
Oxaliplatin (EBP) - With Surgery for Curative Intent for Colorectal Cancer Patients with Resectable or Potentially Resectable Extrahepatic Metastases

(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 * 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

a. Metastatic colorectal cancer (mCRC) patients deemed by a standards compliant multidisciplinary cancer conference (MCC) or equivalent^b to have one of the following:

- Lung metastases that are resectable or potentially resectable; OR ☐ Yes

- Liver and lung metastases that are resectable or potentially resectable; OR
- Liver and non-pulmonary extrahepatic metastases that are resectable or potentially resectable.

3. Regimen/Funded Dose

Oxaliplatin used as part of FOLFOX (85mg/m² per cycle, up to 12 cycles) in combination with surgery for curative intent. FOLFOX is given as one of the following: “pre-op”, “post-op”, or “perioperative (pre- and post-op)”.

4. Baseline Information

a. Assessment of

a^a:

- ☐ Multidisciplinary Cancer Conference (MCC)
- ☐ Equivalent (i.e., a collaborative discussion that includes at minimum a hepatobiliary surgical and a medical oncology consult; or if only lung metastases are involved, a collaborative discussion between a thoracic surgeon and a medical oncologist.)

b. Date of assessment:

.....
Day Month Year

c. Location of metastases:

- ☐ Lung only
 - ☐ Liver and lung metastases
 - ☐ Liver and non-pulmonary extrahepatic metastases (please specify)
-

d. Type of metastases:

- ☐ Synchronous
- ☐ Metachronous

e. Primary in place?

- ☐ Yes
- ☐ No

f. If the primary is still in place:

- ☐ The patient had a R0 resection of the primary cancer
- ☐ The patient expects to have a R0 resection of the primary cancer

g. According to the MCC (or equivalent), the metastases is:

- ☐ Resectable
- ☐ Potentially resectable

h. If metastases is resectable, the MCC (or equivalent) has recommended:

- ☐ Pre-op FOLFOX
- ☐ Perioperative (pre- and post-op) FOLFOX
- ☐ Post-op FOLFOX

i. Will the/did the treatment plan follow the MCC (or equivalent) recommendation?

- ☐ Yes
- ☐ No

- j. This enrolment is for: ☐ Pre-op FOLFOX ☐ Perioperative (pre- and post-op) FOLFOX ☐ Post-op FOLFOX
- k. Did the patient undergo surgical resection of the metastases? ☐ Yes ☐ No ☐ Not applicable, surgery has not yet occurred
- l. If surgical resection occurred, was the entire resection R0? ☐ Yes ☐ No
- m. If resection did not occur, please indicate the reason:
☐ Disease progression ☐ Patient factors ☐ Other (specify)
Specify:
- n. Date of first FOLFOX:
Day Month Year

5. Notes

^a **Prior approval by CCO is required.** The completed eligibility form along with documentation (e.g., a clinic note from the oncologist that the patient's case has been discussed by a multidisciplinary cancer conference or equivalent^b, including the MCC's recommendation) is required.

^b If outside an MCC setting, a collaborative discussion (by the medical and hepatobiliary surgical team, with the advice of appropriate pathology, radiology), must have occurred and been documented.

- **“Resectable”** refers to a patient who is deemed suitable for surgical resection at the time of MCC discussion. **“Potentially resectable”** refers to a patient whose disease is initially unresectable but is expected to become resectable after use of downstaging chemotherapy. **“Unresectable”** refers to a patient with a large metastatic burden, or not medically fit, with a recommendation for standard palliative treatment (usually with chemotherapy).
- *Synchronous and metachronous* metastases may be considered. (Synchronous refers to metastases found at the time of resection of the primary tumour. Metachronous refers to metastases that occur more than 6 months after resection/treatment of the primary.)
- Eligible patients may have had or will have R0 (curative) resection of the primary cancer.
- If resection does not occur (or is unsuccessful) or if use of FOLFOX is unsuccessful, the patient may be transitioned over to the usual funded metastatic regimens.
- mCRC patients deemed by the MCC or equivalent as being unresectable at the time of discussion are not eligible for funding under the EBP. Such patients may be eligible to receive the usual funded metastatic regimens.

- The funded EBP regimen consists of oxaliplatin used as part of FOLFOX (85mg/m², up to 12 cycles maximum). Chemotherapies outside of this setting will not be funded.

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.

* The patient named above, or relevant substitute decision-maker where applicable, has been informed of the process for submission of the patient's reimbursement claim to the EBP program and has provided their consent for the collection, use and disclosure of the patient's personal health information, as detailed in the Evidence Building Program eligibility form, by Cancer Care Ontario for the purposes of administering the EBP program.

☐ Yes

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

Day Month Year