Paclitaxel - Recurrent - 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  
- No

Other (specify): ________________________________

Specify Arm:  
- Standard of care arm  
- Experimental arm  
- Blinded / Unknown

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