

COME HOME Thyroid Cancer pathway development worksheet, v9 April 13, 2015

Required Structured Data:

- Stage
- Staging Components
- Staging Date
- Histology

Quality Measure(s):

- Staging (clinical or pathologic) entered within one month (31 days) of first visit.

Required diagnostic events:

- | | |
|--|---|
| <ul style="list-style-type: none"> • History & Physical • Performance status • Definitive pathologic diagnosis • Stage • TSH • Ultrasound of thyroid and neck • Chest imaging • Thyroglobulin levels with thyroglobulin antibodies • RET testing • Basal calcitonin level • CEA • Pheochromocytoma screening | <p>All patients within one week of first visit</p> <p>All patients before they receive treatment</p> <p>All patients</p> <p>All patients within one month of diagnosis</p> <p>All patients</p> <p>All patients with new diagnosis</p> <p>All patients</p> <p>All patients with papillary, Hurthle Cell or follicular disease</p> <p>All patients with medullary disease</p> <p>All patients with medullary disease</p> <p>All patients with medullary disease</p> <p>All patients with medullary disease (via CT, blood test or urine test)</p> <ul style="list-style-type: none"> ▪ At dx for all pts with medullary disease ▪ q 12 months for patients with MEN2A |
| <ul style="list-style-type: none"> • Serum calcium • CT/MRI of chest and mediastinum • CT of neck, chest | <p>All patients with medullary or anaplastic disease</p> <p>Medullary thyroid cancer & N1 disease or calcitonin > 40 pg/mL</p> <p>All patients with anaplastic carcinoma</p> |

- PTH Medullary patients with RET mutation indicating MEN2A
- Referral for genetic counseling Medullary patients with RET mutation

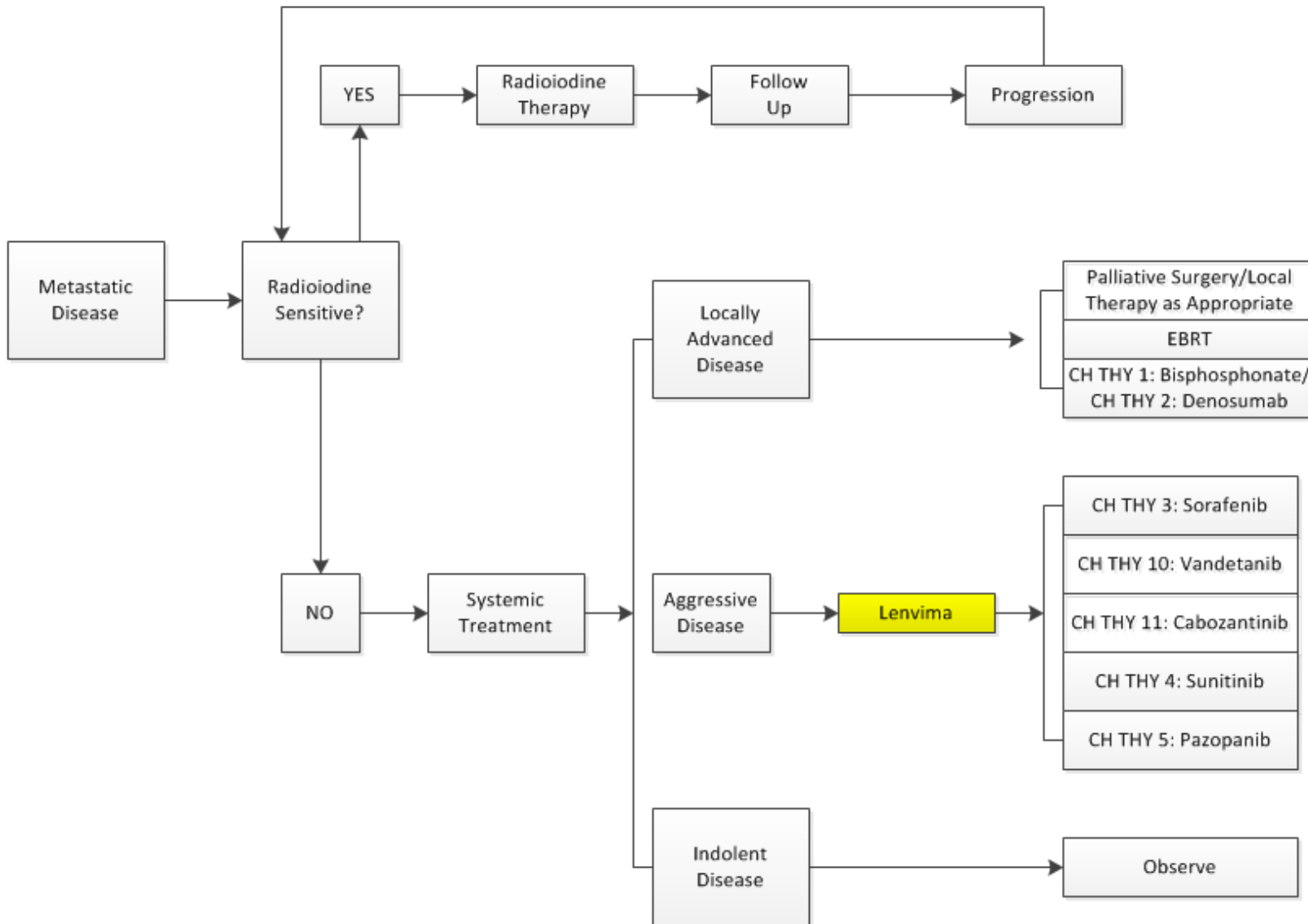
Optional diagnostic tests:

- BRAF
- PET/CT (if symptomatic)

*Early stage patients should be evaluated for TSH suppression and possible radioiodine ablation by medical oncologist, or associated specialist (endocrinologist, radiation oncologist), depending on practice.

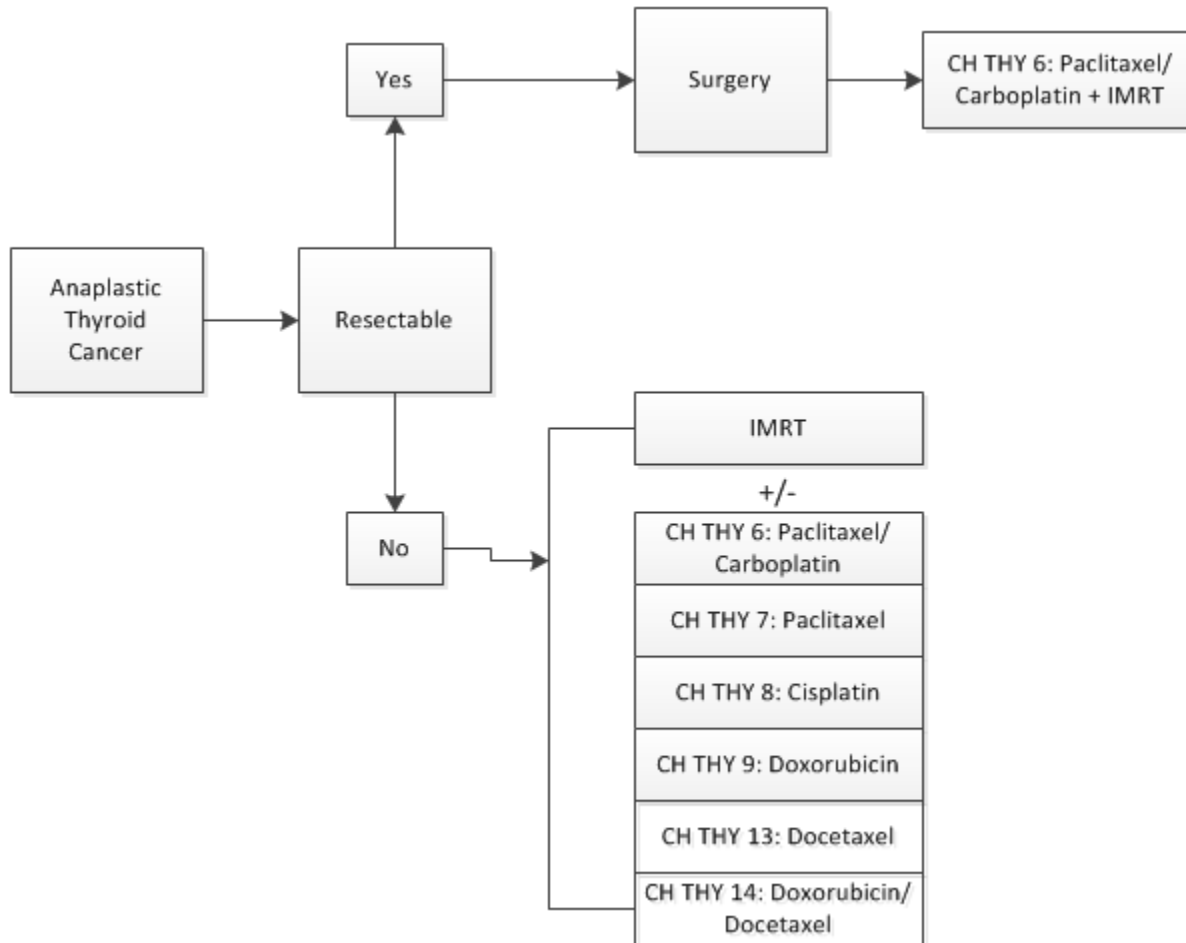
*Contrast should be avoided for all patients who may be candidates for radioiodine ablation.

Options for treatment of metastatic follicular, Hurthle Cell or papillary disease:

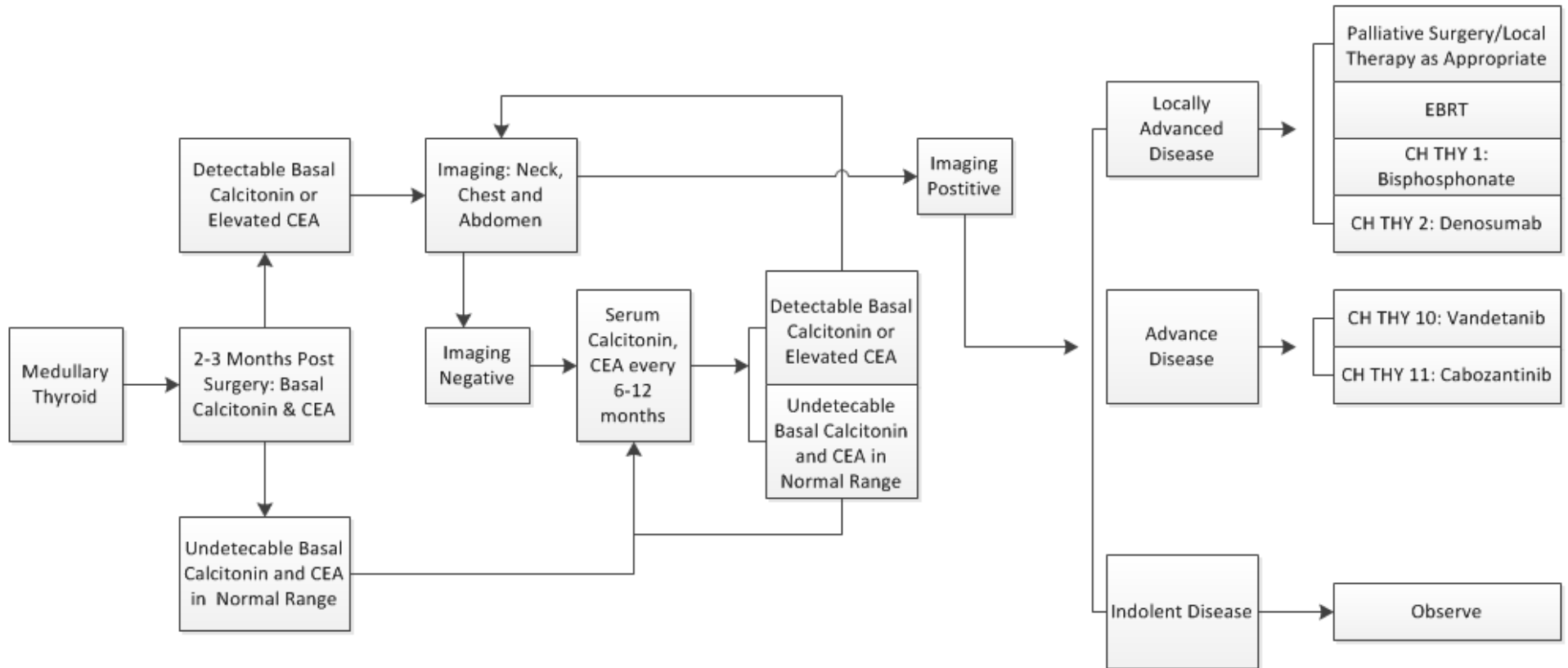


*Aggressive disease is characterized by symptoms related to thyroid cancer or rapid radiological progression, and is left to physician judgment. However, TKI's should only be used when the oncologist is convinced that the patient's thyroid cancer is progressing aggressively. Of the listed TKIs, only Sorafenib has FDA approval.

Anaplastic Thyroid Cancer:



Medullary Thyroid Cancer



*Aggressive disease is characterized by symptoms related to thyroid cancer or rapid radiological progression, and is left to physician judgment. However, TKI's should only be used when the oncologist is convinced that the patient's thyroid cancer is progressing aggressively. Sorafenib and sunitinib may be considered for patients who have progressed on vandetanib or cabozantinib.

Thyroid Cancer Regimens

CH THY 1: Zoledronic Acid

Zoledronic acid 4mg
Repeat every 3-4 weeks

CH THY 2: Denosumab

Denosumab 120 mg
Repeat every 4 weeks

CH THY 3: Sorafenib

Sorafenib 400mg PO q12hr

CH THY 4: Sunitinib

Sunitinib 50 mg PO daily
4 weeks on, 2 weeks off

CH THY 5: Pazopanib

Pazopanib 800 mg PO daily

CH THY 6: Paclitaxel/Carbo + RT

Carboplatin AUC 6 IV day
Paclitaxel 175 mg/m² IV day 1
Cycled every 21 days
With concurrent RT

CH THY 7: Paclitaxel + RT

Paclitaxel 175 mg/m² IV day 1
Cycled every 28 days
Or:
80 mg/m² IV day 1 Weekly
With concurrent RT

CH THY 8: Cisplatin + RT

Cisplatin 75 mg/m² IV on day 1
Cycled every 21 days
With concurrent RT

CH THY 9: Doxorubicin + RT

Doxorubicin 60 mg/m² IV day 1
Cycled every 21 days
With concurrent RT

CH THY 10: Vandetanib

Vandetanib 300mg PO daily

CH THY 11: Cabozantinib

Cabozantinib 140 mg PO daily

CH THY 12: Dacarbazine + 5FU

~~Dacarbazine 250 mg/m²/day CIVI x 5 days
5-fluorouracil 450 mg/m² day 1
Cycled every 28 days~~

CH THY 13: Docetaxel

Docetaxel 75mg every 3 weeks

CH THY 14: Docetaxel/Doxorubicin

Docetaxel 60mg/m² IV
Doxorubicin 60mg/m² IV
every 3 weeks
Or:
Docetaxel 20mg/m² IV
Doxorubicin 20mg/m² IV
Weekly