Trastuzumab in combination with Paclitaxel - 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
   i. has metastatic breast cancer  Yes

   AND

   ii. cannot tolerate anthracyclines
      - has failed anthracycline therapy for metastatic disease
      - has received an anthracycline as adjuvant therapy

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.

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

........................................... ........................................... ...........................................
Day       Month       Year