Please indicate which drug and for which indication this drug is to be used. If the intended indication is not listed, you <u>must</u> contact the appropriate Tumour Group chairperson (or designate) with your request and references supporting the unapproved use, and such a request <u>must</u> be approved by the Systemic Therapy Program <u>before</u> use. Use of these drugs outside these approved guidelines or failure to complete this form will result in recovery from the hospital.

Revised	Jan	2012

ADDRESSOGRAPH

DRUGS	APPRO	OVED INDICATION		
(*denotes change)				
aldesleukin		pediatric patients with high risk neuroblasto	oma treated on the ANBL0032 study	
amifostine	□ ⁴		neck carcinoma with high dose/large volume radiation including and radiation dose greater than or equal to 5000 Gy (HNOTAMIRT)	
	□ 5	childhood nasopharyngeal carcinoma (CO	G ARAR0331)	
anagrelide	□ ¹	patients with thrombocytosis related to a mor are intolerant of hydroxyurea and/or inte	nyeloproliferative disorder who have had an inadequate response to erferon (LKANAG)	
capecitabine	□ ¹	effect profile and/or treatment delivery con-	ment if anthracyclines and taxanes contraindicated, or where side ocerns favour initial use of BRAVCAP; second or third line treatment busly responded to an anthracycline and taxane (BRAVCAP)	
	□ ²	with docetaxel as palliative therapy for met	tastatic breast cancer (BRAVDCAP)	
	□ ³	first line palliative therapy of metastatic or suitable for or refusing GIIRFUFA (GIAVC)	unresectable colorectal adenocarcinoma in a patient either not AP)	
	\Box 4	adjuvant therapy of colon cancer using cap	pecitabine (GIAJCAP)	
	□ ⁷	combined modality adjuvant therapy for hig and radiation therapy (GIRINFRT)	gh risk rectal carcinoma using capecitabine, infusional fluorouracil	
	□ ⁸	combined modality adjuvant therapy for hig (GIRCRT, replacing GIFURCRT)	gh risk rectal carcinoma using capecitabine and radiation therapy	
	□ ^A	adjuvant capecitabine therapy for stage II a radiotherapy (GIRCAP)	and III rectal cancer previously treated with preoperative	
	В	with epirubicin and cisplatin for perioperation junction or lower 1/3 esophagus (GIGECC)	ve treatment of respectable adenocarcinoma of the stomach GE	
	С	with epirubicin and cisplatin for palliative the cancer (GIGAVECC)	nerapy for metastatic or locally advanced gastric or esophagogastric	:
	□ ^D	with mitomycin and radiation therapy as cu (GICART)	urative combined modality therapy for carcinoma of the anal canal	
	□ ^E	with cisplatin and radiation therapy as cura (GICPART)	ative combined modality therapy for carcinoma of the anal canal	
clodronate capsules	□ ¹	bony metastases associated with breast ca	ancer (BRAVCLOD)	
clodronate	□ ²	bony metastases associated with breast ca	ancer for patients who do not tolerate oral clodronate (BRAVCLOD)	
injectable	\square 3	acute bone pain secondary to metastatic b	reast cancer (BRAVPAM)	
Physician's Name:		MSC#:	CPSID#: Hospital:	
will result in the hospital be RETURN TO: B.C. Cancer Tel: (604) 877-6098 ext 627	eing resp Agency, 77 (or 1-8	onsible for the cost of the drugs. Systemic Therapy Program, 600 West 10th Ave 00-663-3333 ext 6277) Fax: (604) 708	3-2026	
Follow-Up Required: Y / N R	eferred to	eceived: Accepted/Approved: Y / N : Date:	Date: by (initials):	
h:\everyone\systemic\chemo	\reimburs	\class2.doc	page 1/7	

Please indicate which drug and for which indication this drug is to be used. If the intended indication is not listed, you <u>must</u> contact the appropriate Tumour Group chairperson (or designate) with your request and references supporting the unapproved use, and such a request <u>must</u> be approved by the Systemic Therapy Program <u>before</u> use. Use of these drugs outside these approved guidelines or failure to complete this form will result in recovery from the hospital.

AD	DR	ESS	OG	RA	P	Н
----	----	------------	----	----	---	---

Revised Jan 2012 DRUGS	ΔPPR	ROVED INDICATION					
(*denotes change)	7.0.11						
cyclosporine	□ ¹	cytopenias associated with lymphoproliferative disorder of large granular lymphocytes (LYCSPA)					
dexrazoxane		pediatric osteosarcoma (COG AOST0331)					
	\Box ³	pediatric patients with relapsed CD22-positive acute lymphoblastic leukemia (COG ADVL04P2)					
		pediatric patients with neuroblastoma treated on the CCG AEWS1031 protocol					
	_ _ 5	pediatric patients with rhabdomyosarcoma treated on the COG ARST08P1 protocol					
docetaxel	□ ¹	progressive, symptomatic breast cancer after adjuvant anthracycline-based chemotherapy (BRAVDOC)					
		second or third line treatment of metastatic breast cancer after previous combination chemotherapy with an anthracycline in patient who has an ECOG status of less than 2 and a life expectancy greater than 3 months (Note previous therapy:)(BRAVDOC)					
	□ ³	progressive breast cancer after failure of previous combination chemotherapy in patient for whom anthracyclines are contraindicated and who has an ECOG status of less than 2 and a life expectancy greater than 3 months (Note previous therapy:)(BRAVDOC)					
	\square 4	second-line treatment of advanced non-small cell lung cancer (LUAVDOC)					
	□ ⁵	with capecitabine as palliative therapy for metastatic breast cancer (BRAVDCAP)					
	□ ⁶	weekly docetaxel regimen for metastatic breast cancer patients with poor tolerance to 3-weekly docetaxel regimen (BRAVDOC7)					
	\Box ⁷	palliative therapy for metastatic hormone refractory prostate cancer (GUPDOC)					
	□ 8	primary advanced or recurrent endometrial cancer using carboplatin and docetaxel (GOENDCAD)					
	□ [^]	primary treatment of invasive epithelial ovarian, fallopian tube and primary peritoneal cancer, with no visible residual tumour (moderate-high risk) (GOOVCADM)					
	В	second line treatment using docetaxel and carboplatin for epithelial ovarian cancer relapsing after primary treatment (GOOVCADR)					
	С	primary treatment of visible residual (extreme risk) invasive epithelial ovarian cancer (GOOVCADX)					
	D	progressive, platinum-refractory epithelial ovarian carcinoma, primary peritoneal (GOOVDOC)					
	□ E	with doxorubicin and cyclophosphamide as treatment of locally advanced breast cancer (BRLAACD)					
	□F	with carboplatin as primary treatment of advanced/recurrent non-small cell cancer of the cervix in ambulatory care settings (GOCXCAD)					
	\Box G	with cisplatin as first line treatment of advanced non-small lung cancer (LUAVDC)					
	□н	with trastuzumab as first-line treatment for advanced breast cancer refractory to anthracycline adjuvant chemotherapy (BRAVTRAD)					
Physician's Name:		MSC#: Hospital:					
Form Completed by:		Signature: Date:					
will result in the hospital RETURN TO: B.C. Cand Tel: (604) 877-6098 ext 6	being respectively. Being respectively. Being respectively. Big being respectively. Big being respectively. Big being respectively. Big being respectively. Big being respectively. Big being respectively. Big being respectively. Big being b	ponsible for the cost of the drugs. y, Systemic Therapy Program, 600 West 10th Ave., Vancouver, B.C. V5Z 4E6 800-663-3333 ext 6277) Fax: (604) 708-2026					
		Received: Accepted/Approved: Y / N Date: Date Entered: by (initials): to: Date:					
h:\everyone\systemic\cher	mo\reimbur	rs\class2.doc page 2/7					

Please indicate which drug and for which indication this drug is to be used. If the intended indication is not listed, you <u>must</u> contact the appropriate Tumour Group chairperson (or designate) with your request and references supporting the unapproved use, and such a request <u>must</u> be approved by the Systemic Therapy Program <u>before</u> use. Use of these drugs outside these approved guidelines or failure to complete this form will result in recovery from the hospital.

AD	DR	ESS	OG	RA	PH	1
----	----	------------	----	----	----	---

Revised Jan 2012		
DRUGS	APPR	OVED INDICATION
(*denotes change)		
	□'	treatment of locally advanced breast cancer using doxorubicin and cyclophosphamide followed by docetaxel and trastuzumab (BRLAACDT)
		adjuvant therapy for breast cancer using fluorouracil, epirubicin and cyclophosphamide and docetaxel (BRAJFECD)
	\square^{κ}	adjuvant therapy for breast cancer using cyclophosphamide, doxorubicin and docetaxel (BRAJDAC)
		palliative therapy for metastatic breast cancer using gemcitabine and docetaxel (BRAVGEMD)
docetaxel (continued)	\square^{M}	adjuvant therapy for breast cancer using docetaxel and trastuzumab, and fluorouracil, epirubicin and cyclophosphamide (BRAJDTFEC)
	\square^N	adjuvant treatment for high-risk node negative or node positive patients who are not considered candidates for a standard 6-8 cycle anthracycline or anthracycline plus taxane regimen (BRAJDC)
	\Box \circ	combination with gemcitabine for advanced or recurrent uterine sarcoma cancer (GOSADG)
	\square P	second or third line therapy for soft tissues sarcomas using gemcitabine and docetaxel (SAAVGEMD)
doxorubicin pegylated liposomal	□ ¹	Kaposi's sarcoma (KSLDO)
(CAELYX®)	□ ²	relapsed/progressing, epithelial ovarian, primary peritoneal or fallopian tube carcinoma (GOOVLDOX)
	□ ³	in combination with carboplatin as second line treatment for epithelial ovarian cancer relapsing after primary treatment (GOOVPLDC)
erlotinib	□ ¹	second or third line treatment of advanced non-small cell lung cancer (LUAVERL)
gemcitabine	□ ¹	unresectable or metastatic pancreatic adenocarcinoma in patients with a performance status 0-2 (GIPGEM)
	□ ²	with cisplatin for advanced transitional cell carcinoma of the bladder (GUAVPG)
	□ ³	alternative to topotecan (GOOVTOP) for palliative chemotherapy of ovarian, tubal, and peritoneal cancer (GOOVGEM) (Note: patient will be reimbursed for either topotecan or gemcitabine, but not both)
	□ ⁴	combination with dexamethasone and cisplatin for relapsed aggressive non-Hodgkin's lymphomas (LYGDP)
	□ ⁵	palliative chemotherapy of lymphomas (LYPALL)
	□ ⁷	with cisplatin or carboplatin as treatment of advanced non-small cell lung cancer (LUAVPG)
	□ 8	treatment of malignant mesothelioma with platinum and gemcitabine (LUMMPG)
	□ ^A	treatment of advanced ovarian cancer in patients who have progressed or recurred following first-line platinum- based treatment using carboplatin and gemcitabine (GOOVCAG)
	В	treatment of metastatic breast cancer using gemcitabine and paclitaxel (BRAVGEMT)
		MSC#:CPSID#: Hospital:
Form Completed by:	nt fou this	Signature: Date:
will result in the hospital b	eing res	ponsible for the cost of the drugs.
Tel: (604) 877-6098 ext 62	77 (or 1-8	y, Systemic Therapy Program, 600 West 10th Ave., Vancouver, B.C. V5Z 4E6 800-663-3333 ext 6277) Fax: (604) 708-2026
BC Cancer Agency Use Onl	y: Date R	teceived: Accepted/Approved: Y / N Date: Date Entered: by (initials): Date: Date:
h:\everyone\systemic\chem		

Please indicate which drug and for which indication this drug is to be used. If the intended indication is not listed, you <u>must</u> contact the appropriate Tumour Group chairperson (or designate) with your request and references supporting the unapproved use, and such a request <u>must</u> be approved by the Systemic Therapy Program <u>before</u> use. Use of these drugs outside these approved guidelines or failure to complete this form will result in recovery from the hospital.

Λ	\Box I)D		00	1	$D \Lambda$	DL
A	υı	ノベ	ᆮᇰ	JC	J	R#	۱P

Revised Jan 2012		
DRUGS	APPR	OVED INDICATION
(*denotes change)		
	С	treatment of local-regionally recurrent and/or metastatic nasopharyngeal cancer with gemcitabine (HNNAVGEM)
		treatment of local-regionally recurrent and/or metastatic nasopharyngeal cancer with cisplatin and gemcitabine (HNNAVPG)
	□ ^E	palliative therapy for metastatic breast cancer using gemcitabine and docetaxel (BRAVGEMD)
gemcitabine	□F	palliative therapy for metastatic breast cancer using gemcitabine (BRAVGEM)
(continued)	G	adjuvant chemotherapy for pancreatic adenocarcinoma using gemcitabine (GIPAJGEM)
	□н	first-line palliative chemotherapy for advanced gallbladder cancer and cholangiocarcinoma using gemcitabine and cisplatin (GIAVPG)
		combination with docetaxel for advanced or recurrent uterine sarcoma cancer (GOSADG)
		as induction treatment of locally advanced nasopharyngeal cancer with cisplatin and gemcitabine (HNNLAPG)
	□к	palliative therapy for metastatic breast cancer using cisplatin and gemcitabine (BRAVGEMP)
		second or third line therapy for soft tissues sarcomas using gemcitabine and docetaxel (SAAVGEMD)
	\square M	combination with cisplatin as neoadjuvant therapy for urothelial carcinoma (GUNAJPG)
ibritumomab		palliative therapy for lymphoma using radioimmunotherapy: rituximab-priming for ibritumomab ⁹⁰ Y (LYRITZ) (Note: only funded when prescribed by the BC Cancer Agency radiation oncologists)
imatinib		advanced c-kit positive and c-kit negative gastrointestinal stromal cell tumors (SAAVGI)
	□ ²	chronic myeloid leukaemia and Ph+ acute lymphoblastic leukemia (LKCMLI)
	□ 3	pediatric patients with Philadelphia chromosome positive acute lymphoblastic leukemia
	□ ⁴	advanced c-kit positive gastrointestinal stromal cell tumors using 800 mg dosing of imatinib (SAAVGIDD)
	□ 5	adjuvant treatment of C-Kit positive high risk gastrointestinal stromal cell tumours (SAAJGI)
irinotecan	□ ¹	palliative chemotherapy for metastatic colorectal cancer using irinotecan (GIIR)
	□ ⁴	palliative therapy for metastatic colorectal cancer in patients who may not tolerate the 3-weekly irinotecan schedule of GIIR (GIIRINALT)
	□ 5	with fluorouracil, folinic acid (leucovorin) as first line palliative chemotherapy for locally advanced, locally recurrent or metastatic colorectal adenocarcinoma, not curable with surgery or radiation (GIFOLFIRI)
	□ ⁶	intermediate-risk pediatric rhabdomyosarcoma (COG ARST0531)
	□ ⁷	recurrent pediatric neuroblastoma (COG ANBL0421)
	□ 8	high risk pediatric renal tumors (COG protocol AREN0321)
	□В	high risk pediatric rhabdomyosarcoma (COG protocol ARSTO431)
Physician's Name:		MSC#: CPSID#: Hospital:
Form Completed by:		
		s indication only. Please note that use of these drugs outside these approved guidelines or failure to complete this form ponsible for the cost of the drugs.
RETURN TO: B.C. Cand	er Agency	/, Systemic Therapy Program, 600 West 10th Ave., Vancouver, B.C. V5Z 4E6
BC Cancer Agency Use O	nly: Date F	800-663-3333 ext 6277) Fax: (604) 708-2026 Received: Accepted/Approved: Y / N Date: Date Entered: by (initials):
		Date:
h:\everyone\systemic\cher	novieimbur	rs\class2.doc page 4/7

Please indicate which drug and for which indication this drug is to be used. If the intended indication is not listed, you <u>must</u> contact the appropriate Tumour Group chairperson (or designate) with your request and references supporting the unapproved use, and such a request <u>must</u> be approved by the Systemic Therapy Program <u>before</u> use. Use of these drugs outside these approved guidelines or failure to complete this form will result in recovery from the hospital.

	DD	ESS	$\cap C$	DA	DL
AL	אטי	につつ	UU	IRA	IPP

Revised Jan 2012 DRUGS	ΔDDR	ROVED INDICATION
(*denotes change)	74111	OVED INDIO/(TION
(С	second line palliative combination chemotherapy for metastatic gastric or esophageal adenocarcinoma using irinotecan, fluorouracil and folinic acid (leucovorin) (GIGFOLFIRI)
	□ ^D	pediatric patients with rhabdomyosarcoma treated on the COG ARST08P1 protocol
nilutamide	□ ¹	prostate carcinoma patients who are intolerant to bicalutamide or flutamide, ONLY at 150 mg po daily (<i>Not reimbursed for total androgen blockade</i>)
oxaliplatin*	□ ¹	adjuvant combination chemotherapy for stage III and IIB colon cancer with 5-fluorouracil and folinic acid (GIAJFFOX)*
	□ ²	adjuvant combination chemotherapy for stage III rectal cancer with 5-fluorouracil and folinic acid (GIRAJFFOX)*
	□ 3	palliative combination chemotherapy for metastatic colorectal cancer with 5-fluorouracil and folinic acid (GIFOLFOX)*
paclitaxel-nab (ABRAXANE®)		palliative therapy for metastatic breast cancer (BRAVABR)
pamidronate	□ ¹	multiple myeloma (MYPAM)
	\square^2	bony metastases associated with breast cancer for patients who do not tolerate oral clodronate. (BRAVCLOD)
	\square 3	acute bone pain secondary to metastatic breast cancer (BRAVPAM).
pemetrexed		treatment of malignant mesothelioma with platinum and pemetrexed (LUMMPP)
	□ ²	second-line treatment of advanced non-small cell lung cancer (LUAVPEM)
raltitrexed	□ ¹	unresectable or metastatic colorectal adenocarcinoma for patients with previous fluorouracil toxicity. (GIRALT)
rituximab	□ ¹	follicular lymphoma progressive despite alkylating agents and purine analogues (fludarabine or cladribine)(LYRITUX)
	□ ²	post-transplant lymphoproliferative disease (LYRITUX)
	□ ³	with CHOP in all stages of newly diagnosed diffuse large B-cell lymphoma and mantle cell lymphoma, advanced stage at diagnosis (LYCHOPR)
	□ ⁴	with CVP for advanced stage indolent lymphoma at diagnosis (LYCVPR)
	□ 5	with fludarabine for chronic lymphocytic leukemia or prolymphocytic leukemia (LYFLUDR)
	□ 6	palliative therapy for lymphoma using radioimmunotherapy: rituximab-priming for ibritumomab ⁹⁰ Y (LYRITZ) (Note: only funded when prescribed by the BC Cancer Agency radiation oncologists)
	□ ⁷	treatment of Burkitt's lymphoma and leukemia (ALL-L3) with cyclophosphamide, vincristine, doxorubicin, methotrexate, leucovorin (CODOX-M) and rituximab
		MSC#: CPSID#: Hospital:
will result in the hospital RETURN TO: B.C. Cand Tel: (604) 877-6098 ext 6 BC Cancer Agency Use On	ent for this being respecter Agency 277 (or 1- nly: Date F Referred t	Signature: Date: Date: Date: Sindication only. Please note that use of these drugs outside these approved guidelines or failure to complete this form ponsible for the cost of the drugs. y, Systemic Therapy Program, 600 West 10th Ave., Vancouver, B.C. V5Z 4E6 800-663-3333 ext 6277) Fax: (604) 708-2026 Received: Accepted/Approved: Y / N Date: Date Entered: by (initials): Date: Date: Date Entered: by (initials):
II. \everyone\systemic\cher	เเบงเษแแมนเ	rs\class2.doc page 5/7

Please indicate which drug and for which indication this drug is to be used. If the intended indication is not listed, you <u>must</u> contact the appropriate Tumour Group chairperson (or designate) with your request and references supporting the unapproved use, and such a request <u>must</u> be approved by the Systemic Therapy Program <u>before</u> use. Use of these drugs outside these approved guidelines or failure to complete this form will result in recovery from the hospital.

AD	DR	ESS	OG	RA	P	Н
----	----	------------	----	----	---	---

Revised Jan 2012		
DRUGS	APPR	OVED INDICATION
(*denotes change)		
	□ 8	treatment of Burkitt's lymphoma and leukemia (ALL-L3) with ifosfamide, mesna, etoposide, cytarabine (IVAC) and rituximab
	□ ^A	treatment of primary intracerebral lymphoma with high dose methotrexate and rituximab (LYHDMRP)
rituximab (continued)	В	pediatric patients with CD20 positive post-transplant lymphoproliferative disease following solid organ transplantation (COG ANHL0221) <u>and</u> for newly diagnosed advanced B-cell leukemia/lymphoma (COG ANHL01P1)
	С	pre-emptive rituximab therapy of Epstein-Barr virus related post-transplant lymphoproliferative disease (BMTLPDRIT)
sargramostim	□ ¹	pediatric patients with neuroblastoma treated on the COG ANBL0032 protocol
sunitinib	□ ¹	second line treatment of advanced c-kit positive gastrointestinal stromal cell tumours (GIST's) after imatinib (SAAVGS)
temozolomide	□ ¹	recurrent malignant gliomas (CNTEMOZ)
	□ ²	pediatric brain tumours
	□ 3	low grade oligodendrogliomas (CNTEMOZ)
	□ ⁴	concomitant and adjuvant temozolomide for newly diagnosed malignant gliomas with radiation (CNAJTZRT)
	□ 5	pediatric patients with recurrent neuroblastoma (COG ANBL0421)
	□ 6	palliative therapy for malignant melanoma with brain metastases when other treatment modalities are not advisable (SMAVTMZ)
	\square^7	pediatric patients with rhabdomyosarcoma treated on the COG ARST08P1 protocol
topotecan	□ ¹	recurrent or progressive epithelial ovarian, fallopian tube or primary peritoneal cancer that has previously responded to treatment on at least two occasions (GOOVTOP). (Note: patient will be reimbursed for either topotecan or gemcitabine [GOOVGEM], but not both)
	□ ²	pediatric sarcoma
	□ 6	second line treatment of recurrent small cell lung cancer (LUSCTOP)
	□ ⁷	intermediate-risk (COG ANBL0531) and high risk (COG ANBL0532) pediatric neuroblastoma
tositumomab	□ ¹	palliative therapy for lymphoma using radioimmunotherapy: tositumomab-priming for I ¹³¹ tositumomab (LYRITB) (Note: only funded when prescribed by the BC Cancer Agency radiation oncologists)
trastuzumab	□ ¹	with paclitaxel as first-line treatment for advanced breast cancer refractory to anthracycline adjuvant chemotherapy (BRAVTRAP)
	□ ²	pediatric patients with osteogenic sarcoma
		MSC#: CPSID#: Hospital:
Form Completed by:		Signature: Date:
will result in the hospital be	nt for this eing resp	s indication only. Please note that use of these drugs outside these approved guidelines or failure to complete this form consible for the cost of the drugs.
Tel: (604) 877-6098 ext 627	77 (or 1-8	r, Systemic Therapy Program, 600 West 10th Ave., Vancouver, B.C. V5Z 4E6 800-663-3333 ext 6277) Fax: (604) 708-2026
BC Cancer Agency Use Only	: Date R	Received: Accepted/Approved: Y / N Date: Date Entered: by (initials): bo: Date:
h:\everyone\systemic\chemo		

Please indicate which drug and for which indication this drug is to be used. If the intended indication is not listed, you <u>must</u> contact the appropriate Tumour Group chairperson (or designate) with your request and references supporting the unapproved use, and such a request <u>must</u> be approved by the Systemic Therapy Program <u>before</u> use. Use of these drugs outside these approved guidelines or failure to complete this form will result in recovery from the hospital.

Δ		D	R	F	S	S	<u></u>	G	R	Δ	P	Н
_	u	ப	\mathbf{r}		J	J	u	u	\mathbf{r}	$\boldsymbol{-}$		

from the hospital.		BCCA Patient Number:
Revised Jan 2012		
DRUGS	APPR	OVED INDICATION
(*denotes change)		
	☐ ⁴	single agent therapy for metastatic breast cancer progressing after 1 prior regimens (e.g., taxane) and responding to trastuzumab in combination with paclitaxel, with paclitaxel and carboplatin, or with vinorelbine (BRAVTR)
	□ 5	with paclitaxel and carboplatin as palliative therapy for metastatic breast cancer as first-line treatment for recurrent breast cancer refractory to anthracycline chemotherapy (BRAVTPC).
	□ ⁶	with docetaxel as first-line treatment for advanced breast cancer refractory to anthracycline adjuvant chemotherapy (BRAVTRAD)
	□ ⁷	adjuvant therapy for breast cancer using doxorubicin and cyclophosphamide followed by paclitaxel and trastuzumab (BRAJACTT)
	□ 8	adjuvant therapy for breast cancer using trastuzumab following the completion of chemotherapy (sequential) (BRAJTR)
trastuzumab (continued)	□ ^A	adjuvant therapy for breast cancer using dose dense therapy: doxorubicin and cyclophosphamide followed by paclitaxel and trastuzumab (BRJACTTG)
	В	treatment of locally advanced breast cancer using doxorubicin and cyclophosphamide followed by docetaxel and trastuzumab (BRLAACDT)
	С	adjuvant therapy for breast cancer using docetaxel and trastuzumab, and fluorouracil, epirubicin and cyclophosphamide (BRAJDTFEC)
	D	continuation of palliative treatment of metastatic or inoperable, locally advanced gastric or gastroesophagea junction adenocarcinoma using trastuzumab (GIGAVTR)
		combination with 3-weekly vinorelbine as palliative therapy for metastatic breast cancer (BRAVTRVIN)

Physician's Name:	MSC#:	CPSID#:	Hospital:	
Form Completed by:	Signature:	Da	ate:	
Complete for first treatment for this indication only.		e drugs outside these appr	oved guidelines or	failure to complete this form
will result in the hospital being responsible for the o	ost of the drugs.			
RETURN TO: B.C. Cancer Agency, Systemic Thera	py Program, 600 West 10th	Ave., Vancouver, B.C. V5Z	4E6	
Tel: (604) 877-6098 ext 6277 (or 1-800-663-3333 ext	(6277) Fax: (604)	708-2026		
BC Cancer Agency Use Only: Date Received:	Accepted/Approved: Y /	N Date: Da	ate Entered:	by (initials):
Follow-Up Required: Y / N Referred to:				_ , , ,
to be a compared as a few of a sector of a few or a long track and a few of a few or				