# Gastric, Esophageal, and Gastroesophageal Junction Cancer (Adenocarcinoma) Pathways

**Patient Name:** ____________________________  **Date of Birth:** ____________________________

**Member Number:** ____________________________  **Treatment Start Date:** ____________________________

**Pathology:**

**Line of Therapy:** __Neoadjuvant/Pre-Op __Adjuvant/Post-Op

- __1st Line__ __2nd Line__ __3rd Line__ __3rd Line+

**ECOG Performance Status:** __________  **ICD-10 Code:** __________

Will the patient be undergoing surgery? _Yes_ _No_

Will the patient be undergoing radiation therapy? _Yes_ _No_

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## Primary Therapy | Resectable and Unresectable Disease

- __Cisplatin and fluorouracil (5FU)
- __Fluorouracil (5FU) and cisplatin with concurrent radiation therapy (RT)
- __FLOT: Fluorouracil (5FU), leucovorin, oxaliplatin, and docetaxel (Taxotere)
- __Paclitaxel and carboplatin with concurrent RT

## Post-Operative Treatment

- __Fluorouracil (5FU) and leucovorin with concurrent RT

## Recurrent/Metastatic or Locally Advanced/Inoperable Disease | HER2 Negative | First Line of Therapy (1st Line)

- __Cisplatin and fluorouracil (5FU)
- __Fluorouracil (5FU) and irinotecan (Camptosar)
- __FLO/FOLFOX: fluorouracil (5FU), leucovorin, and oxaliplatin
- __FLP: fluorouracil (5FU), leucovorin, and cisplatin

## Recurrent/Metastatic or Locally Advanced/Inoperable Disease | HER2 Positive | First Line of Therapy (1st Line)

- __Cisplatin, fluorouracil (5FU), and trastuzumab (Herceptin)

## Recurrent/Metastatic or Locally Advanced/Inoperable Disease | Second Line of Therapy (2nd Line)

- __Irinotecan (Camptosar)
- __Paclitaxel

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**Note:** Pathways are independent of specific health plan medical policy coverage criteria. Health plan medical policy/clinical guidelines should be consulted to determine whether proposed services will be covered.