



BC Cancer Agency

Vancouver Cancer Centre

600 W 10th Avenue
Vancouver, BC
Canada V5Z 4E6
Tel 604 877-6000
Fax 604 872-4596

July 14, 2005

Memorandum

To: All BCCA Oncologists

Re: How to order Her-2neu tests for patients being considered for adjuvant Herceptin eligibility in retrospect

As a result of the recent Breast Tumour Group decision to offer adjuvant Herceptin to eligible patients, we have informed all pathologists to send in representative blocks from all newly diagnosed breast cancer patients in British Columbia, effective immediately. This will be done automatically as each patient is diagnosed, so that the test results should be ready in CAIS before the patients are referred to BCCA for adjuvant therapy.

For those patients previously diagnosed and currently being considered for Herceptin eligibility **in retrospect** according to the BTG guidelines, the following procedure should be followed, **effective immediately**, to request Her-2neu testing:

1. Fax the completed request form (attached) to the **original pathologist at the hospital at which the patient's biopsy was obtained** (Do not send the request to the BCCA Pathology office; the original pathologist from the referring hospital will do so)

A handwritten signature in cursive script, appearing to read "D. Banerjee".

Dr. D. Banerjee
Provincial Program Leader, Cancer Pathology.



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Her2-neu Retrospective Test Request

Date of request: (dd/mm/yyyy) _____

Patient Name: (Last, First, M) _____

Date of birth: _____

PHN: _____

BCCA# _____

Outside Hospital: _____

Pathology specimen # _____

Dear Dr. _____ [Insert pathologist's name]

The Her-2neu status of this patient's cancer is required for therapeutic management.

Please send:

1. One representative paraffin block of the invasive cancer
2. A copy of the original pathology report
3. A copy of this request form

To:

Lily Yuen
Department of Pathology BCCA
600 West 10th Avenue
Vancouver, BC
V5Z 4E6

You will receive a copy of the result and the block will be returned to you as soon as possible.

Thank you for your help in expediting this.

Oncologist's name (print): _____

Oncologist's signature: _____