Arsenic Trioxide - First Line Induction of Acute Promyelocytic Leukemia (APL)

(This form must be completed before the first dose is dispensed.)
1. Patient Profile

- Surname: .................................................................
- Given Name: .............................................................
- OHIN: ................................................................. Chart Number: .............................................................
- Postal Code: ..............................................................
- Height (cm): ............................................................. Weight (kg): ............................................................
- BSA (m²): ................................................................. Gender: Male  Female  Other
- Date of Birth: ..............................................................
  Day  Month  Year
- Site:
- Attending Physician (MRP- Most Responsible Physician): .................................................................

Requested Prior Approval  Yes  Patient on Clinical Trial  Yes  No
Other (specify): .................................................................

Specify Arm:
- Standard of care arm
- Experimental arm
- Blinded / Unknown

Request prior approval for enrolment

- Justification for Funding

2. Eligibility Criteria

a. The patient must meet the following criteria:

- Arsenic trioxide will be used in combination with all-trans retinoic acid (ATRA) in the first-line setting for acute promyelocytic leukemia (APL) as an induction treatment  Yes
3. Funded Dose

Please select one of the following regimens:

- Low to Intermediate Risk (WBC < 10 x 10^9/L)
  Arsenic trioxide is administered intravenously at a dose of 0.15mg/kg/day until complete remission.
- High Risk (WBC > 10 x 10^9/L)
  Arsenic trioxide is administered intravenously at a dose of 0.15mg/kg daily on days 9 to 36.

4. Notes

a. A separate enrolment is required for consolidation treatment with arsenic trioxide.

b. Arsenic must be administered with ATRA. The ATRA portion is not funded by CCO and therefore, it is advised that sites confirm ATRA will be covered by another funding source prior to initiation of therapy.

5. Supporting Documents

a. A copy of the bone marrow report and a validated genetic analysis (e.g. cytogenetics, FISH, PCR) to confirm diagnosis of APL with t(15:17) translocation and PML/RAR-alpha gene expression must be submitted to CCO prior to the start of treatment (if not previously submitted).

b. If both the t(15:17) translocation and PML/RAR-alpha gene expression are not confirmed, please submit the results of the confirmatory diagnostic test that was performed and contact CCO.

Signature of Attending Physician (MRP-Most Responsible Physician): ..........................................................

..................................................  ..................................................  ..................................................