Bevacizumab - Metastatic (Stage IVB), Persistent, or Recurrent Carcinoma of the Cervix

(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

2. Eligibility Criteria

The patient must meet the following criteria:

- Bevacizumab will be used in combination with chemotherapy¹,²,³,⁴ for the treatment of patients with metastatic (Stage IVB), persistent, or recurrent carcinoma of the cervix of all histologic subtypes (except small cell)⁵; and
- the patient has an Eastern Cooperative Performance Status (ECOG) of ≤ 1

3. Baseline Information

a. Disease status
   - metastatic (Stage IVB)
   - persistent
   - recurrent

b. Histology
   - squamous cell carcinoma
   - adenosquamous carcinoma
   - adenocarcinoma
Other (specify): ...........................................................  

- other (except small cell)  

**c. Disease site**  

- locally recurrent  
- distant metastasis  

**d. The patient has received prior treatment with chemoradiation (with curative intent)**  

- Yes  
- No  

**e. ECOG PS at the time of enrolment**  

- 0  
- 1  

**f. Bevacizumab will be used with the following chemotherapy regimen**  

- paclitaxel-carboplatin (not funded by NDFP)  
- paclitaxel-cisplatin (not funded by NDFP)  
- paclitaxel-topotecan (not funded by NDFP)  

**g. Date of first bevacizumab treatment**  

- Day  
- Month  
- Year  

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**4. Funded Dose**

- Bevacizumab 15mg/kg IV every 21 days.

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**5. Notes**

1. Single agent bevacizumab is not funded. Bevacizumab is only funded if used with the following chemotherapy regimens: paclitaxel-carboplatin, paclitaxel-cisplatin, paclitaxel-topotecan. For more information on the dosing schedules, please refer to the list of evidence informed regimens for cervical cancer at [https://www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=300112](https://www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=300112).

2. Bevacizumab is only funded in the first line setting. Funding will continue until disease progression. Continued use of bevacizumab in patients whose disease has progressed while on a first line regimen will not be funded.

3. In situations where a treatment break has been taken, bevacizumab is only funded if the continuation of the same first line regimen is considered clinically appropriate.

4. In situations where chemotherapy needs to be started first, the later addition of bevacizumab will be funded provided that funding criteria are met at the time of treatment initiation and the patient’s disease has not yet progressed while on chemotherapy.

5. Bevacizumab funding is intended for patients who are not candidates for other curative treatments (e.g., radiation, surgery).

6. The Systemic Treatment Funding Model will fund paclitaxel, carboplatin, and cisplatin. Topotecan is not funded by CCO.
6. FAQs

i. My patient is currently receiving bevacizumab through private means. Can my patient be transitioned over to receive funding through the New Drug Funding Program?

Provided the funding criteria were met at the time of treatment initiation and the patient’s disease has not progressed, your patient may be eligible for continued coverage of bevacizumab doses through the New Drug Funding Program. Sites may be asked to submit CT scan results demonstrating stable disease and written confirmation that the same bevacizumab-containing regimen is being used.

ii. My patient has started a chemotherapy regimen before Jan 11, 2016 and I would like to add bevacizumab. Will NDFP allow this addition?

The decision to add bevacizumab should be based on a discussion between the clinician and patient. On a time limited basis (ending July 10, 2016), patients who have initiated first line chemotherapy and whose disease has not progressed will have the option of adding bevacizumab provided the patient meets the funding criteria at the time of treatment initiation. Sites may be asked to submit CT scan results demonstrating stable disease and written confirmation that the same bevacizumab-containing regimen is being used.

iii. My patient has taken a treatment break from chemotherapy prior to January 11, 2016. I would like to restart the chemotherapy and add bevacizumab. Will NDFP fund this?

On a time limited basis (ending July 10, 2016), provided funding criteria were met at the time of treatment initiation, patients who have achieved a clinically meaningful response on a first line chemotherapy regimen will have the option of adding bevacizumab when continuation of the same first line regimen is considered clinically appropriate.

iv. Can I start my patient with single agent bevacizumab and add the chemotherapy at a later date?

Single agent bevacizumab is not funded. Bevacizumab funding is contingent on its use in combination with chemotherapy.

v. Can I start my patient with chemotherapy first and add the bevacizumab at a later date?

CCO will fund the addition of bevacizumab at a later date provided that funding criteria are met at the time of treatment initiation and the patient’s disease has not progressed on chemotherapy. If disease progression has occurred, the treatment will be considered second line and the patient will not be eligible for bevacizumab coverage.

vi. My patient's first line regimen needs to be switched to another regimen. Will bevacizumab be funded?
Bevacizumab is only funded if the continuation of the same first line regimen is considered clinically appropriate. An exception is if the switch is due to toxicity but not disease progression (e.g., a patient on bevacizumab-paclitaxel-cisplatin experiences cisplatin-related toxicity [e.g., renal toxicity, ototoxicity] and the clinician wishes to switch the patient to bevacizumab-paclitaxel-carboplatin).

7. Supporting Documents

None for this policy.

In the absence of collecting supporting documentation:
- CCO reserves the right to perform an audit of patient eligibility.
- In the event of an audit, CCO may request the following:
  - CT scans of the abdomen, pelvis and/or chest demonstrating no evidence of disease progression (based on RECIST criteria) after every 3rd cycle (e.g., after the completion of cycle 3, 6, 9, etc.).

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

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Day         Month         Year