Pertuzumab-Trastuzumab - Unresectable Locally Recurrent or Metastatic - Breast Cancer

(This form should 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

2. Eligibility Criteria

The patient meets the following criteria:

- For use in combination with a taxane for the treatment of patients with HER2 positive unresectable locally recurrent or metastatic breast cancer with an ECOG status of 0 or 1, who have not received prior anti-HER2 therapy or chemotherapy for metastatic disease.  
  - Yes
3. Funded Dose

Loading dose of pertuzumab 840mg and trastuzumab 8mg/kg, followed every 3 weeks thereafter by a dose pertuzumab 420mg and trastuzumab 6mg/kg, until disease progression or unmanageable toxicity.

4. Notes

   a. HER2 positive tumour status is confirmed either by IHC (score of 3+) and/or FISH/SISH/ISH (ratio of ≥ 2). A copy of the complete surgical pathology report must be provided to CCO. The results of the FISH/SISH/ISH test must also be provided if the IHC test result is equivocal.

   b. The patient must have a baseline left ventricular ejection fraction (LVEF) of ≥ 50% (as determined by a MUGA scan or ECHO). It is recommended that a MUGA scan or ECHO be repeated every 3 months during treatment to ensure that the LVEF is within the institution's normal limits.

   c. Pertuzumab is funded when given in combination with trastuzumab and a taxane. If the taxane is discontinued (e.g., after 6-8 cycles or due to unmanageable toxicity), continued treatment with pertuzumab-trastuzumab will be funded provided there is no evidence of disease progression while on treatment.

   d. If the time between two sequential infusions is 6 weeks or more, re-load with an initial dose of 840mg pertuzumab and 8mg/kg trastuzumab, followed every 3 weeks thereafter by a dose of 420mg pertuzumab and 6mg/kg trastuzumab.

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