Paclitaxel - First Line - Uterine Papillary Serous Carcinoma (UPSC)

(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

The patient must meet the following criteria:

Patient has advanced uterine papillary serous carcinoma  Yes
3. Funded Dose

a. Please select one of the following regimens:
   - 175mg/m² every 3 weeks up to 9 treatments
   - Weekly up to 27 treatments

4. Funded Dose

- Patients achieving a response of 6 months or longer from the date of their last dose of platinum-containing therapy (platinum-sensitive) are eligible for retreatment with a paclitaxel/platinum combination. This is still considered first-line therapy but patients must be enrolled in the Recurrent form.

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): ..............................................

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Day    Month    Year