Arsenic Trioxide - Relapsed/Refractory Consolidation 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:  
- Date of Birth: 
  Day  Month  Year
- Site:
- Attending Physician (MRP- Most Responsible Physician): 
- Requested Prior Approval:  
  Yes  No
- 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 relapsed/refractory setting for acute promyelocytic leukemia (APL) as a consolidation therapy.  
   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 for 5 days per week, 4 weeks on and 4 weeks off, for a total of 4 cycles.
- High Risk (WBC > 10 x 10^9/L)
  Two cycles of arsenic trioxide are administered as follows:
  Cycle 1: Arsenic trioxide 0.15mg/kg/day days 1-28
  Cycle 2: Arsenic trioxide 0.15mg/kg/day IV on days 1 to 5, 8 to 12, 15 to 19, 22 to 26, 29 to 33

4. Treatment History

a. Has the patient previously received arsenic trioxide not funded through NDFP?
  - Yes

If yes, what dosage was prescribed?

5. Notes

a. 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): ..........................................................

  Date: ____________________