislelizumab + (fluorouracil [5FU] or capecitabine) + cisplatin (*For CPS ≥5 only*)	Pembrolizumab IV + CapeOx (capecitabine and oxaliplatin) (*For CPS ≥10 only*)	
Tislelizumab + FOLFOX (fluorouracil [5FU], leucovorin, and oxaliplatin) (*For CPS ≥5 only*)	Tislelizumab + (fluorouracil [5FU] or capecitabine) + cisplatin (*For CPS or TAP ≥10 only*)	
Tislelizumab + CapeOx (capecitabine and oxaliplatin) (*For CPS ≥5 only*)	Tislelizumab + FOLFOX (fluorouracil [5FU], leucovorin, and oxaliplatin) (*For CPS or TAP ≥10 only*)	
	Tislelizumab + CapeOx (capecitabine and oxaliplatin) (*For CPS or TAP ≥10 only*)	
	Tislelizumab + cisplatin + paclitaxel (*For CPS or TAP ≥10 only*)	
	Tislelizumab + oxaliplatin + paclitaxel (*For CPS or TAP ≥10 only*)	

Cigna Oncology Value-Based Pathways

Follicular B-Cell Lymphoma Pathways

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Grade 1-2 Disease: First Line
BR (bendamustine and rituximab*)
R-CHOP (rituximab*, cyclophosphamide, doxorubicin, vincristine and prednisone)
R-CVP (rituximab*, cyclophosphamide, vincristine and prednisone)

* Use of preferred oncology medication products may be required for coverage. Refer to the health plan's coverage policy for additional information.

Cigna Oncology Value-Based Pathways

Head and Neck Cancer Pathways

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Advanced Disease: Definitive Chemoradiation
High dose cisplatin
Carboplatin + infusional fluorouracil (5FU)
Weekly cisplatin (40 mg/m^2 weekly)
Weekly carboplatin + paclitaxel

Cigna Oncology Value-Based Pathways

Hepatocellular Carcinoma Pathways

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Metastatic or Unresectable Disease: First Line
Lenvatinib
Atezolizumab + bevacizumab*
Tremelimumab-actl + durvalumab
Durvalumab

* Use of preferred oncology medication products may be required for coverage. Refer to the health plan's coverage policy for additional information.

Cigna Oncology Value-Based Pathways

Hodgkin Lymphoma Pathways

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Stage III/IV Classical Hodgkin Lymphoma - Ages 18-60 years old
Nivolumab IV + AVD (doxorubicin, vinblastine, and dacarbazine)

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Kidney Cancer Pathways

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Clear Cell, First line: Metastatic or Unresectable	Clear Cell: Adjuvant, Stage II/III/IV
Lenvatinib + pembrolizumab IV	Pembrolizumab IV
Cabozantinib + nivolumab IV	
Ipilimumab (1 mg/kg x 4 doses) + nivolumab IV	

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Lung Cancer: Non-Small Cell Lung Cancer Pathways

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Metastatic, EGFR Exon 19 deletion or Exon 21 L858R Mutations

Metastatic, EGFR Exon 19 deletion or Exon 21 L858R Mutations First Line
Osimertinib
Osimertinib + pemetrexed + (cisplatin or carboplatin) (*For nonsquamous only*)

Nonsquamous, Metastatic

First Line, PD-L1 ≥ 50%, No Actionable Mutations	First line, PD-L1<50%, No Driver Mutations	Subsequent Therapy, No Actionable Mutations
Pembrolizumab IV	Pembrolizumab IV + pemetrexed + (carboplatin or cisplatin)	Nivolumab IV (*only if no prior CPI*)
Cemiplimab-rwlc	Cemiplimab-rwlc + pemetrexed + (carboplatin or cisplatin)	Pembrolizumab IV (*only if no prior CPI*)
Atezolizumab	Cemiplimab-rwlc + paclitaxel + (carboplatin or cisplatin)	Atezolizumab (*only if no prior CPI*)
		Pemetrexed
		Gemcitabine
		Docetaxel

Cigna Oncology Value-Based Pathways

Squamous, Metastatic

First Line, PD-L1 ≥ 50%, No Actionable Mutations	First line, PD-L1<50%, No Driver Mutations	Subsequent Therapy, No Actionable Mutations
Pembrolizumab IV	Pembrolizumab IV + paclitaxel + carboplatin	Nivolumab IV (*only if no prior CPI*)
Cemiplimab-rwlc	Cemiplimab-rwlc + paclitaxel + (carboplatin or cisplatin)	Pembrolizumab IV (*only if no prior CPI*)
Atezolizumab		Atezolizumab (*only if no prior CPI*)
		Gemcitabine
		Docetaxel

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Lung Cancer: Small Cell Lung Cancer Pathways

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Limited Stage Disease	Extensive Stage Disease: First Line	Extensive Stage Disease: Subsequent Therapy
Cisplatin + etoposide +/- radiation	Atezolizumab + carboplatin + etoposide	Cisplatin + etoposide (*for prolonged disease-free interval*)
Carboplatin + etoposide +/- radiation (*only if cisplatin ineligible or intolerant*)	Carboplatin + etoposide	Carboplatin + etoposide (*for prolonged disease-free interval*)
		Topotecan

Cigna Oncology Value-Based Pathways

Myelodysplastic Syndrome (MDS) Pathways

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IPSS-R: Intermediate, High, Very High, Non-Transplant Candidate
Azacitidine

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Melanoma Pathways

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Stage III, Clinical Node Positive, Resectable Disease, Neoadjuvant/Adjuvant
Nivolumab IV + ipilimumab followed by observation (*if major pathological response*)

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Multiple Myeloma Pathways

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First Line: Transplant Eligible or Deferred	First Line: Transplant Not Indicated
Bortezomib + lenalidomide + dexamethasone	Bortezomib + lenalidomide + dexamethasone
Daratumumab + lenalidomide + bortezomib + dexamethasone	Lenalidomide + dexamethasone
Isatuximab-irfc + lenalidomide + bortezomib + dexamethasone	Daratumumab + lenalidomide + dexamethasone
	Daratumumab + lenalidomide + bortezomib + dexamethasone
	Isatuximab-irfc + lenalidomide + dexamethasone
	Isatuximab-irfc + lenalidomide + bortezomib + dexamethasone

Cigna Oncology Value-Based Pathways

Neuroendocrine Cancer Pathways

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Metastatic, Poorly-Differentiated, Large or Small Cell (Extrapulmonary)
Cisplatin + etoposide
Carboplatin + etoposide
FOLFOX (fluorouracil [5FU], leucovorin, and oxaliplatin) (*following progression on platinum + etoposide*)
FOLFIRI (fluorouracil [5FU], leucovorin, and irinotecan) (*following progression on platinum + etoposide*)

Cigna Oncology Value-Based Pathways

Ovarian Cancer Pathways

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Primary Therapy: Stage II-IV	Recurrent Disease, Platinum Sensitive
Carboplatin + paclitaxel	Carboplatin + gemcitabine
	Cisplatin + gemcitabine
	Carboplatin + paclitaxel

Cigna Oncology Value-Based Pathways

Pancreatic Cancer Pathways

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Adenocarcinoma: Neoadjuvant Therapy	Adenocarcinoma, Advanced/Metastatic: First Line Therapy
Modified FOLFIRINOX (fluorouracil [5FU], leucovorin, irinotecan, and oxaliplatin)	FOLFIRINOX or modified FOLFIRINOX
Gemcitabine + cisplatin (*for BRCA1/2 or PALB2 mutations only*)	Gemcitabine + albumin-bound paclitaxel

Cigna Oncology Value-Based Pathways

Prostate Cancer Pathways

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Metastatic: Adenocarcinoma, Castration Resistant	Abiraterone Dosing – All indications
Abiraterone 250 mg/day (with a low-fat meal)	Abiraterone 250 mg/day (with a low-fat meal)
Enzalutamide	
Docetaxel	
Cabazitaxel (post docetaxel)	

Cigna Oncology Value-Based Pathways

Testicular Cancer Pathways

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First Line: Good Risk	First Line: Intermediate/Poor Risk
BEP (bleomycin, etoposide, and cisplatin) x 3 cycles	BEP (bleomycin, etoposide, and cisplatin) x 4 cycles

Cigna Oncology Value-Based Pathways

References – Anal Cancer

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Localized Disease: To be treated with Chemoradiation

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5. Gunderson LL, Winter KA, Ajani JA, et al. Long-term update of US GI Intergroup RTOG 98-11 Phase III trial for anal carcinoma: survival, relapse, and colostomy failure with concurrent chemoradiation involving fluorouracil/mitomycin versus fluorouracil/cisplatin. *J Clin Oncol*. 2012;30(35):4344-4351. doi:10.1200/JCO.2012.43.8085.
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Cigna Oncology Value-Based Pathways

References – Biliary Tract Cancers

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Unresectable/Metastatic: First Line

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2. Sahai V, Catalano PJ, Zalupski MM, et al. Nap-paclitaxel and gemcitabine as first-line treatment of advanced or metastatic cholangiocarcinoma: a phase 2 clinical trial. *JAMA Oncol*. 2018;4(12):1707-1712. doi:10.1001/jamaoncol.2018.3277.
3. Sharma A, Dwary AD, Mohanti BK, et al. Best supportive care compared with chemotherapy for unresectable gall bladder cancer: a randomized controlled study. *J Clin Oncol*. 2010;28(30):4581-4586. doi:10.1200/JCO.2010.29.3605.
4. Oh D, Ruth He A, Qin S, et al. Durvalumab plus Gemcitabine and Cisplatin in Advanced Biliary Tract Cancer. *NEJM Evidence*. 2022;1(8):EVIDoa2200015. doi:10.1056/EVIDoa220001.
5. Kelley RK, Ueno M, Yoo C, et al. Pembrolizumab in combination with gemcitabine and cisplatin compared with gemcitabine and cisplatin alone for patients with advanced biliary tract cancer (KEYNOTE-966): a randomised, double-blind, placebo-controlled, phase 3 trial. *Lancet*. 2023;401(10391):1853-1865. doi:10.1016/S0140-6736(23)00727-4.

Unresectable/Metastatic: Second Line

1. Lamarca A, Palmer DH, Wasan HS, et al. Second-line FOLFOX chemotherapy versus active symptom control for advanced biliary tract cancer (ABC-06): a phase 3, open-label, randomized, controlled trial. *Lancet Oncol*. 2021;22(5):690-701. doi:10.1016/S1470-2045(21)00027-9.
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Cigna Oncology Value-Based Pathways

References – Bladder Cancer

v1.0.2027

Locally Advanced/Unresectable or Metastatic: First Line, Cisplatin Eligible

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Locally Advanced Unresectable or Metastatic: Second Line Post Immunotherapy and Enfortumab

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Locally Advanced Unresectable or Metastatic: Second Line Post Chemotherapy and Immunotherapy

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BCG-Naïve, High-Risk, Non-Muscle-Invasive Bladder Cancer (NMIBC), S/P TURBT

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References – Breast Cancer

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Neoadjuvant/Adjuvant: HER2 Negative/Hormone Receptor Positive

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Neoadjuvant/Adjuvant: Triple Negative Breast Cancer (TNBC) – 80kg or less patient

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References – Chronic Lymphocytic Leukemia (CLL)

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First Line, with or without del (17p)/TP53 Mutation

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These guidelines apply to services or supplies managed by EviCore for Cigna as outlined by the Cigna CPT list.

References – Colorectal Cancer

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Metastatic Disease: Subsequent Therapy with a VEGF Inhibitor

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Metastatic Disease: dMMR/MSI-H or POLE/POLD1 Mutation

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Metastatic Disease: First Line or Second Line Therapy for RAS/RAF Wild Type – EGFR Inhibitor Planned

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References – Diffuse Large B-Cell Lymphoma (DBCL)

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Second Line Therapy, Relapsed Disease >12 months, No Intention to Transplant or CART

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Second Line Therapy, Relapsed Disease >12 months, Intention to Transplant

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References – Endometrial Cancer

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pMMR, Stage IVB, Checkpoint Inhibitor Planned, Recurrent/Metastatic: First Line Therapy

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References – Esophageal and Esophagogastric Junction (GEJ) Cancer

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Unresectable/Recurrent/Metastatic: First Line, Adenocarcinoma, HER2 Negative, MSS

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Unresectable/Recurrent/Metastatic: First Line, Squamous Cell, MSS

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Unresectable/Recurrent/Metastatic: Second Line or Subsequent Therapy, Squamous Cell

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References – Follicular B-Cell Lymphoma

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Grade 1-2 Disease: First Line

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References – Head and Neck Cancer

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Advanced Disease: Definitive Chemoradiation

1. Bernier J, Domenge C, Ozsahin M, et al. Postoperative irradiation with or without concomitant chemotherapy for locally advanced head and neck cancer. *N Engl J Med*. 2004;350(19):1945-1952. doi:10.1056/NEJMoa032641.
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References – Hepatocellular Carcinoma

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Metastatic or Unresectable Disease: First Line

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References – Hodgkin Lymphoma

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Stage III/IV Classical Hodgkin Lymphoma – Ages 18-60 years old

1. Gordon LI, Hong F, Fisher RI, et al. Randomized phase III trial of ABVD versus Stanford V with or without radiation therapy in locally extensive and advanced-stage Hodgkin lymphoma: an intergroup study coordinated by the Eastern Cooperative Oncology Group (E2496). *J Clin Oncol*. 2013;31(6):684-691. doi:10.1200/JCO.2012.43.4803.
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References – Kidney Cancer

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Clear Cell, First Line: Metastatic or Unresectable

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Clear Cell: Adjuvant, Stage II/III/IV

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References – Lung Cancer: NSCLC

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Metastatic: First Line, Squamous or Nonsquamous, PD-L1 ≥ 50%, No Actionable Mutations

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Metastatic: First Line, Squamous or Nonsquamous, PD-L1 TPS <50%, No Driver Mutation

1. Gandhi L,Rodríguez-Abreu D, Gadgeel S, et al. Pembrolizumab plus chemotherapy in metastatic non–small-cell lung cancer. *N Eng J Med*. 2018;378(22):2078-2092. doi:10.1056/NEJMoa1801005.
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Metastatic: Subsequent Therapy, Squamous or Nonsquamous, No Actionable Mutation

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Metastatic: First line, EGFR Exon 19 Deletion or Exon 21 L858R Mutations

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References – Lung Cancer: SCLC

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Limited Stage Disease

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Extensive Stage Disease: First Line

1. Hanna N, Bunn PA Jr, Langer C, et al. Randomized phase III trial comparing irinotecan/cisplatin with etoposide/cisplatin in patients with previously untreated extensive-stage disease small-cell lung cancer. *J Clin Oncol*. 2006;24(13):2038-2043. doi:10.1200/JCO.2005.04.8595.
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Extensive Stage Disease: Subsequent Therapy

1. Von Pawel J, Schiller JH, Shepherd FA, et al. Topotecan versus cyclophosphamide, doxorubicin, and vincristine for the treatment of recurrent small-cell lung cancer. *J Clin Oncol*. 1999;17(2):658-667. doi:10.1200/JCO.1999.17.2.658.
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3. Eckardt JR, von Pawel J, Pujol JL, et al. Phase III study of oral compared with intravenous topotecan as second-line therapy in small-cell lung cancer. *J Clin Oncol*. 2007;25(15):2086-2092. doi:10.1200/JCO.2006.08.3998.
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References – Myelodysplastic Syndrome (MDS)

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IPSS-R: Intermediate, High, Very High, Non-Transplant Candidate

1. Fenaux P, Mufti GJ, Hellstrom-Lindberg E, et al. Efficacy of azacitidine compared with that of conventional care regimens in the treatment of higher-risk myelodysplastic syndromes: a randomised, open-label, phase III study. *Lancet Oncol*. 2009;10(3):223-232. doi:10.1016/S1470-2045(09)70003-8.
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References – Melanoma

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Stage III, Clinical Node Positive, Resectable Disease, Neoadjuvant/Adjuvant

1. Blank CU, Lucas MW, Scolyer RA, et al. Neoadjuvant nivolumab and ipilimumab in resectable stage III melanoma. *N Engl J Med*. 2024;391(18):1696-1708. doi:10.1056/NEJMoa2402604.
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References – Multiple Myeloma

v1.0.2027

First Line: Transplant Eligible or Deferred

1. Roussel M, Lauwers-Cances V, Robillard N, et al. Front-line transplantation program with lenalidomide, bortezomib, and dexamethasone combination as induction and consolidation followed by lenalidomide maintenance in patients with multiple myeloma: a phase II study by the Intergroupe Francophone du Myelome. *J Clin Oncol*. 2014;32(25):2712-2717. doi:10.1200/JCO.2013.54.8164.
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5. 5. Mai EK, Bertsch U, Pozek E, et al. Isatuximab, lenalidomide, bortezomib, and dexamethasone induction therapy for transplant-eligible newly diagnosed multiple myeloma: final part 1 analysis of the GMMG-HD7 trial. *J Clin Oncol*. 2025;43(11):1279-1288. doi:10.1200/JCO-24-02266.

First Line: Transplant Not Indicated

1. Durie BG, Hoering A, Abidi MH, et al. Bortezomib with lenalidomide and dexamethasone versus lenalidomide and dexamethasone alone in patients with newly diagnosed myeloma without intent for immediate autologous stem-cell transplant (SWOG S0777): a randomised, open-label, phase 3 trial. Lancet. 2017;389(10068):519-527. doi:10.1016/S0140-6736(16)31594-X.
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References – Neuroendocrine Cancer

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Metastatic, Poorly-Differentiated, Large or Small Cell (Extrapulmonary)

1. Iwasa S, Morizane C, Okusaka T, et al. Cisplatin and etoposide as first-line chemotherapy for poorly differentiated neuroendocrine carcinoma of the hepatobiliary tract and pancreas. *Jpn J Clin Oncol*. 2010;40(4):313-318. doi:10.1093/jjco/hyp173.
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References – Pancreatic Cancer

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Adenocarcinoma: Neoadjuvant Therapy

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References – Prostate Cancer

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Metastatic: Adenocarcinoma, Castration Resistant

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Abiraterone Dosing – All indications

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References – Testicular Cancer

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First Line: Good Risk

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First Line: Intermediate/Poor Risk

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