Cancer Care Ontario
Action Cancer Ontario

eClaims

Eligibility Form

Temsirolimus - Metastatic Renal Cell Carcinoma

(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 (m^2): ..... * 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:

Patient has poor risk[1] metastatic renal cell carcinoma, independent of histology, and is being treated with temsirolimus in the first line setting ☐ Yes

3. Funded Dose

- Temsirolimus 25mg IV weekly until disease progression

4. Notes

1. Poor risk is defined using a modification of criteria from Mekhail et al (J Clin Oncol. 2005; 23:832-41). Patients must have at least 3 of the following features:

    a. high lactate dehydrogenase (> 1.5 times upper limit of normal);
    b. low hemoglobin (< lower limit of normal);
    c. high corrected serum calcium (> 10mg/dL);
    d. time from initial diagnosis to first treatment is less than 12 months;
    e. poor performance status (Karnofsy performance status < 80);
    f. metastases in multiple organ sites (e.g. lung, liver, retroperitoneal lymph nodes, etc.)

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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Day Month Year