Docetaxel - Metastatic Castration-Resistant Prostate Cancer

(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  □ 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

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2. Eligibility Criteria

The patient must meet the following criteria:

a. Patient has metastatic castration-resistant prostate cancer (mCRPC is defined as rising PSA or progression of metastatic disease in the face of castrate testosterone levels.)  □ Yes
b. Patient has metastases
   □ Yes

c. Patient is:
   ○ Symptomatic
   ○ Asymptomatic (Symptomatic status does not affect eligibility. This information is being collected for future analysis.)

### 3. Funded Dose

Patient will receive docetaxel:

○ 75 mg/m² IV q3 weeks with oral prednisone 5 mg twice daily. (Preferred regimen that has demonstrated overall survival, disease control, symptom palliation and quality of life benefit compared to mitoxantrone and prednisone.)

○ 30 mg/m² IV weekly for 5 out of every 6 weeks plus oral prednisone 5 mg twice daily. (This regimen is approved for patients who cannot tolerate the q3 weeks regimen or are presenting with pancytopenia. This regimen has demonstrated a quality of life benefit, but no survival benefit when compared to mitoxantrone and prednisone.)

### 4. Supporting Documents

To ensure reimbursement of your claim, both the completed enrolment form and a copy of the required documentation (where applicable) must be submitted through CCO e-Claims.

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

Day    Month    Year