Trastuzumab - Single Agent - Metastatic 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

  The patient must meet the following criteria:

  a. Her2/neu Status
Patient must test positive for Her2/neu as per Cancer Care Ontario criteria. A photocopy of the pathology report of the Her2/neu test must be submitted to Cancer Care Ontario. The report must state clearly the hospital, date of biopsy and the hospital pathology specimen number of the original material used for the Her2/neu test.

Please specify tests used for detection of Her2/neu:

- IHC 3+ □ Yes
- FISH/ SISH >= 2 □ Yes

b. Patient has metastatic breast cancer, and has received:
   - at least 2 chemotherapy regimens for metastatic breast cancer
   - anthracycline as adjuvant therapy and had 1 chemotherapy regimen as first line therapy for metastatic breast cancer
   - an anthracycline/taxane combination as adjuvant therapy

c. Please specify previous chemotherapy:

3. Precautions

a. The patient has a normal cardiac ejection fraction □ Yes
b. There is no evidence of extensive lung involvement □ Yes

4. Funded Dose

- Therapy should be initiated with a loading dose of 4 mg/kg, followed by 2 mg/kg IV weekly
- Patients may be switched to 6 mg/kg IV q3 weeks after they are adequately loaded over a reasonable period of time with weekly dosing

5. Notes

a. Reimbursement will be discontinued for patients whose disease progresses while being treated with trastuzumab in the metastatic setting.

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.
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Signature of Attending Physician (MRP-Most Responsible Physician):  

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Day          Month        Year