Trastuzumab - Gastric 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 ☐ 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 must meet the following criteria:

a. Trastuzumab will be used in combination with intravenous 5-fluorouracil (or capecitabine) and cisplatin for the treatment of patients with HER2-positive advanced (non-resectable; either locally advanced, recurrent, or metastatic) adenocarcinoma of the stomach or gastro-oesophageal... ☐ Yes
b. Trastuzumab should only be administered to patients with advanced gastric cancer (non-resectable; either locally advanced, recurrent, or metastatic) whose tumours have **HER2 overexpression** (by IHC2+ [and confirmed by FISH+], or IHC3+, as determined by an accurate and validated assay)

### 3. Funded Dose

- Trastuzumab loading dose of 8mg/kg IV on Day 1 of the first cycle, followed by 6 mg/kg every 3 weeks until disease progression or unacceptable toxicity or withdrawal of consent.

### 4. Notes

a. Chemotherapy may be started and trastuzumab added later provided that there has been no disease progression.

b. Trastuzumab may be continued as a single agent until disease progression following six cycles of trastuzumab-chemotherapy.

c. A photocopy of pathology report demonstrating HER2 overexpression (by IHC2+ [and confirmed by FISH+], or IHC3+) must be submitted to Cancer Care Ontario. The report must state clearly the hospital, date of biopsy and the hospital pathology specimen of the original material used for the test.

d. The patient must have a normal cardiac ejection fraction. Trastuzumab should not be given concurrently with an anthracycline.

### 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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