Trastuzumab - Adjuvant Treatment for HER2/neu-Overexpressing Primary 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

Request prior approval for enrolment

- Justification for Funding

2. Eligibility Criteria

Patient must meet all criteria.

a. The patient has tested positive for Her2/neu as per CCO criteria:
3. Precautions

The patient has a normal cardiac ejection fraction (MUGA Scan or Echocardiogram)

4. Funded Dose

Please select one of the following schedules:

- 4 mg/kg x 1 IV followed by 2 mg/kg IV weekly
- 8 mg/kg x 1 IV followed by 6 mg/kg IV q3 weeks

- Trastuzumab loading dose of 4 mg/kg x 1, followed by 2 mg/kg IV weekly funded for a maximum of 54 q1 week treatments over a maximum period of 14 months.

- Trastuzumab loading dose of 8 mg/kg x 1, followed by 6 mg/kg IV q3 weeks funded for a maximum of 18 q3 week treatments over a maximum period of 14 months.

- Switching from q1 week regimen to q3 week regimen (and visa versa) is allowed assuming that the actual amount of drug is not exceeded and the 14 month period remains the same.

5. Notes

a. Trastuzumab should not be given concurrently with an anthracycline.

b. A copy of the complete surgical pathology report must be provided to NDFP, stating at minimum: the date of the biopsy; the name of the hospital where the test occurred; the hospital pathology specimen number of the original materials used for the Her2/neu test; the size of the HER2 positive tumour. The results of a FISH/SISH test must be provided if the IHC test result is equivocal.

6. 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