

## Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION

Citystate Centre, 709 Shaw Boulevard, Pasig City Call Center: (02) 8441-7442 | Trunkline: (02) 8441-7444 www.philhealth.gov.ph





Annex "C2- Breast CA"

## CHECKLIST OF MANDATORY AND OTHER SERVICES

Early Breast Cancer

Upon completion of one (1) month hormonotherapy or last cycle of chemotherapy for stages I-IIIA and upon completion of surgery for stage 0-*IA not requiring chemotherapy* 

Tranche 2

| HEALTH CAI     | RE PROVIDER (HCP)   |  |  |
|----------------|---|--|--|
| ADDRESS OF HCP |   |  |  |
| A. PATIENT     | 1. Last Name, First Name, Middle Name, Suffix   SEX     Image: Image state st |  |  |
|                | 2. PhilHealth ID Number   |  |  |
| B. MEMBER      | <ul> <li>Same as patient (Answer the following only if the patient is a dependent)</li> <li>Last Name, First Name, Middle Name, Suffix</li> </ul>   |  |  |
|                | 2. PhilHealth ID Number   |  |  |

Place a  $(\checkmark)$  in the appropriate tick box.

| MANDATORY SERVICES                      | OTHER SERVICES<br>as indicated/as needed |
|---|--|
| A. Histopathologic Stage (Indicate):    |  |
| B. Complete list of medicines given:    |  |
| Hormonotherapy (for ER+ BrCa):          |  |
| $\Box$ Tamoxifen <sup>#</sup> x 5 years | $\Box$ letrozole x 5 years               |
| Chemotherapy* (any one of the following |  |
| treatment protocols):                   |  |
| □ Adjuvant therapy                      |  |
| □ Neo-adjuvant therapy**                |  |
| $\Box$ AC x 6 cycles                    |  |
| doxorubicin /epirubicin*** for          |  |
| patients with cardiac dysfunctions,     |  |
| cyclophosphamide                        |  |
| □ CMF*** x 6 cycles                     |  |
| cyclophosphamide, methotrexate,         |  |
| fluorouracil                            |  |

\*not required for Stage 0 DCIS

\*\* In order to achieve the expected pathological response of neoadjuvant therapy, the full 4 to 8 cycles of chemotherapy and anti-HER2 neu treatment if HER2+, depending on the protocol used, is given prior to surgery provided there is clinical response.

\*\*\* for elderly or those with heart disease who cannot tolerate doxorubicin; epirubicin can be given instead of doxorubicin in patients with history of heart disease

"Tamoxifen is given for ER+ BrCa after cytotoxic chemotherapy and can be given together with trastuzumab in pre- and post-menopausal patients; Letrozole cannot be given to premenopausal patients



| MANDATORY SERVICES  | OTHER SERVICES<br>s needed/as indicated  |
|---|--|
| <ul> <li>Docetaxel-Carboplatin (TCb) x 4</li> <li>cycles</li> <li>For ER-HER- BrCa</li> </ul>   |  |
| <ul> <li>AC x 4 cycles + T x 4 cycles<br/>doxorubicin/epirubicin***,<br/>cyclophosphamide, docetaxel</li> <li>TCy x 4 cycles</li> </ul> |  |
| docetaxel, cyclophosphamide   |  |
|   | <ul> <li>Biologic therapy: trastuzumab<sup>##</sup> x 18 cycles</li> <li>Anti-emetic, specify</li> <li>Antimicrobials, specify</li> <li>Pain relievers, specify</li> <li>Other medicines, specify</li> </ul> |

##Trastuzumab for HER+ BrCa; modify chemotherapy regimen as TCH-H, AC+TH-H (doxorubicin and trastuzumab (H) cannot be given simultaneously)

| Certified correct by:        | Certified correct by:        |
|------------------------------|------------------------------|
| (Printed name and signature) | (Printed name and signature) |
| Attending Surgeon            | Attending Medical Oncologist |
| PhilHealth                   | PhilHealth                   |
| Accreditation No.            | Accreditation No.            |
| Date signed (mm/dd/yyyy)     | Date signed (mm/dd/yyyy)     |

| Conforme by:                 |
|------------------------------|
|                              |
| (Printed name and signature) |
| Patient                      |
| Date signed (mm/dd/yyyy)     |

