

CAR T-CELL THERAPY REFERRAL FORM for LYMPHOMA

<p>1. Patient Profile</p> <p>Surname:</p> <p>Given Name:</p> <p>Date of Birth:</p> <p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other</p> <p>Provincial Health Number:</p>	<p>2. Referring Physician Information</p> <p>Physician Name:</p> <p>Physician Specialty:</p> <p>Physician Email:</p> <p>Physician Phone Number:</p> <p>Physician Fax Number:</p>
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THE FOLLOWING DOCUMENTATION MUST BE SUBMITTED WITH THE APPLICATION (refer to [Lymphoma CAR T-cell Therapy Eligibility Criteria](#) document to ensure patient meets criteria)

Items Required for Application	
<input type="checkbox"/>	Letter to the Ministry: Please complete the letter template to accompany the documentation below
<input type="checkbox"/>	Clinical notes: most recent summary letter describing treatment to date, including when treatment started, delays and changes
<input type="checkbox"/>	Lymphoma conference note recommending CAR T-cell therapy
<input type="checkbox"/>	ECOG performance status:
<input type="checkbox"/>	<u>Most recent</u> pathology report
<input type="checkbox"/>	<u>Most recent laboratory reports within 8 weeks of referral:</u> <ul style="list-style-type: none"> CBC, Chemistry (renal and liver profiles) HepB, HepC and HIV serology
<input type="checkbox"/>	<u>Most recent</u> documentation of left ventricular ejection fraction (echocardiogram or MUGA)
<input type="checkbox"/>	<u>Most recent</u> applicable imaging reports (e.g. CT and /or PET scans)
<i>If CNS involvement suspected:</i>	
<input type="checkbox"/>	MRI or CT of the head
<i>Only required if performed:</i>	
<input type="checkbox"/>	Bone marrow biopsy reports
<input type="checkbox"/>	Cerebrospinal fluid (CSF) studies
<input type="checkbox"/>	Documentation of CD19 tumour expression on biopsy or by flow cytometry
Additional Comments (if applicable, e.g. pending investigations)	

Note: Documents related to Lymphoma CAR T-cell therapy approvals are accessible in the BC Cancer H drive folder [H:\Lymphoma Tumour Group\CAR T-cell therapy](#) or by contacting OutofProvCountryReferrals@bccancer.bc.ca

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Out of Province (OOP) Patient Referral and Ministry of Health (MoH) Funding Application – Process

BC patients approved for CAR T-cell therapy are funded for treatment within Canada (Ontario and Quebec).

Steps 1 and 2 below should be completed concurrently. Patients may be seen for their virtual consult at the treating facility while awaiting MoH funding decision. However, patients should not travel for treatment until funding is approved

STEP ONE: Patient Referral

1. Refer patient to one of the Canadian sites accepting B.C. referrals and include all requested documentation for that site:

Treatment Site	Referral Form	Contact
Princess Margaret Hospital (PMH) Toronto, Ontario	UHN/PHM Referral Form	PMcelltherapy@uhn.ca
CHU de Quebec Université Laval Laval, Quebec	CHU Referral Form	coordination-cart@chudequebec.ca
Hôpital Maisonneuve-Rosemont Montreal, Quebec	Not available	cart.hmr.cemtl@ssss.gouv.qc.ca

STEP TWO: MoH Funding Application

2. Include all documents listed in the BC Cancer Referral Form with the submission (refer to [Lymphoma CAR T-cell Therapy Eligibility Criteria](#) document to ensure patient meets criteria for CAR T-cell therapy)
3. Submit all documents to OutOfProv-CountryReferrals@bccancer.bc.ca for review by the Program Medical Director (PMD). If recommended, the application will be submitted to the Ministry of Health by email with the referring physician copied. If the PMD does not recommend CAR-T therapy, the referring physician will be notified.
4. The referring physician will be notified by the Ministry of Health of approval.
5. For questions and to obtain or submit documents, please contact the Out of Province Coordinator: OutOfProv-CountryReferrals@bccancer.bc.ca

In the even that there is no capacity at any of the Canadian sites, or the wait is clinically unacceptable Out of Country options, such as Seattle Cancer Care Alliance in Seattle, can be explored. For more information contact: OutOfProv-CountryReferrals@bccancer.bc.ca

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