Docetaxel - Neoadjuvant treatment for Non-Metastatic Breast 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 ☐ 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 criteria a and one of b:

a. The patient has non-metastatic breast cancer and will receive neoadjuvant chemotherapy ☐ Yes
b. The reason for using neoadjuvant treatment is:
   - the patient has inoperable, locally advanced disease
   - the patient has inflammatory breast cancer
   - to downsize the tumour to allow for breast conserving surgery

3. Funded Dose

Please select one of the following regimens:
   - Docetaxel as part of the FEC-T regimen (100 mg/m² per cycle x 3 cycles funded)
   - Docetaxel as part of AC-Taxotere regimen (100 mg/m² per cycle x 4 cycles funded)

4. Notes

a. As of April 1, 2015, docetaxel as part of the TCH regimen is funded through the Systemic Treatment Quality-Based Program Funding Model (ST-QBP). The regimen is evidence-informed in the adjuvant/curative setting and is known as CRBPDOCETRAS. ST-QBP funds the delivery of the regimen and the drug cost for docetaxel and carboplatin for 6 cycles of treatment. NDFP funds the drug cost of trastuzumab provided patient meets funding criteria.

5. 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